

GOALS AND OBJECTIVES OF MENTAL HEALTH SERVICES IN SACRAMENTO COUNTY UNDER THE MENTAL HEALTH SERVICES ACT

Issue

How are new programs and expansion of existing programs funded under the Mental Health Services Act (MHSA) designed to narrow the gap between ethnic groups that are fully served and those that are underserved or unserved?

Reason for the Investigation

In November 2004, the voters of the State of California passed Proposition 63, an initiative measure by which the MHSA became state law effective January 1, 2005. The principal goal of MHSA is to fund the gaps in care for all children and adults in need of mental health services. The purpose of this investigation is to determine how the new programs and the expansion of existing programs funded under MHSA are designed to more closely accommodate the ethnic groups which have been unevenly served in the past.

Method of Investigation

The Grand Jury interviewed the following:

- County Department of Health and Human Services
 - Director, Mental Health Services
 - Chief, Adult Mental Health Services
 - Program Manager, MHSA
 - Ethnic Services Manager
- President, National Alliance for the Mentally Ill, Sacramento
- Director of Governmental Relations, California Psychiatric Association
- Professor and Ph.D., Cross Cultural Psychology; Chair, Sacramento Mental Health Board

The following documents, charts, and manuals were consulted:

- Sacramento County, Mental Health Services Act: Community Services and Supports - Three Year Program and Expenditure Plan (January 2006)
- Mental Health Services Act (principal provisions, Welfare & Institutions Code §§5771.1 - 5898)
- Documents, reports, statistics, surveys and other materials from the Sacramento County Mental Health Treatment Center, Turning Point ISA, and El Hogar RST

The following sites were visited:

- Sacramento County Mental Health Treatment Center
- Turning Point (South) ISA
- El Hogar Mental Health and Community Service Center RST

Background and Facts

I. Current Unmet Need in Sacramento County

Terms for the benefit of the reader:

| | |
|--------------|----------------------------------|
| Youth | Children aged 0 – 17 |
| TAY | Transitional aged youth 16 – 25 |
| Adults | Persons aged 18 – 59 |
| TAA | Transition aged adults 55 – 59 |
| Older adults | Persons aged 60 and above |
| API | Asian/Pacific Islander |
| AINA | American Indian/Native Alaskan |
| NHPI | Native Hawaiian/Pacific Islander |

“Co-occurring disorder” is an additional disorder attendant upon a diagnosed mental illness, such as a physical disorder or substance dependency.

“Client population” refers to the county’s mental health clients.

Much of the information provided below is derived from a 450 page volume of narrative, charts and graphs assembled by the County Department of Health and Human Services, and known as the “Sacramento County Community Services and Supports Plan” (County CSS Plan). This Plan for programs and expenditures of MHSA funds extends for a period of three years.

The target populations include those with serious emotional disability who are not currently receiving mental health services (unserved), or not receiving adequate mental health services to recover from the disorder or to prevent disability (underserved). For purposes of this summary, the term “underserved” also incorporates “unserved” and “unmet need.”

By way of a summary pertaining to the designated age categories, the following principal themes which may be derived from the more detailed data provided in the county CSS Plan are set forth below. Since there are an estimated 11,000 homeless individuals in the County, 35 - 50% of whom are mentally ill, or mentally ill with co-occurring disorders, a comment relating to homelessness in each category will be made.

Youth

Underserved by race/ethnicity

The Hispanic/Latino, AINA, Asian and NHPI groups have high rates of unmet need, with the most apparent need being in the Asian population.

The Latino population is underrepresented in the county's client population, and when they are being served, they are less likely to be fully served.

The API population is underrepresented in the county's client population.

Homelessness

Currently, at any given time, the Sacramento Division of Mental Health has 54 children enrolled in either day shelter or transitional housing. It has been estimated that there are approximately 5,000 homeless children in the county. This leaves the vast majority of such children unserved and without housing alternatives. The mentally ill in this category are profoundly underserved.

In a recent survey of 385 youth in local homeless shelters, over 50% were identified as African American, 26% as Caucasian, 6% as AINA, and 1% Asian. The county's general youth population data show 14% African American, 37% Caucasian, 2% Native American, and 14% API. (Steps are being taken to correct the data collection system to more accurately reflect data for Latinos, which are currently not available.)

