



WELLNESS • RECOVERY • RESILIENCE



Mental Health Services
Oversight & Accountability Commission

Commission Teleconference Meeting January 28, 2021 PowerPoint Presentations and Handouts

Tab 2:

- PowerPoint: Public Health Solutions: Achieving Mental Health Equity
- PowerPoint: Creating a pathway to long term CRDP Sustainability and Scalability of the CDEPs
- Handout: Additional Bios
- Handout: Video Transcript: A Culturally Responsive Mental Health COVID Response

Tab 3:

- Handout: Every Young Heart And Mind: Schools as Centers of Wellness Implementation Plan
- PowerPoint: School Mental Health

Tab 5:

- Handout: Highlights of the Governor's Proposed Budget for 2021-22

Misc:

- Handout: Letters to MHSOAC

Public Health Solutions: Achieving Mental Health Equity

Cullen Fowler-Riggs, MPH

Lead, California Reducing Disparities Project (CRDP)
Office of Health Equity – Community Development & Engagement Unit

Sosha Marasigan-Quintero, MPA

Lead, Community Mental Health Equity Project (CMHEP)
Office of Health Equity – Community Development & Engagement Unit

Mental Health Services Oversight & Accountability Commission

Thursday, January 28th, 2021



Office of Health – Community Development & Engagement Unit

Mission:

- ❖ To strengthen CDPH's focus and ability to advise and assist other state departments in their mission to increase access to, and the quality of, culturally and linguistically competent mental health care and services.
- ❖ To create a public mental health system for a diverse California that advances an authentic commitment to community engagement, cultural knowledge, accessibility, quality, resilience, and wellness.

Guiding Principles:

- ❖ Doing Business Differently
- ❖ Systems Change
- ❖ Building Community Capacity
- ❖ Fairness



Phases of California Reducing Disparities Project (CRDP): Overview of Phase 1 and 2

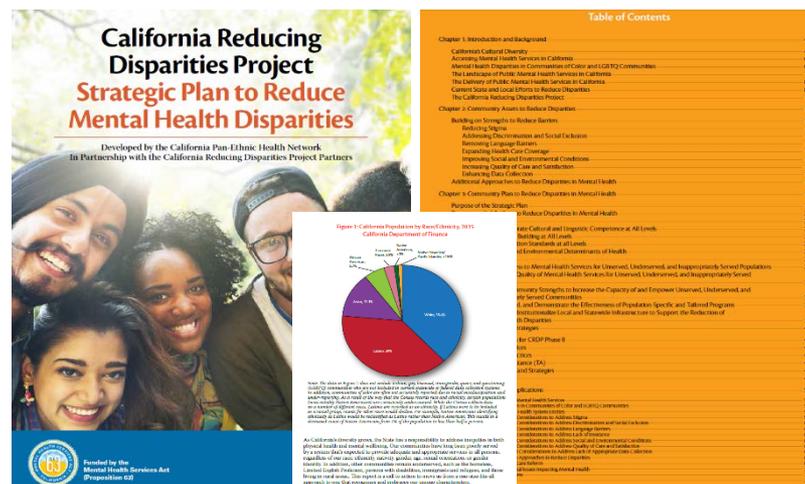
Phase 1 – Building a Foundation for Success (2009-2018):

Population Reports offer snapshot of population driven needs assessment and recommendations on how to address disparities. The Strategic Plan synthesizes recommendations and provides a roadmap to achieve Health Equity.

CRDP Phase I Reports



CRDP Phase 1 Strategic Plan

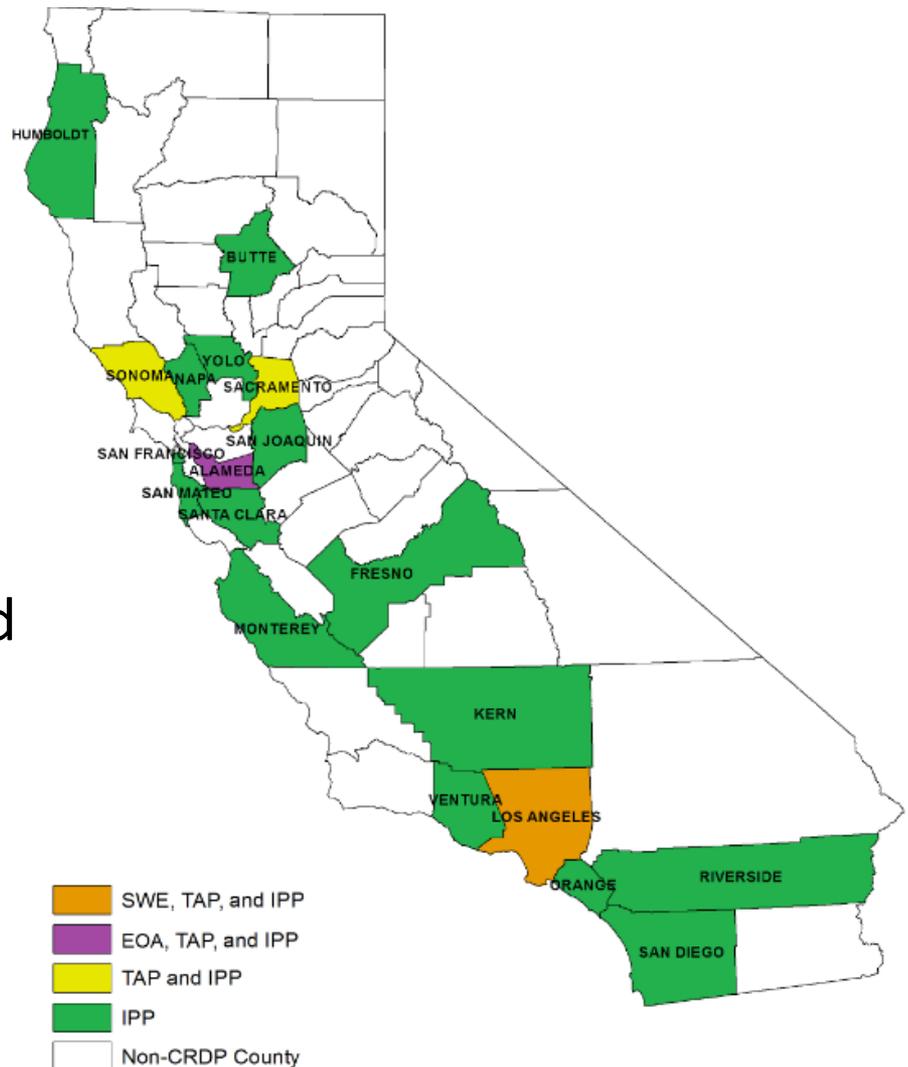


Phase 2 – Pilot Project Implementation and Evaluation (2016-2022):

Provides \$60 million in grants and contracts to support implementation and evaluation of recommendations through Community Defined Evidence Practices (CDEPs).

CRDP Phase 2 Foundational Components

- Statewide Evaluator
- 5 Technical Assistance Providers
- 35 Pilot Projects & Local Evaluators
- Education, Outreach and Awareness
- Cultural Broker



CDPH California Reducing Disparities Project: Phase II Organizational Chart

SWE

Statewide Evaluator: Psychology Applied Research Center @ Loyola Marymount University

TAPS

African American

ONTRACK Program Resources

Asian and Pacific Islander

Special Service for Groups (SSG)

Latino

UCD Center for Reducing Health Disparities

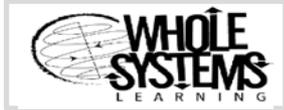
LGBTQ

Center for Applied Research Solutions (CARS)

Native American

Pacific Institute for Research and Evaluation (PIRE)

Implementation Pilot Projects (IPPs)



EOA

Education Outreach and Awareness Consultant: California Pan-Ethnic Health Network

Stakeholder Involvement – “Nothing About Us Without Us”

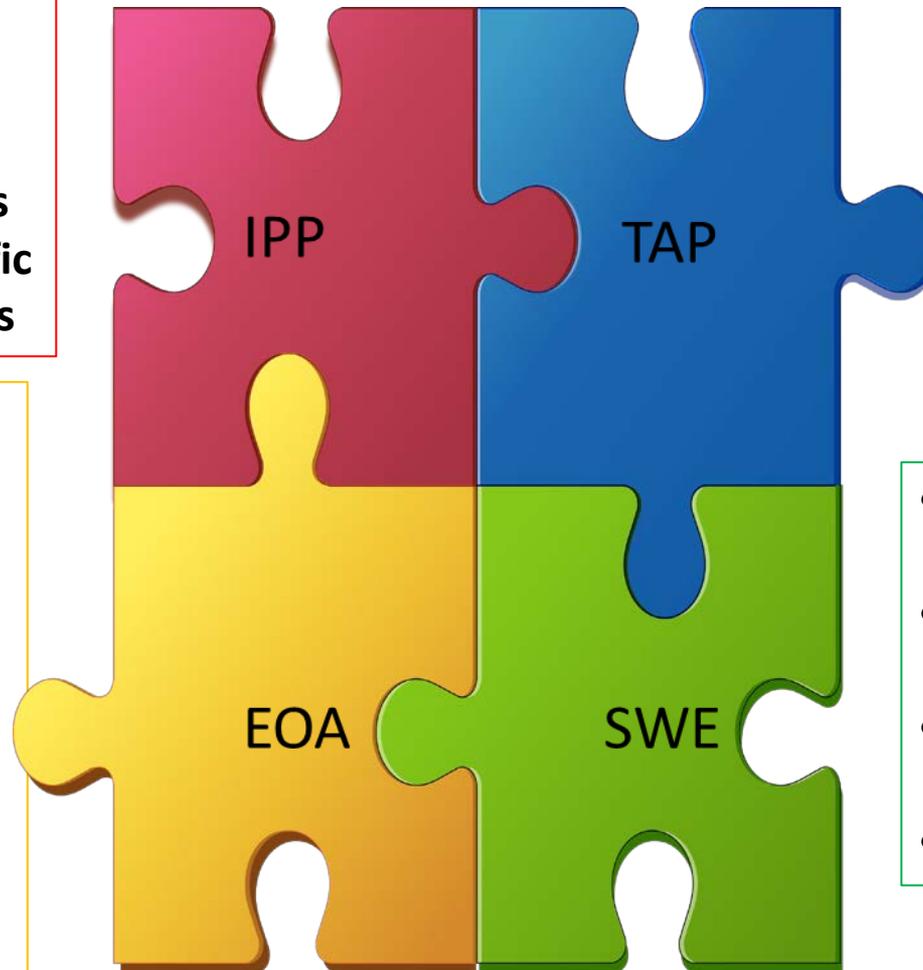
CDEU Staff, Contractors and Grantees come together to lay the groundwork to “*Do Business Differently*”



