

## Herzog, Rebecca@MHSOAC

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**From:** Jim Gilmer <jimgm45@gmail.com>  
**Sent:** Tuesday, February 26, 2019 4:59 PM  
**To:** Ewing, Toby@MHSOAC; Brand, Angela@MHSOAC; Antonicelli, Kristal@MHSOAC  
**Cc:** Stacie Hiramoto; Sarah de Guia; Kiran Savage-Sangwan  
**Subject:** Stakeholder Advocacy Grant for Immigrants and Refugees

Hello Toby: I would like this email distributed to Khatera/OAC Chair and all other Commissioners. Thank you!

Dear Chair Aslami-Tamplen,

As a former Services Committee member and OAC PEI Consultant in addition to my former roles with the OHE-CRDP African American SPW, and the CMMC CO-Chair, I have been following the development of the stakeholder advocacy grant for immigrants and refugees that the MHSOAC will be administering. Regarding **Item 2** on the agenda for your meeting on February 28<sup>th</sup>, the recommendation to revise the current RFP for this grant, I must oppose "Option 1" which would eliminate the state-level support and statewide advocacy for immigrant and refugee communities. I believe this component is integral to the success of the project as a whole.

I support the following:

- retaining the language that is in the current RFP that was released on February 15<sup>th</sup>, 2019. This would allow for four (4) local advocacy programs and one (1) statewide advocacy and technical assistance program. We believe this is the best option for the most effective use of the funds.

Unfortunately, I will not be able to attend the MHSOAC meeting on Thursday, February 28<sup>th</sup>, when you may be voting on this matter. If the MHSOAC decides to seek additional information and comments from the community in regards to this matter, I would be pleased to participate in whatever way possible for me

cc: All MHSOAC Commissioners

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Jim Gilmer, M.A.  
Former President, MHAC-CA  
President CUISN-MCVI  
Director, Government & Community Relations, CYPHER  
Consultant, UC Davis, School of Human Ecology  
Co-Founder, Genesis Health & Wellness Center



# REMHDCO

Racial and Ethnic Mental Health Disparities Coalition

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February 25, 2019

Khatera Aslami-Tamplen  
Chair  
Mental Health Services Oversight and Accountability Commission  
1325 J Street, Suite 1700  
Sacramento, CA 95814

Re: February 28, 2019 Commission Meeting  
Action Item 2  
Immigrant and Refugee Request for Proposal (RFP) Revision

Dear Chair Aslami-Tamplen,

The Racial and Ethnic Mental Health Disparities Coalition (REMHDCO) again wishes to express appreciation to the Mental Health Services Oversight and Accountability Commission (MHSOAC) and its staff for the work developing the Stakeholder Advocacy Grant for Immigrants and Refugees. We do wish to register a response to the options for revising the request for proposal (RFP) that are being proposed by staff at the upcoming MHSOAC meeting.

After careful consideration and review of Action Item 2, the REMHDCO Steering Committee has decided to strongly oppose *Option 1*. Although *Option 1* adds an additional local contract to the four originally proposed, it eliminates the statewide contract that covers technical assistance to and state-level advocacy on behalf of the organizations and communities serving immigrants and refugees at the local level. We believe these functions of the statewide component are integral to the success of the project as a whole. These statewide and state-level activities are reflected in the seven other stakeholder advocacy grants for underserved populations that the MHSOAC oversees. These functions are no less important to immigrant and refugee communities than the other mental health communities.

**5901 Leona Street, Oakland, CA 94605  
(916) 705-5018 shiramoto@remhdco.org**



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While advocacy begins at the grass roots, in order to be effective in influencing policy and practice on a statewide scale, coordination and advocacy at the statewide level is necessary. Furthermore, it frees the local grantees of the responsibility to advocate at the state level so that they can focus their efforts at the local level.

A review of both versions of the document “Summary of the Community Engagement Efforts to Support the Development of the Immigrant/Refugee Stakeholder RFP” does not indicate public sentiment that the unmet need for services at the local level was severe enough to sacrifice advocacy at the state level.

We respectfully request that the MHSOAC take the time to carefully consider whether to move forward with the RFP *as it was released on Friday, February 15, 2019*, in addition to changing the RFP through *Option 2*. We urge that the comments of immigrant and refugee communities be gathered and strongly considered in making the decision whether to revise the RFP. Please let us know if we can be helpful to you in this way. While we understand that this could slightly delay the RFP timeline, we believe that giving the general public less than one week to comment on the new proposed options was not sufficient time for meaningful input.