Transitional age youth

Underserved by race/ethnicity

Significant unmet need is apparent in the populations in the county.

The Latino population is underrepresented in the county's client population, and when they are served, they are less likely to be fully served.

The API population is underrepresented in the county's client population.

Homelessness

Members of this category with serious emotional disturbances who age out of the foster care system in the county pose the highest risk for homelessness. It is estimated that approximately 45% of the youth who age out of the foster care system each year will have unstable plans, leaving them vulnerable to becoming homeless.

Adults

Underserved by race/ethnicity

The Hispanic/Latino and Asian populations have high rates of unmet need.

The Latino population is underrepresented in the county's client population, and when they are served, they are less likely to be fully served.

The API population is underrepresented in the county's client population. There is also a striking absence of this population among those fully served.

Homelessness

It is estimated that there are between 4,000 and 6,000 homeless adults with persistent mental illness who are untreated in the county.

In a recent survey of 2,161 adults in local homeless shelters, 37% were identified as African American, 44% as Caucasian, 4% as AINA, and 1% as Asian. The county's general adult population data show 10% African American, 53% Caucasian, 2% Native American, and 14% API. (Steps are being taken to correct the data collection system to more accurately reflect data for Latinos, which are currently not available.)

Older adults

Underserved by race/ethnicity

A significant unmet need is apparent.

Latinos are less likely to be fully served.

The API population is underrepresented in the county's client population, and there is a striking absence of this population in those fully served.

Homelessness

The serious lack of affordable housing in the county is compounded for older adults with mental illness, in that they frequently lack resources or support systems. Within the county's homeless population, approximately 10% are in this category.

Analysis of summary for all age groups by race/ethnicity:

Hispanic/Latinos have high rates of unmet need and are underrepresented in all age groups.

Asian youth, adults and older adults have high rates of unmet need.

API is underrepresented in all age groups.

API, AINA, and NHPI youth have high rates of unmet need.

Attached is a chart entitled "Penetration Rates - Ethnicity", indicating the percent of population served in the county for each of the ethnicities shown. It may be seen that the penetration rate is high for African Americans and Caucasians, and relatively low for Latinos. It is particularly low for API, Chinese, Laotian, and Vietnamese.

II. Identification of Programs Initiated or Expanded by MHSA Funds

The following programs, which have been approved by the County Board of Supervisors, are identified in the County CSS (Three-Year) Plan:

Transitional Community Opportunities for Recovery and Engagement (CORE)

This program is designed to serve 200 individuals at any given time, in the TAY, adult, TAA, and older adult age groups. CORE is an intensive community-based, multi-disciplinary team approach designed to deliver comprehensive and flexible treatment. The targeted population consists of those referred for services by the acute care system, i.e., the Sacramento Mental Health Treatment Center (MHTC), local acute psychiatric hospitals, Crisis Stabilization Unit, Crisis Residential Program, and Jail Psychiatric Services. The services will be considered ongoing until the consumer has been linked and transitioned to longer term mental health services. Services will include integrated treatment for co-occurring disorders.

It is anticipated that the program will result in a reduction in the need for crisis services, hospitalization and institutionalization, as well as increased community-based services for unlinked individuals and increased diversion from the MHTC Crisis Unit into the outpatient service system. It is also anticipated that housing and vocational supports will be provided to those clients who identify these elements as service plan goals.

Older Adult Intensive Services Program

This program is designed to serve 100 individuals at any given time, in the TAA and older adult age groups. It will provide culturally appropriate specialized geriatric psychiatric support, multi-disciplinary outpatient mental health assessment, treatment and intensive case management, as well as integrated treatment for co-occurring disorders. Clinic and home-based services will be provided.

It is anticipated that the program will result in improved medical and functional stability, increased social supports, decreased isolation and reduced emergency room utilization, hospitalization, and homelessness.