Roles of CRDP Phase 2 Partners

- Implement community-defined mental health programs
- Culturally specific local evaluations

- Community outreach to raise awareness
- Inform systems change processes
- Help tell CRDP's story



- Capacity building
- Evaluation TA
- Guidance to capture culture/context

- Cross-site evaluation
- Guidance on local evaluation
- Accountability support to CDPH
- Business case

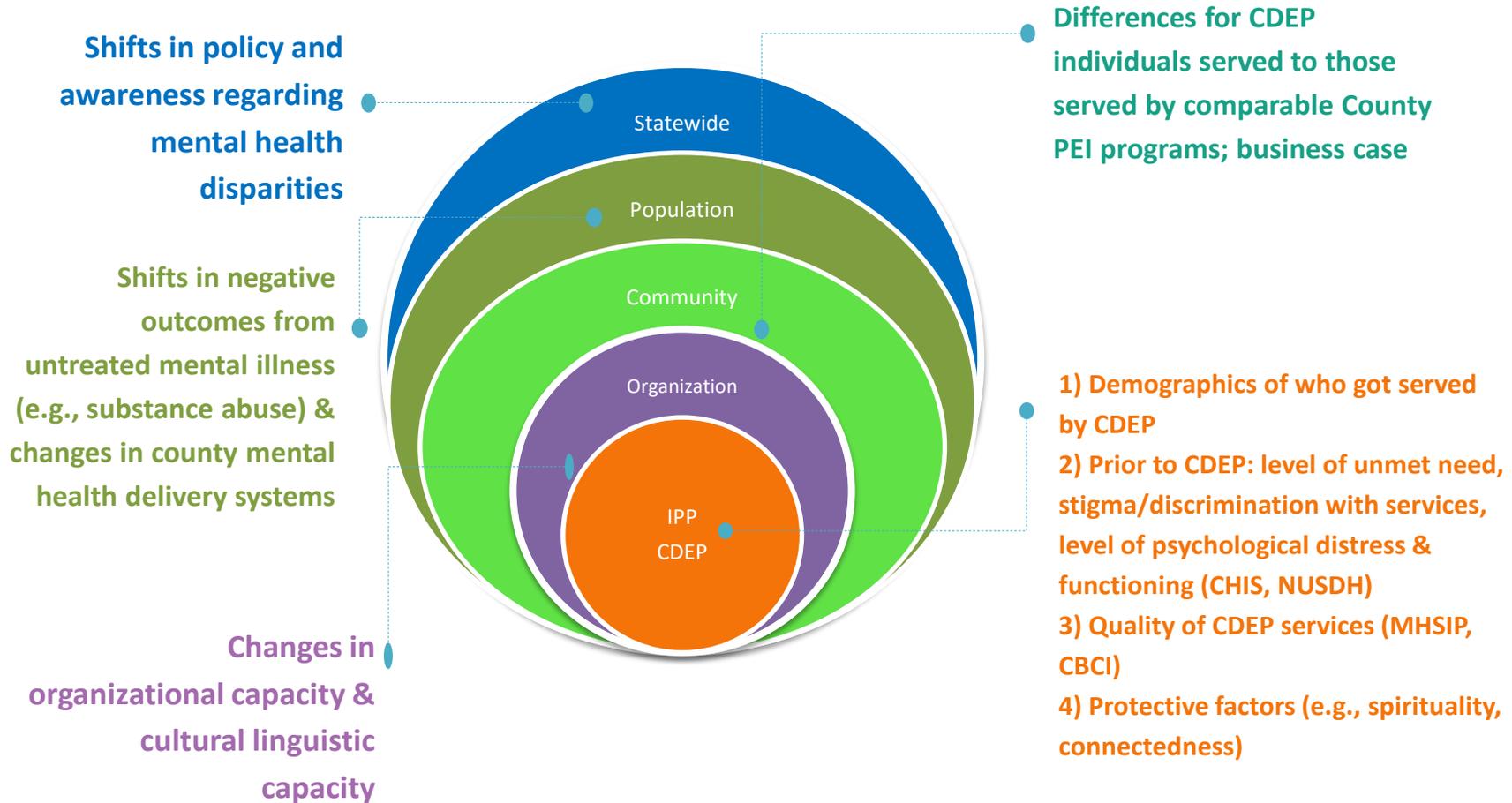
CRDP Evaluation – A Balancing Act



State-Wide Evaluation and Local Evaluation

**Community Centered, Community Participatory Research, Context,
Culture + Research Activism**

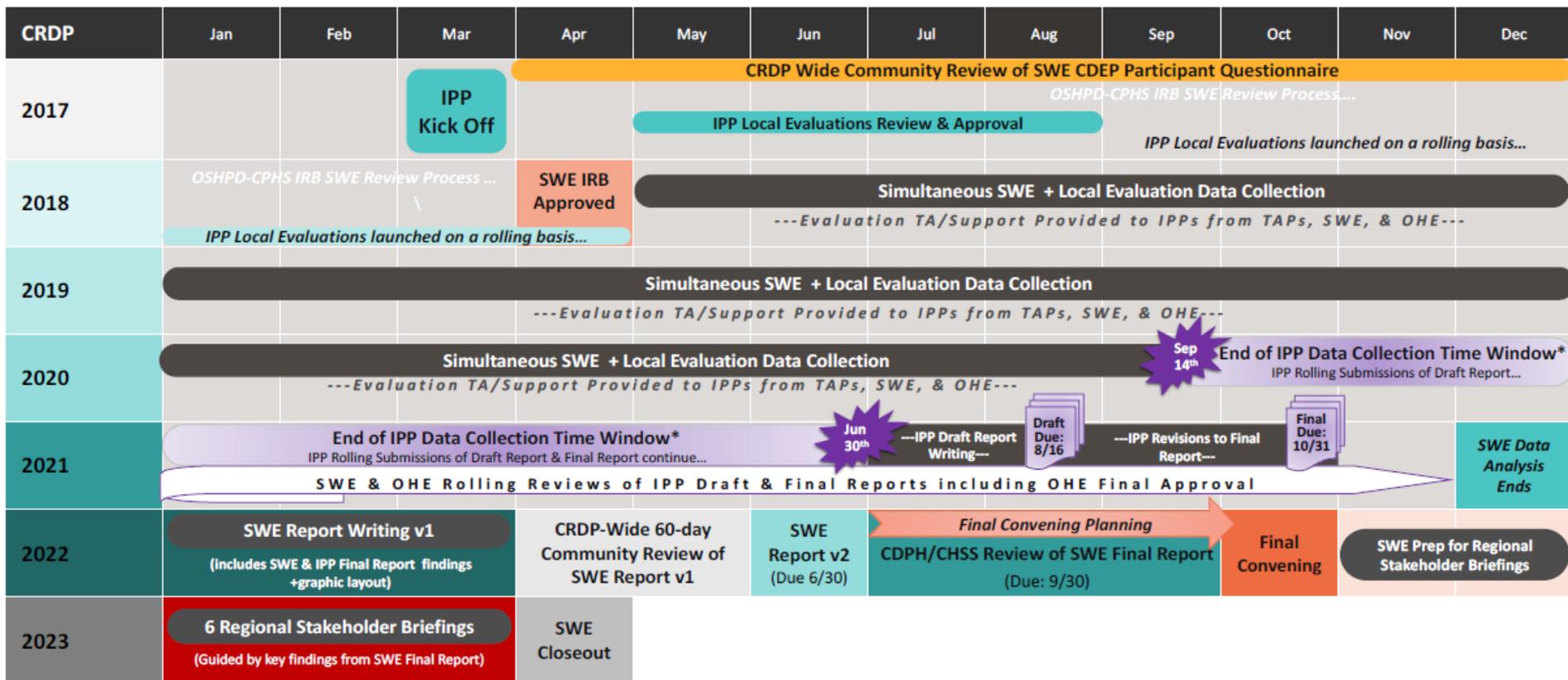
CRDP Phase 2 Statewide Evaluation



CRDP Phase 2 Local Evaluation

- Build capacity to conduct evaluations and leverage data for future funding.
- Evaluations consistent with Pilot Project needs and cultural values.
- Pilot Projects have freedom to define evaluation questions and select methodology. Predominantly mixed methods.
- Emphasis on Community Based Practice Research (CBPR).

