



AB 512 (Ting): Cultural Competence in Mental Health

(Co-Authors: Assemblymembers E. Garcia, Reyes, Senator Portantino)

Background

Mental health is a critical component of health, yet California's diverse communities face myriad challenges accessing care and maintaining wellbeing. Asian and Pacific Islander communities have among the lowest rates of mental healthcare utilization. While Latinos have higher utilization rates, those who visit a mental health practitioner often do not return for subsequent visits. Black communities are too often served through emergency and non-voluntary mental health treatment due to a lack of culturally appropriate prevention and early intervention. And LGBTQ communities have historically encountered a biased mental health system that failed to recognize their humanity.

Issue/Current Law

The Mental Health Services Act (MHSA), passed by California voters in 2004, specifically identified improved access to and quality of care for racial and ethnic communities as a primary goal and dedicated resources for this purpose. Since that time, California counties have been tasked with designing mental health programs and services that meet the needs of diverse local communities. In addition, Medi-Cal provides mental health care to low-income consumers through both health plans and counties.

Under existing regulation, county mental health programs are required to develop and submit cultural competency plans to the Department of Healthcare Services (DHCS) every three years. However, these plans do not set forward-looking goals for disparities reduction or hold counties accountable for improving care. In addition, DHCS has neither reviewed these plans nor enforced existing regulations to reduce county mental health disparities put forth in the cultural competence plans. Although some county mental health plans have made efforts towards developing culturally and linguistically competent services, it is imperative that all counties be supported in this critical effort.

This Bill

Requires counties, in collaboration with stakeholders, to report on additional criteria in their cultural competency plans and requires DHCS to annually review and monitor mental health

disparities reduction. In addition, the bill requires counties, DHCS, and stakeholders to develop performance targets that reduce disparities and improve mental health quality, transforming the public mental health system to focus on outcomes rather than solely utilization.

Specifically, this bill would require that every county's cultural competency plan includes the following:

- Disparities in access, utilization, and outcomes by race, ethnicity, language, disability status, sexual orientation, gender identity, and immigration status to the extent data is available and can be reported without individual identification.
- Annual performance targets for reduction in disparities in access, utilization, and outcomes.

This bill would require each county to:

- Convene a stakeholder committee monthly to provide feedback on the plan.
- Make annual updates to the cultural competence plans to reflect population changes.
- Submit plans to the Department of Health Care Services for review every three years.

The bill would also require DHCS to:

- Consult with the Office of Health Equity to review county assessments and statewide performance on disparities reduction.
- Require counties to meet specified performance and disparities reduction goals and develop a protocol for monitoring this.
- Publish cultural competency plans on its website.

Support

California Pan-Ethnic Health Network (sponsor)
Latino Coalition for a Healthy California (sponsor)
#Out4MentalHealth (sponsor)
Steinberg Institute (sponsor)
Southeast Asia Resource Action Center (sponsor)
California Black Health Network (sponsor)

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