

# **R E M H D C O**

**Racial & Ethnic Mental Health Disparities Coalition**

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July 26, 2011

Larry Poaster, Ph.D.  
Chairman  
Mental Health Services Oversight and Accountability Commission  
1300 17<sup>th</sup> Street, Suite 1000  
Sacramento, CA 95814

Re: MHSOAC Meeting, Thursday, July 28, 2011  
Recommendations to Tab 6 on the Agenda

Dear Chairman Poaster,

The Racial and Ethnic Mental Health Disparities Coalition (REMHDCO) represents underserved racial, ethnic, and cultural communities throughout California. Our members recently became aware that the MHSOAC could be voting on Principles to Support Reorganized State Mental Health Administration and a Logic Model under Agenda Item/Tab 6.

As these important documents were not discussed and reviewed by the Commission's Cultural and Linguistic Competence Committee, nor your Client and Family Leadership Committee, we would like to suggest that this be done to give representatives of underserved communities ample time for thoughtful analysis. Especially in light of our concerns regarding the absence of advocates for underserved racial and ethnic communities on the AB 100 Workgroup, we would urge that this becomes standard practice in the future.

Attached are our specific concerns and recommendations that we were able to identify in this short timeframe. We strongly support the thorough and excellent recommendations that NAMI-California sent to the Commission on July 25, 2011, and have some of our own. Thank you for the opportunity to strengthen these crucial documents to reflect what we believe to be the Commission's commitment to cultural competence and reducing disparities.

Sincerely,

Beatrice Lee  
President

cc: Sherri Gauger, Executive Director, MHSOAC

## **REMHDCO Recommendations for the Proposed MHSOAC Principles to Support Reorganized State Mental Health Administration and Proposed MHSOAC Logic Model**

We strongly support the recommendations of NAMI, but have included some of our own language and reasons for the recommendations. [Additions in *italics and underlined.*]

### **Principle 1**

“The State\* should continue to collect county data *including data about community planning processes* to support ongoing evaluation of California’s mental health system.”

Now that there is so much less oversight of county administration of MHSA programs at the state level, the local community planning processes must be greatly strengthened. This includes more involvement of underserved racial, ethnic, and cultural communities in the community planning process, and on MHSA advisory and decision making bodies.

### **Principle 2**

“The State should continue to provide fiscal oversight for the expenditure of Mental Health Services Funds to ensure funds are being spent consistent with the Mental Health Services Act.”

“Some functions important to this principle include *appropriate preparation and public distribution of clear and understandable* county fiscal reports, tracking component allocations and fund reversion, and information on the condition of the Mental Health Services Fund. *There must be ways that underserved communities can measure and determine whether the county is making progress in reducing disparities for their communities.*”

### **Principle 3**

“The State should continue to pursue and support efforts to reduce/eliminate stigma and discrimination related to mental illness.”

“Some functions important to this principle include producing data on this outcome and tracking the stigma and discrimination reduction efforts, and supporting employment throughout the mental health system of people with lived experience of mental illness *and their family members (including those from underserved communities) in order to achieve significant gains in reducing stigma and discrimination within the mental health system.*”

#### **Principle 4**

“The State should ensure that the perspectives of people with serious mental illness and their family members are factored into MHSA decisions and recommendations.”

“This includes representation from underserved racial, ethnic, and cultural communities. If adequate representation from consumers and family members from underserved racial, ethnic, and cultural communities is not present, cultural brokers, community leaders and competent professions from those underserved communities need to be consulted.”

#### **Principle 5**

“The State should continue efforts to reduce and eliminate disparities in access to, quality of, and outcomes of mental health services.”

“Some functions important to this principle include producing *disaggregated* data on this outcome, and tracking reducing disparities efforts, *supporting the continuing work and directives of the Office of Multicultural Services, and supporting the current efforts and future implementation of the recommendations of the California Reducing Disparities Project. This also includes maintaining the Cultural Competence Plan Requirement (CCPR) Reports that counties must produce and posting scores and actual reports in a central location on the OAC and DMH websites.*”

#### **Principle 6**

“The State should ensure that counties are provided appropriate support, including training and technical assistance when appropriate, to achieve the outcomes that the MHSA specifies.”

**“Training and technical assistance in the area of cultural competence and reducing disparities should involve the local underserved racial, ethnic, and cultural communities within the county.”**

**Principle 7**

“Reorganization of state government and realigning services to counties offers an opportunity to transform the mental health system by integrating services.”

**“Transformation” also includes counties being more transparent, collaborating with, and increasing shared decision-making with: consumers, family members, representatives from underserved communities, and system partners.**