Again, we wish to acknowledge the hard work and sincere efforts the Commissioners and staff have invested in this ground-breaking mental health project for immigrants and refugees. The timeliness of this project cannot be overstated. Thank you for consideration of our concerns.

Sincerely,



Beatrice Lee  
President

cc: All Commissioners  
Toby Ewing  
Norma Pate



# Portia Bell Hume Behavioral Health and Training Center

1333 Willow Pass Rd, Ste 102  
Concord, CA 94520  
Tel: (925) 825-1793  
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39465 Paseo Padre Pky, Ste 2100  
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Tel: (510) 745-9151  
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5776 Stoneridge Mall Rd, Ste 340  
Pleasanton, CA 94588  
Tel: (925) 223-8047  
Fax: (925) 223-8048

555 School Street  
Pittsburg, CA 94565  
Tel: (925) 432-4118  
Fax: (925) 432-6799

[www.humecenter.org](http://www.humecenter.org)

February 27, 2019

Khatera Aslami-Tamplen

Chair

Mental Health Services Oversight and Accountability Commission

1325 J Street, Suite 1700

Sacramento, CA 95814

Dear Chair Aslami-Tamplen,

Our organization Portia Bell Hume Behavioral Health and Training Center, serves the underserved communities in the Contra Costa, Alameda, San Francisco and Santa Clara Counties and we have been following the development of the stakeholder advocacy grant for immigrants and refugees that the MHSOAC will be administering.

Portia Bell Hume Behavioral Health and Training Center position is that we are not in favor of Option 1 and 2. We recommend that the MHSOAC retain the language in the current RFP, which would allow for four local advocacy program and one statewide advocacy and TA program.

We are glad that the OAC has considered REMHDCO and other community input to create regional grants; at the same time we were told that there would be a statewide component to support the regional advocacy work. All of these components, regional and statewide, are essential.

Here are some points to consider to keep the RFP as is:

- The TOTAL population of the Superior Region is approximately 1 million people. The total population of the other regions is significantly larger. L.A. Count (one region) alone is well over 9 million. The Bay Area Region contains will over 8 million. Does it make sense for an additional region with such a small population to get its own project?
- Isn't the proportion of the population of immigrants and refugees in the Superior region even smaller than for the other regions? The superior Region is made up of the following counties: Butte, Colusa, Del Norte, Glenn, Humboldt, Lake Lassen,

Mendocino, Modoc, Nevada, Plumas, Shasta, Serra, Siskiyou, Tehama and  
Trinity.

Warm Regards,

*Joty Sikand*

Joty Sikand, President  
Portia Bell Hume Behavioral Health and Training Center  
1333 Willow Pass Road, Suite 101  
Concord, CA 94520

February 27, 2019

Khatera Aslami-Tamplen  
Chair  
Mental Health Services Oversight and Accountability Commission  
1325 J Street, Suite 1700  
Sacramento, CA 95814

Dear Chair Aslami-Tamplen,

Our organization, Center for Applied Research Solution, Inc., serves many underserved communities throughout California and in the United States through the Training and Technical Assistance (TTA) Centers we operate for various government departments and agencies. In supporting multiple grantees who focus on serving disenfranchised communities, we have provided organizational, program and evaluation related services, and have learned the value of such services to grantees to stabilize or sustain their efforts. CARS as a MHSA funded TTA Center has been following the development of the stakeholder advocacy grant for immigrants and refugees that the MHSOAC will be administering.

Regarding **Item 2** on the agenda for your meeting on February 28<sup>th</sup>, the recommendations offered under Option 1, CARS is respectfully opposed. Revising the current RFP for this grant would eliminate the state-level support and statewide advocacy for immigrant and refugee communities. We believe this component is integral to the success of the project as a whole.

Our organization supports retaining the language that is in the current RFP that was released on February 15<sup>th</sup>, 2019. This would allow for four (4) local advocacy programs and one (1) statewide advocacy and technical assistance program. We believe this is the best option for the most effective use of the funds.

If the MHSOAC is truly committed in responding to the local/regional needs of immigrant and refugees throughout the state, we would encourage the Committee choose "Option 2" which provides for an additional local level advocacy grant and retains the component for statewide advocacy and technical assistance. This allows for (5) local advocacy programs and one (1) statewide advocacy and technical assistance program.

Sincerely,



Erika Green, M.S.  
Associate Executive Director

cc: All MHSOAC Commissioners







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