

UNREPRESENTED VIEWS
STATE AND COUNTY MENTAL HEALTH POLICY DECISIONS

The Mental Health Association in California (MHAC) has a history of working to develop and support coalitions of mental health interests. Besides the broad statewide coalitions such as the California Coalition for Mental Health and the Access coalition, which encompass a broad range of mental health stakeholders, MHAC has also created special interest coalitions such as United Advocates for Children and Families, Racial and Ethnic Mental Health Disparities Coalition, and the California Youth Empowerment Network.

UACF has become its own separate organization through the following three steps: 1) operate as a program of MHAC; 2) MHAC is a fiscal agent and the organization is run independently; and 3) the organization is completely independent with its own 501(c)(3).

The Racial and Ethnic Mental Health Disparities Coalition, or REMHDCO, is in the process of making the same shift. It currently operates as a program of MHAC. Its leadership has signaled to MHAC that it is ready to take the next step and MHAC will be its fiscal agent. Within three years it will probably also be a completely separate organization, but that is a future decision that has not been made at this time. Due to the age of its board membership, CAYEN may always need to remain as a program of MHAC.

The purpose of this proposal is to acknowledge that there are four important view points that are not being advocated for in the public mental health policy setting arena. By not having the voices of the populations most directly affected present in decisions, it limits the ability to design programs that most effectively meet the needs of these populations. The interests that we have identified at this time include the following:

1. Lesbian, Gay, Bisexual, and Transgender, (LGBT)
2. Depressive and Bi-polar Support Alliance(DBSA)
3. Veterans
4. Older Adults

For each of these subject areas (similar to REMHDCO and to a lesser degree CAYEN) there are existing organizations that are aligned with those view points. However, none of those organizations have a Sacramento based, State-level mental health advocacy presence. None of them are positioned to work as

MHAC does to coordinate state advocacy with county advocacy through our local chapters. In addition, our local chapters can serve as support staff for these organizations locally (in the same way that many of our chapters staff local NAMI chapters). In general, the organizations that exist for these interest groups do not have a mental health focus but cover mental health issues as part of a broader mission.

The Depressive and Bipolar Support Alliance is an organization that is different from the others as it is a single membership organization which reflects the views of those who consider themselves to have lifelong depression or bi-polar conditions. This organization has local chapters and a national office, but generally focuses on peer support. The national office coordinates the development of public policy positions, and takes these on national issues. It may encourage local chapters to form state coordinating groups and take positions on state legislation. However, in meeting with their national office it became clear that it has never been part of their role to have a presence at a State Capitol and be actively involved in state policy positions.

MHAC has learned that there are approximately one hundred local chapters with approximately twenty thousand names on email lists. The national office has most of these contacts, but some are only in the databases of the local chapters as not all local chapters are affiliated with the National organization. For this organization the role of MHAC would be to establish contacts with each of these local chapters and get them to designate a contact person to work with a state coordinating council. They would be asked to appoint regional representatives to serve on a state steering committee that would direct MHAC staff in this program.

For the other three interests MHAC would work with several existing statewide organizations that reflect the communities involved. The goal would be to bring representatives of statewide organizations together to form the state-wide steering council. This would have sufficient representatives to account for regional variations, and ensure that the coordinating council has the ability to collect information on what is happening throughout California and county decisions.

Timing – Contract to begin in 10-11

The current timing is ideal as counties have just begun their prevention and early intervention programs and have completed three years of their CSS programs. Currently there is no cross county information on how existing organizations perceive their own programs – what is working, what gaps exist, and what resources they have to work with. The initial work of the newly created organizations through MHAC, would be to evaluate what is already on the ground in the counties. These groups would identify the different county approaches, and give their feedback on which programs, facilities, and approaches, are more and less likely to meet their populations specific needs. We would also identify those

areas where there might not be any current programs. This would create the opportunity to identify better practices that these populations would encourage counties to try in the next rounds of funding.

It is acknowledged that there will not be any significant new funding for at least two years. This also is good timing. The initial evaluation work can be done without the pressure to develop new county plans. The first step is the evaluation. The second step is to inform the State, Counties, and other major mental health stakeholders. The third step is to make sure that this is reflected in the next round of education and training for state and county officials and any updates to the guidelines to CSS, PEI, Education and Planning, and other elements of MHSa implementation. The fourth step would be to position these organizations for them to work through MHAC local chapters and other organizations to advocate in the next round of county plans for the next significant funding increase which we estimate to be approximately two or three years away.

Budget

The cost to create these four programs we assume could be borne by a budget of \$250,000 annually. This would permit MHAC to hire one professional staff person, one additional full time staff or equivalent for support staff. This would also provide for significant funding for travel and stipends for meeting participation throughout the state. MHAC would seek a three year contract for this. One of the goals is that at the end of the three years the governing boards of the four organizations will decide whether or not to continue to contract with MHAC for staff services, to seek independent staffing, or to have staffing through other organizations. This acknowledges the likelihood that the contract might be significantly different after the end of this three year period.