CRDP Phase 2 Evaluation Timeline

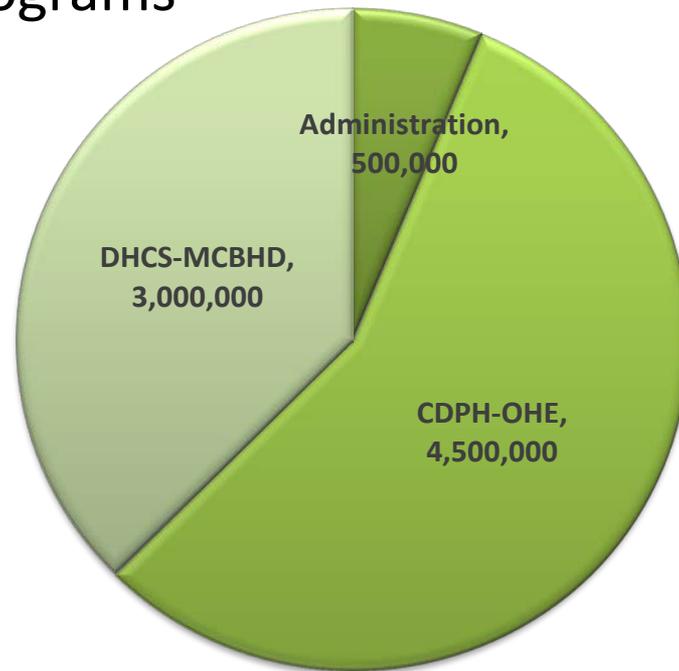


*End of IPP Data Collection Time Window: Grantees can finish evaluation data collection at any time beginning September 14, 2020 and ending on June 30, 2021. Depending on the selected IPP data collection end date, IPPs will have 3-months to 6-weeks to complete their Final Evaluation Report Draft v1. All IPP Final Reports Version 1 must be submitted to OHE by August 16, 2021. SWE review of Version 1 will begin on a rolling basis fall 2020 and end by September 31, 2021. IPPs will have 1 month to re-submit their Final Report. SWE/OHE will conduct a joint review of the final draft by October 31, 2021. OHE provides final approval on all IPP Final Reports.



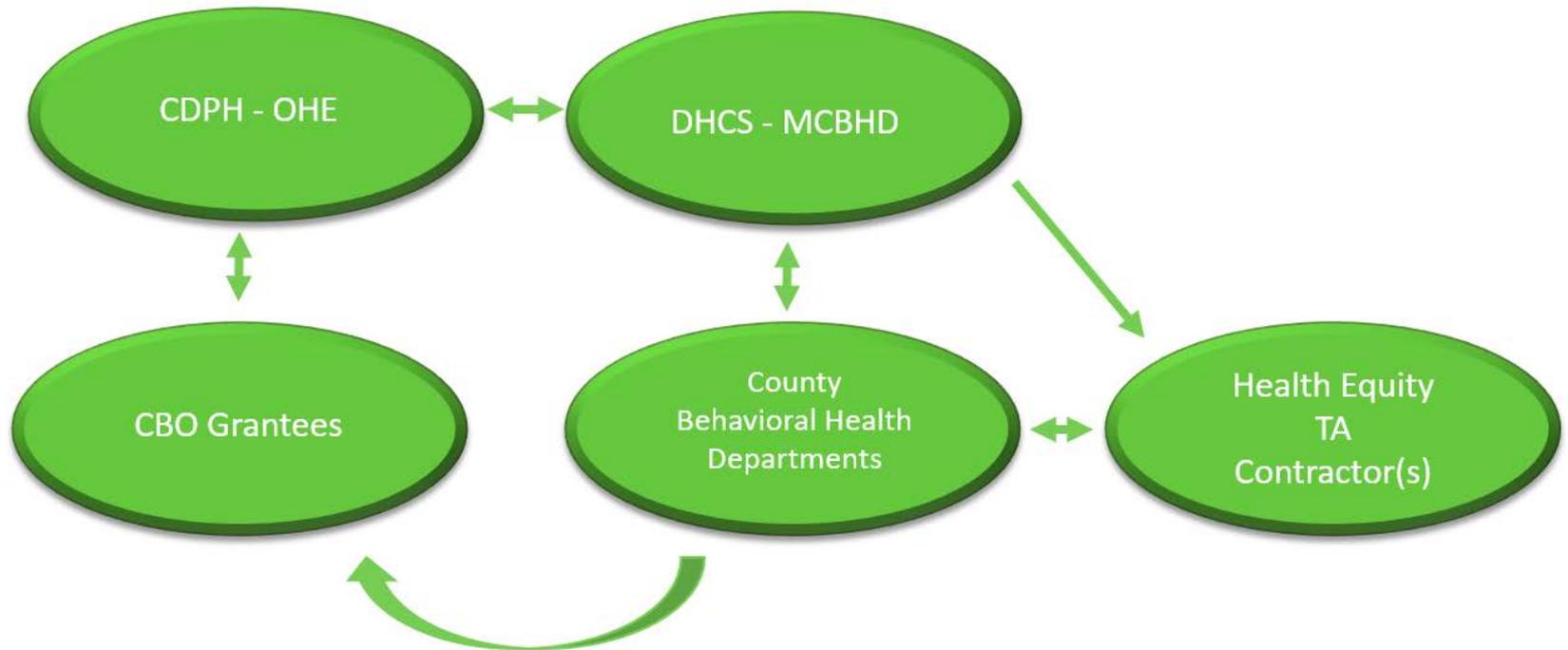
Community Mental Health Equity Project (CMHEP) Background

Assembly Bill (AB) 74 (Chapter 23, Statutes of 2019) authorized \$8,000,000 to fund mental health equity programs



■ Administration ■ CDPH-OHE ■ DHCS-MCBHD

CMHEP Project Flow



CMHEP Key Takeaways

- CDPH-OHE will fund up to 35 grants to expand and enhance community defined mental health promising practices using \$4.5M
- CDPH-OHE has conceptualized five project domains with COVID-19 response integrated
- DHCS-MCBHD will select health equity consultant(s) to provide TA and training to counties using \$3M
- Timelines
 - RFI development launched November 2020
 - Project run period spring 2021 – June 30, 2022
 - Intent to award letters spring 2021

Contact Office of Health Equity Staff

Questions?



For more CRDP Information contact:

Cullen Fowler-Riggs, MPH

cullen.fowler-riggs@cdph.ca.gov



For more CMHEP Information contact:

Sosha Marasigan-Quintero, MPA

sosha.Marasigan-quintero@cdph.ca.gov



January 28, 2021

California Mental Health Services Oversight and Accountability Commission

*Creating a pathway to long term CRDP Sustainability
and Scalability of the CDEPs*

CRDP Cross Population Sustainability Steering
Committee



PRESENTERS:

Josefina Alvarado Mena, Esq- Chair
CPSSP; CEO, Safe passages

Yolanda Randles, MPH- Executive Director,
West Fresno Family Resource Center

Nani Wilson, Program Supervisor, Essence of
Mana- Asian American Recovery
Services/HealthRight360

Nubia Padilla, MA- Executive Director,
Humanidad Therapy and Education Services

Joel Baum, MS- Senior Director, Gender
Spectrum

Dr. Cutcha Risling-Baldy, Evaluator, Two Feathers
Native American Family Services

Janet King, Program Manager Policy and
Advocacy, Native American Health Center, PIRE

Overview



Acknowledgement

- The MHSOAC was the first state body to endorse the CRDP.
- CRDP was one of the original PEI statewide projects.
- CRDP was the result of generations of advocacy for social justice for racial, ethnic and LGBTQ+ communities.



CRDP Supports MHSA Components

- Community Services and Support with a focus on serving unserved and underserved communities.
- Prevention and Early Intervention services: To implement services that promote wellness, foster health, and prevent the suffering that can result from untreated mental illness in underserved communities.
- Innovation- To increase access to underserved groups, increase the quality of services, promote interagency collaboration and increase access to services.
- Workforce Education & Training - Towards development of a diverse workforce to increase outreach to unserved and underserved populations, as well as services that are linguistically and culturally competent and relevant and include the viewpoints and expertise of clients and their families/caregivers.



Serving Our Communities Differently

- CRDP represents an incredible movement to end mental health disparities across five populations that embodies a powerful, intersectional network of statewide support for the CRDP.
- Request that MHSOAC support CRDP sustainability strategies, including: 1) Extension of CRDP Phase II for 3 additional years; and 2) investment of funds to engage state and local decision makers to create opportunities to scale CRDP Community Defined Evidence Based Practices to reduce disparities in racial, ethnic, and LGBTQ+ communities.



Culture is Health, Culture is Life

- The California Reducing Disparities Project (CRDP) is an unprecedented, historic, cross population, solution based and rigorous evaluation-driven initiative.
- The CRDP funds 35 culturally responsive, innovative Implementation Pilot Projects (IPPs) across California serving five population groups: African American; Latino/x; Asian and Pacific Islander; Native American; and LGBTQ+.



Culture is Health, Culture is Life

- IPPs are implementing proven **community** defined mental health strategies and programs.
- Collectively, these approaches leverage the historical knowledge and assets of our communities and improve mental health along the life trajectory.
- The systems change goal of the CRDP is to simultaneously demonstrate that **community** defined evidence-based practices (CDEPs) reduce mental health disparities across the five unserved, underserved, and inappropriately served population groups.



CRDP Implementation Pilot Projects

7 IPPs serving African American Communities

7 IPPs serving Asian Pacific Islander Communities

7 IPPs serving Latinx Communities

7 IPPs serving LGBTQ+ Communities

7 IPPs serving Native American Communities



A stylized fingerprint graphic on the left side of the slide, composed of wavy lines in shades of red, orange, and yellow. The lines are arranged in a pattern that suggests the ridges of a fingerprint, with the colors transitioning from red at the top to yellow at the bottom.

