
EXECUTIVE SUMMARY

In October 2002 the President's New Freedom Commission on Mental Health revealed that in our nation one out every two persons who needs mental health treatment does not receive it. For ethnic and racial minorities, groups that comprise a significant segment of California's population, the situation is even worse. As reported in 2001 by the Surgeon General's Report, "Mental Health: Culture, Race, and Ethnicity," ethnic and racial minorities receive treatment at a rate that is even lower than that of the general population. In addition, ethnic minority populations bear a greater burden from unmet mental health needs and suffer a greater loss to their overall health and productivity.

The responsibility of California's public mental health system is to serve children and youth with serious emotional disturbances and adults and older adults with serious mental illnesses who are eligible for publicly funded mental health services. The *California Mental Health Master Plan* tries to do for this state what the President's Commission has done for the nation. Chapter 3 presents the unmet need for mental health services among children and youth with serious emotional disturbances and adults and older adults with serious mental illnesses in California.

Approximately 600,000 adults, older adults, and children and youth in need of mental health treatment are not receiving services. In round numbers, this figure breaks down to 300,000 children and youth, 200,000 adults, and 100,000 older adults. To put this figure in perspective, the public mental health system served 460,000 clients in fiscal year 1997-98. Consequently, the public mental health system would have to double in size to serve all the persons in need of mental health treatment.

A crisis also exists in access to mental health care for persons who are indigent. In 2003 the Department of Mental Health issued a report pursuant to AB 328 (Salinas) outlining, among other things, changes in the current service delivery system of mental health programs that have occurred since the enactment of realignment. The report notes that, in fiscal year 1990-91, 45 percent of the clients in the mental health system were Medi-Cal beneficiaries and 55 percent were indigents. In contrast, in fiscal year 1999-00, 68 percent

were Medi-Cal beneficiaries and 38 percent were indigents. During that same period, the number of Medi-Cal clients served increased by 131 percent, and the number of indigents served has decreased by 8 percent. In the years since fiscal year 1999-00, the availability of services for indigents has only gotten worse. For example, in Los Angeles County many organizations have limited access for adults and older adults to only emergency care. During the last several years, organizations have turned away several thousand indigent clients because these organizations did not have the fiscal resources.

The personal loss represented by unmet need for mental health services and the crisis in access to services is brought into focus when one considers the advancements that have been made in understanding the nature of mental illness over the last two decades. Many effective treatments, both in terms of medication and psychosocial rehabilitation, have been found for major mental illnesses. Innovative programs, such as wraparound programs and strengths-based, family focused treatment planning, have brought breakthroughs in services to children and their families. When the public mental health system is not able to provide mental health services to children and youth, adults, and older adults in need, these individuals experience needless human suffering and lose the opportunity to achieve their full potential as human beings.

The public mental health system must confront the challenge of improving the capacity and effectiveness of its system in a time of unparalleled fiscal crisis in California. In fiscal year 2002-03, the State's General Fund is running a deficit of \$26-\$35 billion. Unprecedented spending reductions in state programs are being anticipated. In the face of this challenge, however, the mental health constituency should not despair. It should embrace the vision for the public mental health system provided by the *California Mental Health Master Plan* and, during these lean times, marshal its forces, and plan how to implement this vision when sufficient fiscal resources become available.

In Chapter 1 the *Master Plan* offers a vision for the public mental health system. It envisions a

society in which persons of all ages, ethnicities, and cultures who experience serious mental illness or serious emotional disturbance receive high quality, culturally and linguistically competent, and effective services from the mental health system. As a result of the services, support, and rehabilitation they receive, these persons are able to lead happy, productive, and fulfilling lives.

The mission of the public mental health system is to enable all individuals to access services from a seamless system of care. A fundamental set of values guides the development and implementation of the mental health system. Foremost is the client-directed approach to services in which all services for children and their families and for adults and older adults should be guided by an individual's goals, strengths, needs, concerns, motivation, and disabilities. A focus on wellness, recovery, and resilience must also be paramount in designing treatment plans. Chapter 1 enumerates all the other values essential to implementation of the vision for the public mental health system.

Chapter 2 communicates the commitment of the public mental health system to cultural competence, including an explanation of why cultural competence needs to be integrated into the mental health system and what is meant by cultural competence. It presents national standards that health care organizations should adopt to achieve culturally and linguistically appropriate services. It also describes how the mental health system needs to be designed through various levels, including state government, county government, and service providers, to ensure that culturally competent services are provided to mental health clients of all ethnic, racial, cultural, and linguistic backgrounds.

Chapters 4, 5, and 6 describe the systems of care for children and youth, adults, and older adults respectively. Each chapter presents the mission and values unique to each target population. These chapters discuss who is eligible for services in each system of care and issues related to target population definitions. Each chapter presents the elements of a system of care, the unique problems systems of care face in providing mental health services, and recommendations to address those problems. The special needs of ethnic and racial minorities are highlighted in each chapter.

Chapter 7 describes the transition that the public mental health system made to managed mental health care in the mid-1990s. It also provides information on the history of the funding of the mental health system. Finally, it discusses the priorities of the California Mental Health Planning Council for on-going monitoring of managed mental health care implementation.

Chapter 8 highlights system accountability and oversight in California's realigned public mental health system. The chapter provides basic information about the clients served in the mental health system and the magnitude of expenditures. It also provides a definition of terms and explanation of concepts to be used in working with performance indicators so that all stakeholders share a common understanding of these complex topics. It describes the roles of the California Mental Health Planning Council and of local mental health boards and commissions in system oversight and accountability and provides principles for guiding continued development of oversight, accountability, and the use of data. Finally, the chapter looks ahead to next steps in the use of performance indicators for system oversight.