

Laurel Benhamida, Ph.D.

May 10, 2016

Written testimony: Suggested Actions for the Little Hoover Commission to consider as it moves forward with the Mental Health Services Act Check-up

The Little Hoover Commission Report released January, 2015, "Promises Still to Keep: A Decade of the Mental Health Services Act" expressed serious concerns about the problem of data. The problem still exists. The Latino majority community, (July 1, 2014=14.99 million compared to 14.92 million non-Latino whites per US Census Bureau) and diverse minority groups in California are still largely unserved, underserved and/or inappropriately served. Please look at the CRDP Phase 1 Special Population Reports for details. Progress, if any, in reducing disparities in life expectancy and access to culturally and linguistically appropriate services is hamstrung by lack of data. These groups are undercounted by the census and other surveys as well. The US Census Bureau is preparing for the 2020 Census. The Little Hoover Commission could:

1. Encourage the MHSOAC and other state agencies to communicate with and possibly align mental health, health and other social services demographic data collection with the US Census bureau if they move in a positive direction that will result in more accurate data such as fill-in-the-blank formats.
2. Seriously consider recommending moving towards fill-in-the-blank type formats to collect data that can then be aggregated.
3. Look at and learn what is good and could be improved on from the example of data collection for evaluation of mental health, health, and social services in other multiethnic, multilingual societies. For example, India also has a complex social, ethnic and linguistic fabric. There may be lessons to be learned from successes and failures in data collection policy and practice in India.
4. Look at political agendas that have long been incorporated into demographic data collection strategies by governments. Unfortunately the resulting biases sometimes make accurate evaluation difficult. (Some of these strategies may even have been at the request of leaders of ethnic groups who wished to be considered members of a powerful group rather than separated out or assigned to a less powerful or stigmatized group. Some data collection may be constitutionally problematic.)
5. Encourage connections and consultation with data experts from technology companies and universities to examine solving data issues in a reasonable time frame of much, much less than 7 years.
6. Encourage MSHOAC coordination with demographic data collection from the Medi-Cal expansion under Covered California, including progress toward mental health parity.
7. Encourage flexibility in meeting needs of new groups immigrants or refugees from conflict zones at risk for PTSD and depression. PTSD treatment outcomes are favorable if started early. Unfortunately counties may feel constrained to restrict PEI and CSS to previously identified threshold language groups. By the time a group reaches that size, if it does, PTSD treatment outcomes may be unfavorable.