CRDP

Measuring the CRDP Collective Impact

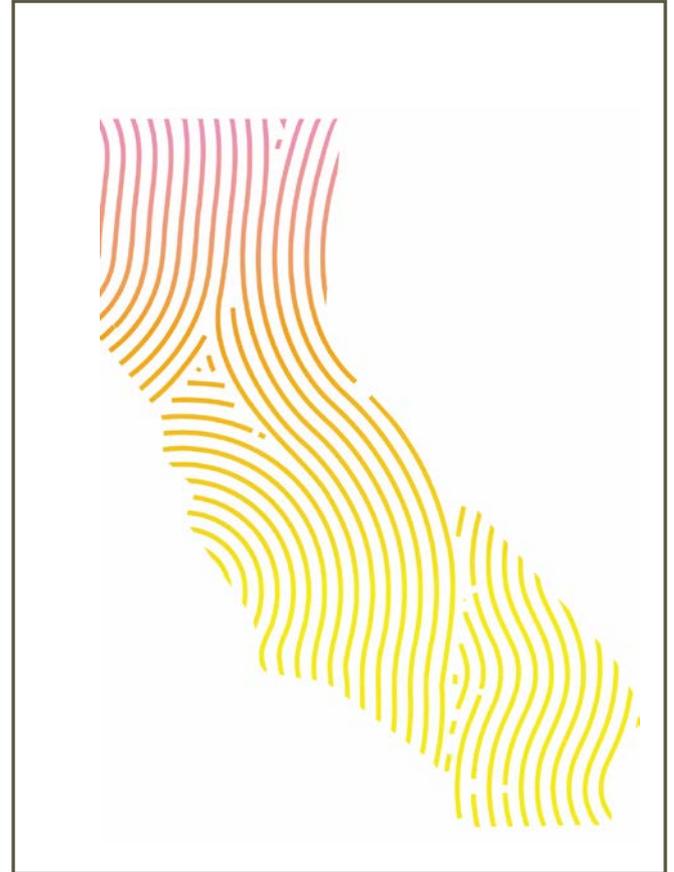
Our Communities Care About Data and Evaluation ...

- ❖ Rigorous statewide and local evaluations: Participatory and community defined research
- ❖ For the first time in California's history, the CRDP brings together culturally competent, distinguished researchers, resources to fund evaluation, and the platforms (IPPs) to conduct the research in communities historically underserved.
- ❖ In the community context- IPPs are trusted to support evaluation strategies that respect the communities we serve.



The Science of the CRDP

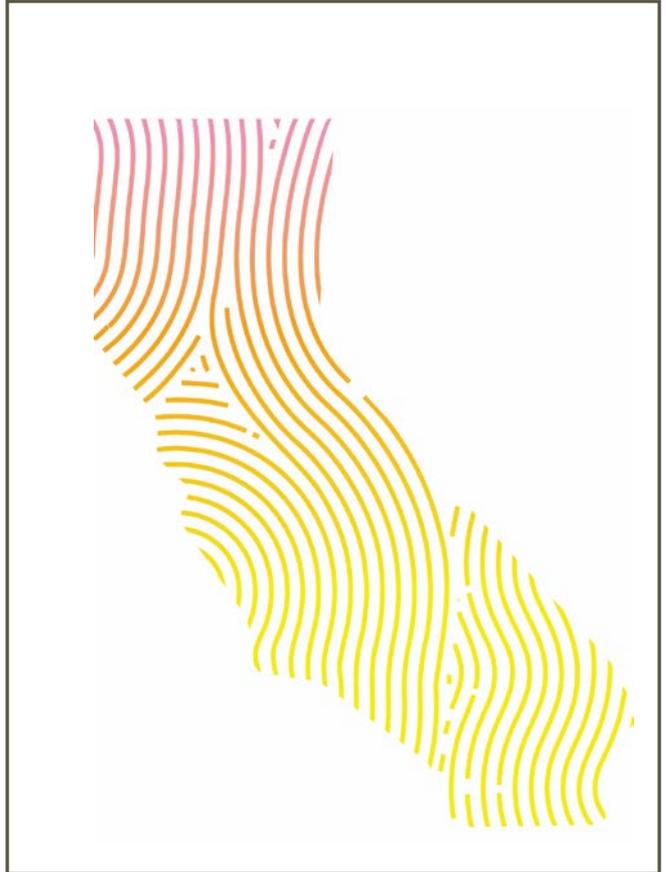
- ❖ Statewide Evaluation: Loyola Marymount University Psychology Applied Research Center- Dr. Cheryl Grills and team
- ❖ 35 Local Evaluations: led by culturally competent researchers from public and private research institutions, including but not limited to: UC Davis, UC Berkeley, UCLA, Cal State University Fresno, Cal State University San Marcos, Humboldt State University, Cal State Fullerton, Cal State Long Beach, and Xavier University
- ❖ 35 Community Defined Evaluation Strategies



Preliminary Success Stories

IPPs report the following preliminary findings:

- ❖ Decreased mental health symptoms
- ❖ Increased coping skills/supports
- ❖ Increased connection to culture
- ❖ Increased awareness of mental health symptoms
- ❖ Decreased stigma associated with mental health



Cross
Population
Sustainability
Steering
Committee &
CRDP
Imperative



CRDP

The logo features the acronym 'CRDP' in a teal, serif font. To the left of the letters, there are decorative wavy lines in yellow and orange, resembling a stylized map or a graphic element.



CPSSC Participants

- IPPs across all 5 Population Groups (African American, Asian Pacific Islander, Native American, Latino/x, and LGBTQ+)
- CRDP Culturally Appropriate TA Providers
- EOA-CPEHN
- Cultural Broker-REMHDCO
- CDPH, Office of Health Equity

Committee Activities to Date

Advocacy at key legislative hearings and policy meetings to inform key stakeholder groups about the CRDP and mental health disparities more generally.

Coalition building among the 5 CRDP populations.

Advocacy regarding the disproportionate impact of COVID-19 and the civil unrest resulting from the racial injustice reckonings.

Conceptualization and production of Sustainability Summit.

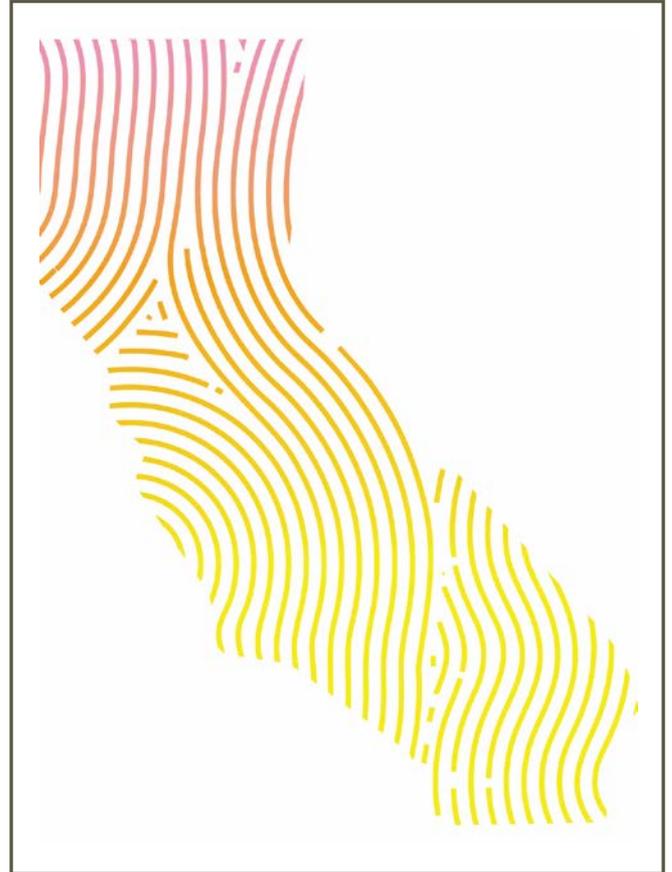


Responding to COVID-19

IPP COVID-19 Programmatic Response- Video

COVID-19 exponentially amplifies health disparities across CRDP focus communities. Mental health implications of the pandemic are acute and broad based.

California can leverage its commitment to community-based infrastructure and effective practices represented by the CRDP to undergird the state's COVID-19 response to mitigate the disproportionate impact on the most vulnerable populations.



Call to Action

- ❖ Decades of data demonstrate that cumulative impact of racism and homophobia and unprecedented disparities create compounded trauma on our communities.
- ❖ Clinical Western mental health strategies do not address all the urgent mental health needs of our communities.
- ❖ MHSOAC support of CRDP sustainability represents a continuation of the largest investment in CDEPs to reduce MH disparities in the history of the state and is unmatched at the federal level.





State Level Support is Essential for Equity

- ❖ The State must make a commitment to support CDEPs to reduce disparities. Intergenerational mental health disparities will remain intractable without a sustained and aggressive level of State investment.
- ❖ The State of California's support should go beyond Phase II funding of the CRDP, it must address the new mental health crisis resulting from COVID-19.
- ❖ CRDP network includes 35 community-based providers, trusted and strategically positioned to respond to new challenges, including COVID-19.



Statewide Sustainability Strategy

Goals

1. New legislation/budget request:
 - Extend CRDP Phase II for 3 additional years.
 - Engage state and local counties in a planning phase that will expand the CRDP and take CDEPs to scale by leveraging MHPA Innovation, PEI, WET, and other funds.



Discussion

Questions and Answers





The CRDP was designed to move beyond the defined problems and fund a vision toward new solutions and new approaches –

*Rachel Guerrero, LCSW
Retired Chief, Office of Multicultural Services
Former CDMH*

Thank You!

CRDP Cross Population
Steering Committee

Josefina Alvarado Mena, Esq.
jalvarado@safepassages.org

Joel Baum, MS, is the Senior Director for Professional Development at Gender Spectrum. In this role, he is responsible for overseeing all aspects of the organization's education and training efforts. He facilitates trainings, develops curriculum, consults with caregivers and professionals and provides resources in service of a more compassionate understanding of gender and young people. A founding member and Director of Education for the Child and Adolescent Gender Center at UCSF-Benioff Children's Hospital, he is frequently called upon to help institutions think more expansively about the gender diversity of all children and teens, and ways to create more gender inclusive conditions accordingly. An educator for more than thirty years, his career has been marked by a commitment to social justice and equity. First as an award-winning middle school science teacher and school leader, he has also served as a school district administrator in Oakland, CA, a school reform coach with the National Equity Project, and a professor in the Department of Educational Leadership at California State University, East Bay.