Permanent Supportive Housing Program for Individuals and Families

This program is designed to serve 125 individuals at any given time, including 57 adults, 31 seriously emotionally disturbed children and their families, 31 TAY and 6 older adults. The program will provide integrated, comprehensive, culturally competent, supportive housing subsidies and services to the underserved population. Permanent housing units will be developed with leveraged funding through a partnership with the Sacramento Housing and Redevelopment Agency, the County's Division of Mental Health, a nonprofit housing developer, and a contracted mental health service agency. Staffing will include consumers, advocates, professionals and housing and employment specialists. Services will include integrated treatment for co-occurring disorders.

It is anticipated that, in addition to housing, the program will provide the supports to assist the participant to succeed in recovery and wellness, and re-integration into the community. There will also be fewer hospitalizations and incarcerations, and increased employment.

Transcultural Wellness Center

This program is designed to serve 250 individuals at any given time in all age groups. The Center will provide culturally appropriate mental health services for API communities, including Chinese, Filipino, Japanese, Korean, Hmong, Vietnamese, Mien, Laotian, Cambodian, Tongan, Samoan, Hawaiian and Fijian Americans. The program will present mental health interventions, treatment and prevention strategies in various languages, and in a manner that is sensitive to cultural beliefs, traditions, values, practices and ceremonies. The program will be presented by a comprehensive multi-disciplinary, bicultural/bilingual staff.

It is anticipated that individuals with serious mental illness will be diverted from the criminal and juvenile justice systems, and that through contact and communication with those systems there may be an increased awareness of cultural issues to be considered in individual case determinations.

Wellness and Recovery Center

This program is designed to serve 400 individuals at any given time in the TAY, adult, and older adult age groups. The center will be a neighborhood multi-service facility providing a supportive environment offering choice and self-directed guidance for recovery and transition into community life. The program will make every effort to employ consumers and family members from throughout the community to staff the center. Peer counseling, peer mentoring, interpreter/translator and psycho-educational services, and psychiatric support, as well as natural healing practices, will be offered.

It is anticipated that consumers and family members will have the opportunity to develop wellness and recovery skills with the objectives of re-engagement in the community, relapse prevention, independence, and an improved quality of life.

Psychiatric Emergency Response Team Program (PERT)

This program is designed to serve 3,228 individuals annually in all age groups. Each of four PERT teams will consist of a mental health clinician and a law enforcement officer, and will provide ethnically and culturally appropriate multi-disciplinary mobile crisis assessments to stabilize the mental health crisis, establish linkages with appropriate mental health, physical healthcare, substance abuse, other co-occurring disorders, and social services.

It is anticipated that the program will reduce unnecessary trauma to consumers and family members, avoid involuntary interventions and reduce the utilization of higher levels of care and incarceration by way of diversion and alternative crisis resolution.

III. How the MHSA Funded Programs are Designed to Narrow the Gaps in Service

The County CSS Plan expressly sets forth the following primary objectives, which are related to the current disparities in access and service delivery to: 1) increase the total number of fully served within the county population; 2) increase the percentage of Latino, API, and Native American clients served to more accurately reflect their percentage distribution in the county; and 3) increase the total number of Latino, API, and Native American clients served to more accurately reflect their absolute numerical distribution in the county.

The Grand Jury's investigation now turns to an examination of the elements or characteristics of each program which are specifically designed to achieve those objectives.

Transitional Community Opportunities for Recovery and Engagement

The CORE program is designed to bring quality, ethnically diverse, and culturally competent services to persons in need. The practice of mobilizing team members allows for culturally sensitive skills to be brought directly to individuals in their specific communities. This will reduce ethnic disparity in utilization of mental health services. Emphasis will be placed on services to unserved, underserved, and inappropriately served groups, including Latinos, Native Americans, African Americans, refugees, and others. To focus on making services acceptable to diverse cultures and ethnicities, the program will employ staff who are culturally diverse, culturally competent, bilingual, and who reflect the ethnic and linguistic diversity of the population being served. Primary care physicians, non-traditional healthcare providers of medical services, and culturally diverse and competent counselors will be sought to provide services.

