April 10, 2020

The Honorable Gavin Newsom  
Governor, State of California  
State Capitol  
Sacramento, CA  95814

Re: Suspension of Requirements of the Mental Health Services Act (MHSA)

Dear Governor Newsom:

The organizations signing this letter are non-profit organizations located throughout the state of California that specialize in serving racial, ethnic, LGBTQI2-S, and other vulnerable communities. We are in strong support of the letter attached dated March 29, 2020, that you received from statewide mental health organizations cautioning against making long-term changes in the MHSA during the COVID-19 outbreak without stakeholder involvement and significant deliberation to understand the lasting impact of such changes on affected communities.

In addition, there is one issue in particular that we wish to bring to your attention that we believe affects our communities more than others. We know that both the County Behavioral Health Directors Association and the Steinberg Institute have requested
permission to transfer local MHSA funds between components. In essence, they want to allow counties to transfer Prevention and Early Intervention (PEI) and Innovation (INN) funds to the Community Services and Supports (CSS) programs.

We strongly disapprove of this proposal as it would disproportionately affect communities of color, the LGBTQI2-S community, and other unserved, underserved, and inappropriately served communities. Decreasing PEI funding would be a “double hit” to our communities because:

1. PEI programs are often more effective in serving our communities and are often preferred by members of our communities.

2. Community-based organizations that are located in our underserved communities and/or specialize in serving our communities are funded more often through PEI than CSS.

Furthermore, communities of color are disproportionately affected by the COVID-19 situation. The African American/Black population has the highest death rates from the COVID-19 virus; therefore, stress and trauma will definitely increase for this community. PEI programs could address and mitigate these disparities. Our own Surgeon General, Nadine Burke Harris said as much when she referenced church leaders in the community as helping get the message out.

We have seen in the past that programs that serve our communities are the last to be funded but the first to be cut in times of need. Allowing counties or the state to deplete
PEI funds would appear to repeat this discriminatory pattern. Programs such as those under the California Reducing Disparities Project (CRDP) are just beginning to establish themselves in counties. Transferring PEI funds to CSS would undercut these programs and be a step backwards by promoting the very discriminatory practices that create disparities again, leaving vulnerable communities unserved.

Although Innovation funds could be used for new programs that target our communities and reduce disparities, historically this has not been done nearly as often as we hoped. Transferring these funds would further diminish the possibility of creating programs that showed promise for underserved communities, including continuation of CRDP projects at the local level.

While we might support a delay in overall reporting requirements, we do not support the request for counties to suspend demographic data collection (of PEI) at this time. If PEI funding is reduced, how else would it be documented whether or not our communities were adequately served? More important, we believe it is possible to collect demographic data over the telephone or other means, if in-person intake meetings were temporarily halted.

One of the most important principles of the MHSA is that government authority is not to be exercised without communication and collaboration with consumers, family members, and the community. We want to be supportive of your extraordinary efforts in managing this unprecedented public health crisis. We also do not want unexpected consequences to befall our communities that remain unserved, underserved, inappropriately served, and more vulnerable at this time. We are most willing to meet to discuss our concerns and consider alternative proposals for assisting you in overcoming this COVID-19 emergency.

Sincerely,

Stacie Hiramoto, MSW, Director
Racial and Ethnic Mental Health Disparities Coalition

Janet King, MSW, Project Director
Native American Health Center
Le Ondra Clark Harvey, PhD, Director of Policy and Legislative Affairs
California Council of Community Behavioral Health Agencies

Sonya Young Aadam, CEO
California Black Women's Health Project

June Lee, Executive Director
Korean Community Center of the East Bay

Pastor Horacio Jones, Chair
African American Steering Committee for Health and Wellness

Vanetetta Johnson, Executive Director
Peers Envisioning & Engaging in Recovery Services (PEERS)

Seng S. Yang, Director
Hmong Cultural Center of Butte County

Eba Laye, Director
Whole Systems Learning

Gulshan Yusufzai, Executive Director
Muslim American Society – Social Services Foundation

Mel Mason, LCSW, Executive Director
The Village Project, Inc.

Dr. Darling Richiez, DNP, MSPH, CHES
Chief Nursing Officer
Health Education Advocacy Leadership (HEAL), Inc.
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Cymone A. Reyes, Executive Director
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Rebecca Gonzales, Director of Government Relations & Political Affairs,
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