Gender Spectrum seeks to create a gender inclusive world for all children and teens. To accomplish this, we engage others in exploring evolving understandings of gender and considering the implications for the work they do with youth and the constellation of adults who support them. Through professional development, strategic partnerships and thought leadership, Gender Spectrum is the foremost leader in the field of gender inclusion and support. Working with thousands of professionals, caregivers and youth every year, we envision and seek to create a world in which the gender diversity of every young person is seen, celebrated and respected.

JANET KING

Janet King has been a longtime advocate of mental health transformation so vulnerable communities have culturally tailored care. She was part of the Strategic Planning Workgroups of CRDP phase one and one of the researchers/authors of the Native American Population report called Native Vision. She has worked at the Oakland Native American Health Center for 24 years and is also a Training and TA Specialist for Pacific Institute of Research and Evaluation. She has an MSW, is an enrolled member of the Lumbee tribe in North Carolina and she is a mother. She is one of the founding members of Racial Ethnic Mental Health Disparities Coalition.

Nubia Padilla's Bio

Nubia Padilla graduated with M.A in Psychology Organization Development at Sonoma State University and a B.S. in Industrial Engineering in the National University in Colombia. S.A. For the last 19 years, she has been working with Community Service Programs, Community Engagement and Education Programs in Sonoma County. She had been working with community service programs for diverse populations, in different capacities, including implementing, managing, and developing local and state-wide programs and initiatives for diverse communities such as persons with disabilities, family and children, educational and health programs, etc. Nubia's work focuses on diversity and equity for underrepresented communities.

Currently Nubia is Humanidad Therapy & Education Services Executive Director.

Yolanda Randles
Executive Director
West Fresno Family Resource Center
<https://youtu.be/MocTeo5i7n0>

For the past 18 years, Yolanda Randles has served as the Executive Director of the West Fresno Health Care Coalition, now DBA as West Fresno Family Resource Center (WFFRC) Operating in the heart of West Fresno, (where she grew up), WFFRC is a trusted and respected community partner with a strong track record of providing culturally and linguistically effective, community-based services that's focused on health improvement and family strengthening. Yolanda's first job was in the health field at Valley Medical Center where she served as a clerk in the maternity ward. She later became program coordinator in child advocacy and worked in the hematology clinic as the sickle cell program manager, counselor, and educator at Valley Children Hospital. Yolanda was named one of the 100 Influential Women in the Central Valley and recently received the 2021 City of Fresno Dr. Martin Luther King Unity Committee, Les Kimber Community Organization Award. She holds MPH from California State University, Fresno. Mrs. Randles has been happily married to James Randles for 28 years. They have four children and she is a proud grandmother!

Dr. Cutcha Risling Baldy Bio

Dr. Cutcha Risling Baldy is an Associate Professor and Department Chair of Native American Studies at Humboldt State University. Her research is focused on Indigenous feminisms, California Indians and decolonization. She received her Ph.D. in Native American Studies with a Designated Emphasis in Feminist Theory and Research from the University of California, Davis and her M.F.A. in Creative Writing & Literary Research from San Diego State University. She also has her B.A. in Psychology from Stanford University. She has published in the *Ecological Processes* Journal, the *Wicazo Sa Review*, and the *Decolonization: Indigeneity, Education and Society* journal. She has also published creative writing in the *As/Us* journal and *News from Native California*. She is also the author of a popular blog that explores issues of social justice, history and California Indian politics and culture. www.cutcharislingbaldy.com/blog

Dr. Risling Baldy's first book *We Are Dancing For You: Native feminisms and the revitalization of women's coming-of-age ceremonies* uses a framework of Native Feminisms to locate revitalization within a broad context of decolonizing praxis and considers how this renaissance of women's coming-of-age ceremonies confounds ethnographic depictions of Native women; challenges anthropological theories about menstruation, gender, and coming-of-age; and addresses gender inequality and gender violence within Native communities. The book is available with the University of Washington Press.

Dr. Risling Baldy is Hupa, Yurok and Karuk and an enrolled member of the Hoopa Valley Tribe in Northern California. She grew up practicing the traditional ways of her people and values the lessons and knowledge that she gained from these experiences. In 2007, Dr. Risling Baldy co-founded the [Native Women's Collective](#), a nonprofit organization that supports the continued revitalization of Native American arts and culture. She lives in Humboldt County with her husband, daughter, and a puppy named Buffy.



Nani Wilson

BIOGRAPHY

Nani is a San Francisco native who has been working for Asian American Recovery Services/HealthRight360 for the past twelve years. She has been part of groundbreaking community work in San Mateo & San Francisco County by helping to provide safe spaces for Pacific Islander's to come together and begin to have dialogue around difficult topics that effect their individual families, while sharing & connecting them to resources. Her community experiences expand over the last 40 years. Nani's hands on experience with those living and sufferings in silence has increased her passion about empowering her community. Nani believes in breaking down the walls of stigma around taboo topics while assisting individuals in finding and elevating their voices. Being raised in a culture where she was told she had no voice fueled Nani's determination to rise above what others thought & expected of her. Her experiences have given her the inner wisdom to acknowledge that each individual voice is powerful and that when we have a fellowship of voices together anything is possible.

VIDEO Total Running Time: 04:22

00:00 – 00:04

OPENING TITLE:

California Reducing Disparities Project
A culturally responsive mental health initiative
COVID Response

00:02 – 00:27

Benjamin Brown
Sweet Potato Project II
African American Hub

"And I remember my mom said she got a text that we weren't going to be able, that were out of school for two months. So, I was just shocked because we're actually out of school and at that time I was wondering 'so why are we out of school?' So long, it's not even summer break. We don't have summer break for even that long over."

00:28 – 00:55

Regina Mason
The Village Project
African American Hub

"COVID19 had an immediate impact on our community. When March hit we ended up having to shelter in place immediately. And we have an after school component to our agency and so children were not able to go to school, parents started getting laid off work, food insecurities started happening. So we immediately jumped into gear."

00:56 – 01:28

Sotheavottey Soeung
Cambodian Association of America
Asian Pacific Islander Hub

"Our clients are elderly and also they have only limited English and since the COVID started most of all government benefit office is closed. So for them, to have access to any benefits like food stamps or CALFRESH or MEDICARE, it's very hard for them. They cannot go. And also sometimes they cannot find anybody to translate for them."

01:29 – 01:54

Stephanie Manieri
Latino Service Providers
Latinx Hub

"It's a really difficult situation to find ourselves in and nobody wants to, you know, continue to marginalize our community, especially the Latino community, our largely undocumented community, here in Roseland

but when it comes to the health and safety of the greater community we have to have a very culturally relevant, empathetic, compassionate approach."

01:54 – 02:09

Kong Xiong
East Bay Asian Youth Center
Asian & Pacific Islander

"It's - you know - COVID has been taking a toll on everybody. Ahh, you know the kids are, I mean I guess there is a little positive to it too, because now the kids want to go to school, you know. But then - 'cause they're so tired of staying home now."

02:10 – 02:58

Nani Wilson
Essence of Mana
Asian Pacific Islander Hub

"As it progressed, during each month the anxiety began to get higher to the point of 'Oh my goodness you know this is a worldwide affect', but it was also so internally that there was confusion. You know, that's when the places started to close down. And our community started to become, like, isolated even more so. And there was a lot of folks that then began to have their fears grow even rapidly - even faste - and then also our community began to also become depressed because folks were losing their jobs. Folks were then being stuck within this - you know - often small dwelling with multiple generations in it. And it really caused a lot of stress."

02:59 – 03:26

Jessie Hankins
LGBTQ Connections
LGBTQ+ Hub

"We have a young person who is not out at home. So, when they join our meetings they are only able to type into the chat. I know there are so many others out there who aren't even in a space where they're able to show up at all because of what their home life is like. And you know, we can't fix that problem on our own, this is a community issue, so it's - we do what we can."

03:26 – 04:05

Jonathan Brumfield
Safe Passages
African American Hub

"The emotional state for young people has been drastically affected. In terms of just the academic portion, it's very cumbersome appointing young people to actually figure out how to navigate the educational system by themselves, primarily. Being that they're on zoom from 8 am to 3 pm, by the time we see them it's at 4 pm. And it's substantially difficult to hold their attention. Even though they stay home with us until about 5:30 pm/6 pm - which is like 30 minutes to an hour past, it's hard to gain, you know, that whole core group of young people at once sometimes."

California Reducing Disparities Project
a culturally responsive mental health
"COVID Response"

3

04:05 – 04:18

Michael Andrews

Indian Health Center of Santa Clara Valley
American Indians and Alaska Natives

"We all work in this field for a reason and we want to help our community. And we see community first so I think just - just keep on going and doing the best we can, you know, to provide the best quality service."

04:18 – 04:22

END TITLE

California Reducing Disparities Project
A culturally responsive mental health initiative



EVERY YOUNG HEART AND MIND: SCHOOLS AS CENTERS OF WELLNESS

Implementation Plan

The Commission adopted its school mental health report, *Every Young Heart and Mind: Schools as Centers of Wellness*,¹ in October 2020. In the report, the Commission highlighted three broad recommendations for promoting school mental health, and the wellbeing and success of children throughout California, under the headings of State Leadership, State Investment, and State-supported Capacity Building.

At its November 2020 meeting, the Commission directed staff to develop an implementation plan aligned with that report.

I. STATE LEADERSHIP

The Commission has recommended that the Governor and Legislature establish a leadership structure to support and develop schools as centers of wellbeing.

Implementation: The Commission should authorize staff to work with the Governor's office and the Legislature to establish a statewide leadership action team, such as was mobilized to develop cross-agency responses to the COVID-19 emergency.

II. STATE INVESTMENT

Building off of the work to implement the Mental Health Student Services Act, the Commission called for additional funding to support schools as centers of wellbeing.

Implementation: The Commission should authorize staff to work with the Governor and Legislature to: (1) increase investment in a continuum of school-based mental health services and supports, beginning with \$70 million to fund the 20 MHSSA grant applicants who are poised to implement their grant proposals but were not funded, and (2) expand the K-12 System of Support to provide technical expertise to support schools as centers of wellbeing.