Older Adult Intensive Services Program

To reduce ethnic disparity in the utilization of mental health services, this program will focus on making its services acceptable to older adults of diverse cultures and ethnicities. This will occur by hiring staff, family and consumer advocates and peer counselors who are culturally diverse, culturally competent, bilingual, and who reflect the ethnic and linguistic diversity of the population being served.

Permanent Supportive Housing Program

Active outreach effort to the homeless unserved and underserved from ethnic and cultural populations is a core focus of this program. The staff will be proficient in communicating and engaging with this population. The County Division of Mental Health will request that any successful bidder establish a program that is culturally competent and will serve diverse cultural and ethnic communities. Initially, the program will attempt to serve ethnic minority groups as shown by population data. In order to bridge the information gap with these communities, the program will: 1) develop focused outreach to each cultural/ethnic community for mutual identification of goals; 2) develop housing programs and supportive services that meet the goals of each such group; and 3) adjust to needs as they become clarified.

Transcultural Wellness Center

As noted above, the API community in general, and all of its ethnicities, are underrepresented in the county's mental health services. The center is designed to offer linguistically and culturally sensitive and appropriate services to this relatively large population. While all cultural and ethnic groups will be welcome to services, the center's staff with bilingual/bicultural skills will specifically focus on services to individuals and families from the API community. Outreach and engagement efforts will be directed toward all API populations through the media, religious institutions, community centers, schools, and individual contact through community leaders.

Wellness and Recovery Center

Activities of this center will consist of consumer and family member focused services that meet the self-identified needs of a culturally and linguistically diverse community. The intention is to recruit staff that is representative of the community. The program will have an aggressive, on-going campaign to employ consumer staff with attributes and skills that will enhance recovery and resilience. All will be trained in providing culturally and ethnically competent services.

Psychiatric Emergency Response Teams

This program will recruit bilingual/bicultural staff to provide culturally competent services. Priority will be given to staffing, including family/consumer advocates, that reflects the ethnic and linguistic diversity of the community, and which is skilled in working with diverse populations.

It appears that the elements and characteristics of each program are reasonably conceived and designed to narrow the gap in mental health services between the various ethnic groups. It is urged that successor Grand Juries, during the first three year phase of the County CSS Plan, conduct an empirical investigation to determine whether and to what extent the stated objectives are actually realized.

Findings and Recommendations

Finding 1. The API community, and each of the component ethnicities within that designation, are among the most underserved populations in the county.

Recommendation 1. Using the attached Penetration Rate Chart as a reference, and employing the services of the Transcultural Wellness Center in collaboration with other programs, the county should make every effort to increase the penetration rate of API in general, and of Chinese, Korean, Laotian, Samoan, and Vietnamese ethnic groups in particular, by 1.5% within the first year of the three year plan.

Finding 2. In a recent survey of local shelters for the homeless, more than 50% of youth, and 37% of adults have been identified as African American. In the county's general population, 14% of youth and 10% of adults are African American.

Recommendation 2. Utilizing the services of the Permanent Supportive Housing Program in collaboration with other programs, the county should identify the African American community as a prime target of its outreach and engagement efforts in order to increase its participation in the Housing Program.

Finding 3. While Latinos comprise a large segment of the general population, the percentage of Latinos in local shelters for the homeless can not be accurately stated due to discrepancies in the collection of data. It is known, however, that the Latino population has been unserved or underserved in terms of health and mental health services, due to difficulties relating to language, insurance and/or documentation.

Recommendation 3. The county should identify the Latino community as a prime focus of culturally sensitive and bilingual outreach and engagement methods in order to increase its participation in housing and other mental health programs.

Finding 4. The oversight of the Sacramento County Grand Jury should continue through the County CSS Three Year Plan to monitor the effectiveness of the MHSA programs.

