



April 10, 2020

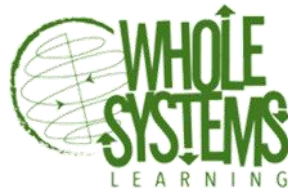
The Honorable Gavin Newsom
Governor, State of California
State Capitol
Sacramento, CA 95814

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



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permission to transfer local MHPA 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**

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

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

Eba Laye, Director
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Gulshan Yusufzai, Executive Director
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Leva Zand, Development Director
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Black Minds Matter 2!

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Susan Gallagher, Executive Director
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cc: Dr. Kelly Pfeifer, Deputy Director, Behavioral Health, DCHS
Michelle Doty Cabrera, County Behavioral Health Directors Association
Darrell Steinberg, Steinberg Institute
Nadine Burke Harris, California Surgeon General
Marlies Perez, Chief, Community Services Division, DHCS
Mark Ghaly, Secretary, California Health and Human Services Agency
John Connolly, Deputy Secretary, California Health and Human Services Agency
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Kimberly Chen, Senate Committee on Health
Agnes Lee, Policy Consultant, Speaker's Office of Policy
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Toby Ewing, Mental Health Services Oversight and Accountability Commission