III. STATE SUPPORTED CAPACITY BUILDING

The Commission recommended establishing state-level leadership to support school mental

¹ https://www.mhsoac.ca.gov/sites/default/files/schools_as_centers_of_wellness_final.pdf, Accessed January 14, 2021.

health goals through the development of model programs and capacity building, the promotion of youth development, social-emotional learning, strengthening programs serving children ages birth to five, and addressing workforce challenges, program and fiscal sustainability.

Implementation: The Commission should authorize staff to pursue the following:

Establish a School Mental Health Learning Collaborative with existing Commission-funded school mental health projects, and other interested partners, with a focus on establishing financing strategies to sustain school mental health programs and aligning and integrating local mental health, education and First 5 planning and programming.

In addition to these implementation efforts, the Commission should consider the following opportunities, consistent with the school mental health report, the Commission's youth innovation work, support for peer certification and related activities:

YOUTH LEADERSHIP AND WORKFORCE DEVELOPMENT

1. Sponsor a statewide youth mental health convening. In partnership with other organizations, including the Youth Liberty Squad of the ACLU, Cal-HOSA, and other youth groups, with direction from the Commission's Youth Innovation Project Planning Committee, the convening could bring together youth-led mental health organizations to magnify their voice and identify opportunities for youth-led reforms.
2. Establish statewide and county Youth Mental Health leadership bodies. State and local youth leadership bodies would be tasked with providing guidance on developing school and youth mental health strategies to support the needs of youth, with emphasis on addressing disparities, prevention, reducing stigma and supporting recovery. The Commission could sponsor legislation to establish these bodies.
3. Advocate for the inclusion of youth involvement in the development of California's Peer Certification strategy. The California Department of Health Care Services is working to establish a Peer Certification program for California. The Commission, in partnership with youth-led organizations, could advocate for the inclusion of youth peers as part of the certification strategy.
4. Engage the statewide leadership action team, counties, local education agencies, professional school mental health organizations, and others to improve the workforce pipeline for California's mental health system. The Commission could explore the extent that existing workforce education and training strategies target youth, include strategies to meet school mental health needs and have a focus on improving the racial, ethnic and gender/sexual orientation diversity of the mental health workforce.
5. Building on the current statewide structure of social and emotional learning (SEL) principles and guidelines, establish mental health and wellness curriculum that draws on the latest advances in neuroscience. In partnership with other stakeholders, the Commission can sponsor or support legislation to include mental health and wellness curriculum in the current SEL effort.

DATA AND MANAGEMENT

1. Establish data sharing agreements with the California Department of Education, the Department of Health Care Services and other relevant entities to create appropriate, secure access to education and mental health data. (This work is underway.)
2. In partnership with the California Department of Education, the Department of Health Care Services, and others, convene a working group to develop agreed-upon measures of student wellness, including measures relating to suicide and suicide prevention, that can be assessed with existing data and that are useful to inform school mental health decisions.
3. Explore how the Commission's school mental health metrics can be coordinated and/or incorporated into the Governor's Cradle-to-Career Data System.
4. Based on the work mentioned above, develop a dashboard to communicate information on school mental health metrics in support of mental health planning and decision-making.

NEXT STEPS

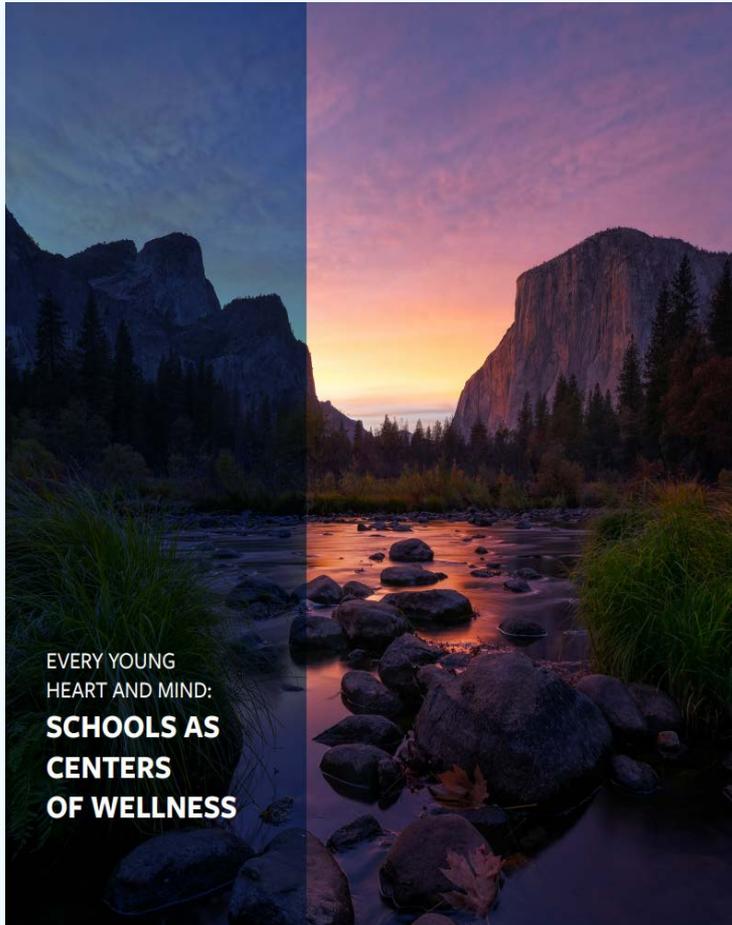
Based on the Commission's direction, the staff will work with the Chair, the School Mental Health Subcommittee and other Commissioners to pursue the prioritized actions. Full implementation of this proposal may require additional staff and funding.

AGENDA ITEM 3: SCHOOL MENTAL HEALTH



January 28, 2021 Commission Meeting
Dave Gordon, Commissioner and Subcommittee Chair
Toby Ewing, Executive Director
Kai LeMasson, Project Lead

BACKGROUND



- Report adopted by Commission in October 2020
- In November 2020, the Commission directed staff to develop an implementation plan.

I. STATE LEADERSHIP

The Commission should authorize staff to work with the Governor's office and the Legislature to establish a statewide leadership action team.



II. STATE INVESTMENT

The Commission should work with the Governor's office and Legislature to:

- Increase investment in school mental health, beginning with funding additional MHSSA grant applicants.
- Expand the K-12 System of Support



III. STATE-SUPPORTED CAPACITY BUILDING

The Commission should authorize staff to pursue the following:

- Establish a School Mental Health Learning Collaborative.
- Support the establishment of K-12 mental health and wellness curriculum.



III. STATE-SUPPORTED CAPACITY BUILDING: DATA AND MANAGEMENT

The Commission should consider the following key opportunities:

- Establish data sharing agreements (in progress).
- Convene a working group to develop measures.
- Explore how school mental health metrics can be coordinated with the Governor's Cradle-to-Career Data System.
- Develop a dashboard on school mental health metrics.



III. STATE-SUPPORTED CAPACITY BUILDING: YOUTH LEADERSHIP AND WORKFORCE DEVELOPMENT

The Commission should consider the following key opportunities:

- Sponsor statewide youth mental health convening.
- Sponsor legislation to establish statewide and county Youth Mental Health leadership.
- Advocate for the inclusion of youth in CA's Peer Certification strategy.
- Explore opportunities for using MHSA WET funds to support youth involvement.



NEXT STEPS

- Proposed motion: *The Commission adopts the School Mental Health Report Implementation Plan and directs staff to work with the Administration and Legislature to take the necessary steps to pursue the Implementation Plan.*
- Full and timely implementation may require additional staffing and resources.





Highlights of the Governor’s Proposed Budget for 2021-22

These highlights of the Governor’s proposed budget for 2021-22 focus on proposed allocations relevant to the Commission’s mission and initiatives. The Commission has approved several initiatives over the last few years that provides recommendations for school mental health, suicide prevention, and criminal justice. The budget includes several proposals to support school mental health and well-being. The legislative budget hearings are scheduled for the next several months and we will learn more between now and the Spring.

Student Health and Well-Being

The Governor’s proposed 2021 budget includes investments aimed at equipping schools and educators with the resources necessary to effectively partner with other governmental entities in addressing the overall well-being of the children they serve. The Governor’s proposed budget also includes funds to support the ability of schools and community mental health providers to more effectively respond to growing needs due to the impact on students resulting from the COVID-19 stay-at-home orders and school closures. Below is the list of the specific proposals.

- Proposition 63-Mental Health Student Services Act (MHSSA) Partnership Grant Program
The Governor’s proposed budget augments the Commission’s budget by \$25 million one-time Mental Health Services Fund (Proposition 63), available over multiple years, to expand the MHSSA Partnership Grant Program implemented by the Commission, which funds partnerships between county behavioral health departments and schools.

The number of applications from counties to the MHSSA Partnership Grant Program for financial support to expand access to school mental health services was greater than anticipated. Funding limitations prevented the Commission from providing financial support to all counties with demonstrated needs in Round 1 of grants. This proposal would allow the Commission to expand its support for school mental health to additional counties with demonstrated needs.

- Proposition 98 Funds (K-12 Education)
 - ✓ The Governor proposes to provide an additional \$540 million (\$315 million one-time Proposition 98 General Fund and \$225 million non-Proposition 98 General Fund) for teacher professional development, recruitment, and preparation and a variety of proposals related to student mental health and well-being.