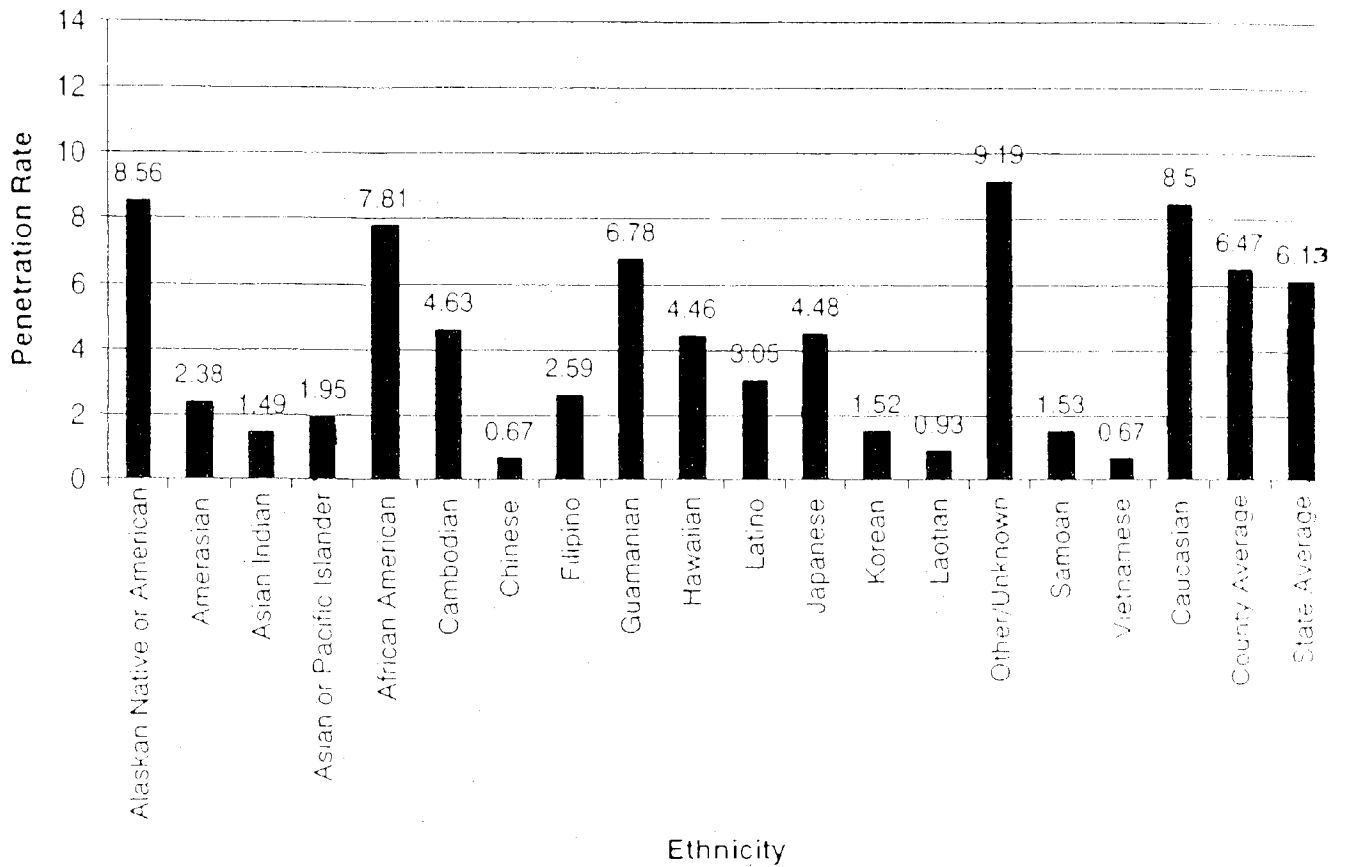
Recommendation 4. The Director, or the MHSA Program Manager, or the Ethnic Services Manager of the Division of Mental Health Services, Department of Health and Human Services, should apprise the chair of the Health and Human Services Committee of the 2006-2007 Sacramento County Grand Jury of data, as they become available, relating to the effectiveness of the five programs considered herein, in relation to services rendered to underserved ethnic groups.

Response Requirements

Penal Code sections 933 and 933.05 require that specific responses to both the findings and recommendations contained in this report be submitted to the Presiding Judge of the Sacramento County Superior Court by October 1, 2006 from:

- **The Director, Sacramento County Department of Health and Human Services**

Penetration Rates – Ethnicity



Penetration Rate: the number of mental health clients divided by the number in the MediCal population. It represents the % of the population you are reaching.