- ✓ The Governor proposes \$25 million ongoing Proposition 98 General Fund to fund innovative partnerships with county behavioral health to support student mental health services. This funding would be provided to LEAs to match funding in county Mental Health Services Act spending plans dedicated to the mental health needs of students. We anticipate Trailer Bill Language to provide further details on these funds. **(Health and Human Services Summary)**

- ✓ Local Educational Agencies

The Governor’s budget is proposing \$2 billion one-time Proposition 98 General Fund available beginning February 2021, to augment resources for schools to offer in-person instruction safely. According to the Budget Summary, the funds made available to local educational agencies shall be available for any purpose consistent with providing in-person instruction for any pupil participating in in-person instruction, including, social and mental health support services provided in conjunction with in-person instruction. **(K-12 Education Summary)**

- Increased Access to Student Behavioral Health Services

The Governor proposes one-time \$400 million (\$200 million General Fund) in 2021-22, available over multiple years, for the Department of Health Care Services to implement an incentive program through Medi-Cal managed care plans, in coordination with county behavioral health departments and schools, to build infrastructure, partnerships, and capacity statewide to increase the number of students receiving preventive and early intervention behavioral health services by schools, providers in schools, or school-based health centers. **(Health and Human Services Summary)**

Strengthening Behavioral Health

- Mental Health Services Act Funds

The proposed budget includes statutory changes to extend flexibilities in county spending of local Mental Health Services Act funds that were included in the 2020 Budget Act in response to the COVID-19 Pandemic for an additional fiscal year.

- ✓ Authorizes counties to spend down their local MHSA prudent reserves, as opposed to requesting county-by-county authority from the state.
- ✓ Authorizes counties to spend funds within the Community Services and Supports program component regardless of category restrictions to meet local needs.
- ✓ Authorizes counties to use their existing approved MHSA spending plans if a new plan is delayed because of COVID-19 related reasons.

- California Advancing and Innovating Medi-Cal (CalAIM) Initiative

The proposed budget includes \$1.1 billion (\$541.9 million General Fund) in 2021-22, growing to \$1.5 billion (\$755.5 million General Fund), as well as proposed statutory changes to the Medi-Cal program. Of the funds allocated for CalAIM, the budget proposes the following allocations to support behavioral health:

- ✓ \$300 million (\$150 million General Fund) to fund incentives for managed care plans to invest in voluntary In-lieu-of services programs and partner with community-based organizations and providers, including but not limited to community clinics, public hospital systems, and county behavioral health systems.
 - ✓ \$21.8 million General Fund for the behavioral health quality improvement program, which helps county behavioral health programs make technical and other improvements to facilitate future behavioral health integration and payment reform efforts.
- Behavioral Health Continuum Infrastructure
The proposed budget includes one-time \$750 million General Fund in 2021-22, available over multiple years, for competitive grants to counties to acquire and rehabilitate real estate assets to expand the community continuum of behavioral health treatment resources. These include:
 - ✓ short-term crisis stabilization,
 - ✓ acute needs,
 - ✓ peer respite,
 - ✓ and other clinically enriched longer-term treatment and rehabilitation services for persons with behavioral health needs.
 - Mental Health Services Assisted Outpatient Treatment (AB 1976)
The Governor proposes allocating funding to the Department of Health Care Services to implement the Mental Health Services Assisted Outpatient Treatment (AOT) Assembly Bill 1976, Chapter 140, Statutes of 2020. The budget provides \$288,000 General Fund in fiscal year 2021-22 and \$270,000 General Fund in fiscal year 2022-23 and in fiscal year 2023-24 to implement the AOT program to provide training and technical assistance, provide an annual data analysis, track AOT program implementation for all 58 California Counties and submit an annual legislative report.

Mental Health and Substance Use Efforts

- Health coverage: Mental Health or Substance Use Disorders (SB 855)
The budget provides \$1,500,000 Managed Care Fund in 2021-22, and \$1,345,000 in 2022-23 and annually thereafter to review and enforce mental health and substance use disorder treatment coverage mandates on health plans as specified pursuant to **(Senate Bill 855, Chapter 151, Statutes of 2020)**

Youth/Transition Age Youth

- Office of Youth and Community Restoration
The proposed budget includes \$3.4 million General Fund in 2021-22 and \$3.1 million ongoing General Fund to established the Office of Youth and Community Restoration within the Health and Human Services Agency, effective July 1, 2021. The objective of the Office of Youth and Community Restoration is to fulfill the rehabilitative purpose of the state’s juvenile

justice system through trauma-informed and developmentally appropriate services and programs. The budget also includes appropriations related to the Juvenile Justice Realignment Block Grant starting in 2021-22.

Housing and Homelessness Efforts

- Homekey Program
The proposed budget includes additional funds for the Homekey program: \$1.75 billion one-time General Fund to purchase additional motels, develop short-term community mental health facilities and purchase or preserve housing dedicated to seniors. The budget also proposes changes to the state's Medi-Cal system to better support behavioral health and housing services that can help prevent homelessness.

Criminal Justice

- Incompetent to Stand Trial (IST)
Department of State Hospitals (DSH) continues to experience a significant number of incompetent to stand trial (IST) commitments from local courts, with the number of individuals awaiting placement into a state hospital exceeding 1,400 as of December 2020.

DSH has undertaken several significant efforts over recent years to address the waiting list of IST commitments, including capacity expansions and the implementation of a mental health diversion program to provide local grants and judicial flexibility for community-based treatment of individuals at risk of IST commitment.

The proposed budget includes several proposals to address the number of IST commitments pending placement, including:

- ✓ \$233.2 million General Fund in 2021-22 and \$136.4 million General Fund annually thereafter to contract with three counties to provide a continuum of services to up to 1,252 individuals determined IST.
- ✓ \$9.8 million General Fund in 2020-21, \$4.5 million in 2021-22, and \$5 million annually thereafter to expand the current Los Angeles County CBR program beginning in 2020-21 and establish new CBR programs in additional counties in 2021-22. These programs would increase capacity by up to 250 beds in 2021-22.
- ✓ Reappropriates \$46.4 million General Fund expenditure authority to expand the existing IST Diversion Programs and expand to additional counties. These funds were set to expire in 2020-21.
- ✓ \$785,000 General Fund in 2020-21 and \$6.3 million in 2021-22 and annually thereafter to expand jail-based competency treatment programs to seven additional counties.

- ✓ \$5.6 million General Fund in 2021-22, \$8 million in 2022-23 and 2023-24, and \$8.2 million annually thereafter to implement a FACT team model in the CONREP program, which would increase capacity by up to 100 beds in 2021-22.
- ✓ \$3.2 million General Fund in 2020-21 and \$7.3 million in 2021-22 and annually thereafter to increase step-down capacity in the community to transition stable non-IST patients out of state hospital beds. This program would expand capacity by up to 40 beds in 2021-22.

Race and Social Equity Efforts

- Health Disparities and Health Equity
The budget proposes \$600,000 Proposition 98 General Fund one-time to implement AB 1460 (Weber) ethnic studies course requirements and systemwide anti-racism initiatives.
- Health and Human Services
The budget proposes the following allocations to address health disparities and health equity:
 - ✓ \$1.7 million General Fund to conduct a retrospective analysis of the intersection of COVID-19, health disparities and health equity to help inform any future response.
 - ✓ \$3.7 million General Fund to develop an equity dashboard to identify data completeness, disparities, disproportionalities, and program participation for California Health and Human Services programs.
 - ✓ \$2.5 million General Fund to support the CALeads initiative to diversify the state workforce within California Health and Human Services departments.

Technology

- Center for Data Insights and Innovation
The Budget proposes to consolidate existing resources to establish a Center for Data Insights and Innovation within the Health and Human Services Agency. The Center will focus on leveraging data to develop knowledge and insights to improve program delivery and drive system transformation across health and human services. This proposal is cost neutral and will redirect positions and funding from CHHS Offices.



**ASIAN AMERICAN
RECOVERY SERVICES**

A PROGRAM OF **healthRIGHT** 360

January 26, 2021

Commissioner Lynne Ashbeck
Chair – Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

Re: Items on the Agenda of the January 28, 2021 Commission Meeting

Dear Chair Ashbeck and Commissioners,

This letter is regarding two items on the agenda of the Mental Health Services Oversight and Accountability Commission (MHSOAC) meeting of January 28, 2021. Our organization is a partner of Phase 2 of the California Reducing Disparities Project (CRDP). Our organization serves the people from the Asian and Pacific Islander community specifically Samoans and Tongans in San Francisco and North San Mateo County. We were requested by CRDP leadership to send a letter in lieu of making public comment at the upcoming teleconference meeting so that the Commission can address all the other items on your agenda.

In regards to **Item 2: CRDP-California Reducing Disparities Project**, we strongly urge the Commission to vote in favor of the request that will be made by CRDP representatives to support the sustainability and expansion of the CRDP. The CRDP will be seeking funding in this year's state budget and we are asking at the very least for letters to the Legislature from the MHSOAC that support our efforts.

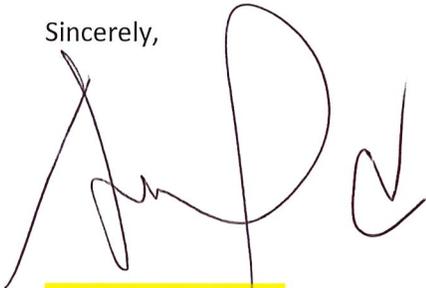
Regarding **Item 4: COVID-19 Related Funding Allocation**, we support awarding funds to all the current CRDP Implementation Pilot Projects (IPPs), or at the very least to community organizations that specialize in serving racial, ethnic, and LGBTQ+ communities. It is indisputable that racial, ethnic, and

1115 Mission Road
South San Francisco, CA 94080
650-243-4850

LGBTQ+ communities have suffered disproportionately in multiple ways due to the COVID-19 pandemic. Community based organizations that serve our populations have already stepped up with extraordinary efforts to address the burdens born by individuals and families last year until today and beyond. Combining this situation with the previous police brutality and racial reckoning which has not come to an end, we believe that children and families from our communities are in dire need of additional attention that could be provided most effectively through IPPs.

We hope you find our written comments compelling as we opted for submitting written comment in lieu of making our case in person through public comment during your January 28th meeting. Thank you for attention to these matters. We look forward to collaborating with you in the future.

Sincerely,

A handwritten signature in black ink, appearing to read 'Anastacio Flores, Jr.', with a large, stylized initial 'A' and 'F'.

Anastacio Flores, Jr.

Program Director

AARS San Mateo Programs

cc: Commissioners of the MHSOAC

1115 Mission Road
South San Francisco, CA 94080
650-243-4850



Jesus Chuy Padron, President
Cesar Casamayor, Vice-President
Christina Luna, EdD, Secretary
Roger Palomino, Treasurer

Juan C. Garcia, PhD, LMFT,
Executive Director

Date: January 26, 2021

Commissioner Lynne Ashbeck
Chair – Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

Re: Items on the Agenda of the January 28, 2021 Commission Meeting

Dear Chair Lynne Ashbeck and Commissioners,

This letter is regarding two items on the agenda of the Mental Health Services Oversight and Accountability Commission (MHSOAC) meeting of January 28, 2021. Our organization is a partner of Phase 2 of the California Reducing Disparities Project (CRDP). Our organization serves the Latinx and other unserved populations from the Madera and Fresno County areas. We were requested by CRDP leadership to send a letter in lieu of making public comment at the upcoming teleconference meeting so that the Commission can address all the other items on your agenda.

In regards to **Item 2: CRDP-California Reducing Disparities Project**, we strongly urge the Commission to vote in favor of the request that will be made by CRDP representatives to support the sustainability and expansion of the CRDP. The CRDP will be seeking funding in this year's state budget and we are asking at the very least for letters to the Legislature from the MHSOAC that support our efforts.

Regarding **Item 4: COVID-19 Related Funding Allocation**, we support awarding funds to all the current CRDP Implementation Pilot Projects (IPPs), or at the very least to community organizations that specialize in serving racial, ethnic, and LGBTQ+ communities. It is indisputable that racial, ethnic, and LGBTQ+ communities have suffered disproportionately in multiple ways due to the COVID-19 pandemic. Community based organizations that serve our populations have already stepped up with extraordinary efforts to address the burdens born by individuals and families last year until today and beyond. Combining this situation with the previous police brutality and racial reckoning which has not come to an



Jesus Chuy Padron, President
Cesar Casamayor, Vice-President
Christina Luna, EdD, Secretary
Roger Palomino, Treasurer

Juan C.Garcia, PhD, LMFT,
Executive Director

end, we believe that children and families from our communities are in dire need of additional attention that could be provided most effectively through IPPs.

We hope you find our written comments compelling as we opted for submitting written comment in lieu of making our case in person through public comment during your January 28th meeting. Thank you for attention to these matters. We look forward to collaborating with you in the future.

Sincerely,

Juan C Garcia, PhD - e-signature

Juan C. Garcia, PhD.
Executive Director

cc: Commissioners of the MHSOAC



Mixteco/Indígena Community Organizing Project

200 WEST 5TH ST., OXNARD, CA 93030
TEL: 805 483-1166; FAX: 805 483-1145
www.mixteco.org

January 25, 2021

BOARD OF DIRECTORS

MONICA FAIRWELL
PRESIDENT

RAFAEL VASQUEZ
VICE-PRESIDENT

SUZANNE HARVEY
TREASURER

GLENNA SHEN
SECRETARY

JAKE DONALDSON

ADELINA LÓPEZ

ARTURO LÓPEZ

KATALINA MARTINEZ

VERONICA VALADEZ

ELIZABETH VILLA

EXECUTIVE DIRECTOR
ARCENIO J. LÓPEZ

ASSOCIATE DIRECTOR
GENEVIEVE FLORES-HARO

Commissioner Lynne Ashbeck
Chair – Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

Re: Items on the Agenda of the January 28, 2021 Commission Meeting

Dear Chair Ashbeck and Commissioners,

This letter is regarding two items on the agenda of the Mental Health Services Oversight and Accountability Commission (MHSOAC) meeting of January 28, 2021. Our organization is a partner of Phase 2 of the California Reducing Disparities Project (CRDP). Our organization serves Mexican indigenous migrant communities in California's Central Coast. We were requested by CRDP leadership to send a letter in lieu of making public comment at the upcoming teleconference meeting so that the Commission can address all the other items on your agenda.

In regards to **Item 2: CRDP-California Reducing Disparities Project**, we strongly urge the Commission to vote in favor of the request that will be made by CRDP representatives to support the sustainability and expansion of the CRDP. The CRDP will be seeking funding in this year's state budget and we are asking at the very least for letters to the Legislature from the MHSOAC that support our efforts.

Regarding **Item 4: COVID-19 Related Funding Allocation**, we support awarding funds to all the current CRDP Implementation Pilot Projects (IPPs), or at the very least to community organizations that specialize in serving racial, ethnic, and LGBTQ+ communities. It is indisputable that racial, ethnic, and LGBTQ+ communities have suffered disproportionately in multiple ways due to the COVID-19 pandemic. Community based organizations that serve our populations have already stepped up with extraordinary efforts to address the burdens born by individuals and families last year until today and beyond. Combining this situation with the previous police brutality and racial reckoning which has not come to an end, we believe that children and families from our communities are in dire need of additional attention that could be provided most effectively through IPPs.

We hope you find our written comments compelling as we opted for submitting written comment in lieu of making our case in person through public comment during your January 28th meeting. Thank you for attention to these matters. We look forward to collaborating with you in the future.

Sincerely,

Genevieve Flores-Haro
Associate Director



1350 E Annadale Ave
Fresno, Ca 93706
(559) 621-2967
(559) 497-5480 fax

Date: January 25, 2021

Commissioner Lynne Ashbeck
Chair – Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

Re: Items on the Agenda of the January 28, 2021 Commission Meeting

Dear Chair Ashbeck and Commissioners,

This letter is regarding two items on the agenda of the Mental Health Services Oversight and Accountability Commission (MHSOAC) meeting of January 28, 2021. Our organization is a partner of Phase 2 of the California Reducing Disparities Project (CRDP). Our organization serves the people from the West Fresno Family Resource Center in Fresno-Central Valley region.

In regards to **Item 2: CRDP-California Reducing Disparities Project**, we strongly urge the Commission to vote in favor of the request that will be made by CRDP representatives to support the sustainability and expansion of the CRDP. The CRDP will be seeking funding in this year's state budget and we are asking at the very least for letters to the Legislature from the MHSOAC that support our efforts.

Regarding **Item 4: COVID-19 Related Funding Allocation**, we support awarding funds to all the current CRDP Implementation Pilot Projects (IPPs), or at the very least to community organizations that specialize in serving racial, ethnic, and LGBTQ+ communities. It is indisputable that racial, ethnic, and LGBTQ+

communities have suffered disproportionately in multiple ways due to the COVID-19 pandemic. Community based organizations that serve our populations have already stepped up with extraordinary efforts to address the burdens born by individuals and families last year until today and beyond. Combining this situation with the previous police brutality and racial reckoning which has not come to an end, we believe that children and families from our communities are in dire need of additional attention that could be provided most effectively through IPPs.

We hope you find our written comments compelling as we opted for submitting written comment in lieu of making our case in person through public comment during your January 28th meeting. Thank you for attention to these matters. We look forward to collaborating with you in the future.

Sincerely,



Yolanda Randles, MPH
Executive Director

cc: Commissioners of the MHSOAC



REMHDCO

Racial and Ethnic Mental Health Disparities Coalition

January 26, 2021

Commissioner Lynne Ashbeck
Chair – Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

Re: Items on the Agenda of the January 28, 2021 Commission Meeting

Dear Chair Ashbeck and Commissioners,

First, we wish you a very happy and productive new year! We especially want to thank Chair Ashbeck for placing the California Reducing Disparities Project (CRDP) on the agenda for this meeting. This has been noted and appreciated by our REMHDCO members who have experienced so much hardship last year and were thrilled to be able to start of 2021 with hope and pride.

This letter is regarding two items on the agenda of the Mental Health Services Oversight and Accountability Commission (MHSOAC) meeting of January 28, 2021. Although REMHDCO will have a single representative making public comment on these two items, we believe it is important to know that we did not request our full membership to attend the meeting to make public comment. The CRDP partners made a strategic effort to limit our representatives' testimony so that the MHSOAC meeting would be able to stay within its schedule. Some partners sent letters in lieu of oral public comment.

In regards to **Item 2: CRDP-California Reducing Disparities Project**, we strongly urge the Commission to vote in favor of the request to support the efforts of the CRDP leadership at the Legislature to sustain and expand the project. The CRDP will be seeking funding in this year's state budget and we are asking at the very

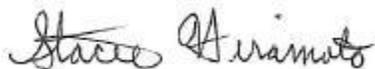
**717 K Street, Suite 232, Sacramento, CA 95814-3477
(916) 705-5018 shiramoto@remhdco.org**

least for letters to the Legislature from the MHSOAC that support our efforts.

Regarding Item 4: COVID-19 Related Funding Allocation, we support awarding funds to community organizations that specialize in serving racial, ethnic, and LGBTQ+ communities. It is indisputable that racial, ethnic, and LGBTQ+ communities have suffered disproportionately in multiple ways due to the COVID-19 pandemic. Community based organizations that serve our populations have already stepped up with extraordinary efforts to address the burdens born by individuals and families last year until today and beyond. Combining this situation with the previous police brutality and racial reckoning which has not come to an end, we believe that children and families from our communities are in dire need of additional attention that could be provided most effectively through IPPs.

Please remember when these items are heard that we could have made an all-out effort to flood the MHSOAC meeting with our members, but respectfully adhered to the request by staff to be mindful of the situation and the limited time on the agenda for these items. Thank you!

Sincerely,

A handwritten signature in cursive script that reads "Stacie Hiramoto".

Stacie Hiramoto, MSW
Director

cc: All Commissioners of the MHSOAC
Toby Ewing, Executive Director, MHSOAC