Via email: mhsoac@mhsoac.ca.gov

October 27, 2021

Lynne Ashbeck
Chair
Mental Health Services Oversight & Accountability Commission
Sacramento, CA 95814

Dear Chair Ashbeck,

The California Pan-Ethnic Health Network (CPEHN) is writing to share recommendations that would increase the effectiveness of the Mental Health Wellness Act/Triage Grant Pogram (SB 82, 2013) implementation.

Background
A patchwork of difficult to access mental health and substance use disorder services has left many Californians vulnerable to escalating behavioral health issues that result in crises requiring emergency intervention. Without adequate behavioral health prevention, early intervention, and community based care, Black, indigenous, and people of color (BIPOC) often live without adequate acknowledgement of or treatment for their mental health needs.

At the same time, BIPOC communities are re-traumatized by law enforcement responses to mental health and substance use related crises. Too often, BIPOC individuals experiencing behavioral health crises are harmed or even killed by police. This untenable reality demands the creation of an alternative system of behavioral health urgent response.

Within California, community-driven alternatives have emerged, including the Mental Health First model employed by the Anti-Police Terror Project in Sacramento and Oakland, as well as community paramedicine pilot projects. Yet, these programs lack a sustainable funding source to continue and scale the services.

Opportunity
As the Mental Health Services Oversight and Accountability Commission prepares to issue the third round of triage grants funded by the Mental Health Wellness Act of 2013 (SB 82), there is an opportunity to strengthen existing community-based programs and invest in true alternatives that meet community needs.

Recommendations
Implementing the third round of SB 82 grants has the potential to catalyze transformative change at the local level. However, it must be done with careful consideration and a clear focus on racial justice in order to have the desired impact. We offer the following recommendations for consideration:

Community Alternatives: We are deeply concerned that almost all mobile crisis response teams currently operated by county behavioral health departments are “co-responder” models that involve law

enforcement. Given the fraught relationship between BIPOC communities and law enforcement, this third round of triage funding is an opportunity to build an alternative behavioral health response system that is racially just and meets the community's needs. We strongly urge the MHSOAC to stipulate that the third round of triage funds will NOT support programs with law enforcement involvement. In addition, services must meet the language access needs of California's diverse communities. From the first point of contact, community members must be able to receive services in their primary language without fear of criminalization. Finally, programs should be required to conduct robust, culturally, and linguistically competent outreach to their local communities to ensure communities are aware of these services.

Stakeholder Engagement & Planning: MHSOAC should continue to convene community stakeholders to inform the development and rollout of this round of SB 82 funding, including those outside of the traditional behavioral health field. Stakeholders should be selected with a particular focus on those who have developed community-based alternative models and those who work in communities of color. Each county should also be required to conduct its own robust and ongoing stakeholder process to implement the benefit, and stakeholders should be involved in the design, implementation, and evaluation. In addition, the planning process should account for other related opportunities to invest in a community-based response system for mental health crises, including the implementation of 988, the American Rescue Plan Act (ARPA) Medicaid option for mobile crisis response, implementation of the CRISES Act, and other federal funds that are made available for this purpose.

Equitable Systems of Care: Communities of color often experience mental health crises because the broader system of care has failed to serve them, or to serve them appropriately. In addition, those who receive crisis services almost always need follow-up and ongoing mental health and substance use treatment, which is not broadly available in an equitable and culturally competent manner. For those reasons, we urge the MHSOAC to think beyond the current crisis system and engage in community dialogue about critical equity reforms and transforming our systems of care.

Workforce: The development of a crisis response system must be done in tandem with a conversation about workforce development, inclusion, and sustainability. Professionals who represent the racial and linguistic diversity of the communities they serve, as well as peers and community health workers, should staff the response teams. The process and pathways in which people can apply for and obtain these roles should also be analyzed, and barriers that pose significant challenges to accessing these opportunities among diverse populations should be removed. Particular attention should also be given to the mental health and individual sustainability of the staff themselves.

Populations of Focus: One size does not fit all. We encourage the MHSOAC to collaborate with stakeholders to determine considerations for a youth-specific system, such as intersections with schools and integration of youth peer providers. Again, it will be important to consider intersecting policy initiatives, including the Children and Youth Behavioral Health Initiative. We would also note that the program must be designed to appropriately serve the many Californians with co-occurring mental health and substance use needs.

Evaluation: The MHSOAC should design evaluation and accountability measures that specifically center racial equity and should require counties to collect robust demographic, patient-centered outcome, and system efficacy measures. Data should be regularly provided to the public to inform refinement of the program and to determine next steps following the initial three-year funding commitment.

Sustainability: An explicit goal of SB 82 is to reduce law enforcement expenditures. We agree that law enforcement should be allocated considerably fewer resources for mental health crisis response, and that these resources could be better used to strengthen prevention and culturally relevant mental health

services. Therefore, counties that apply for these funds should demonstrate how reduced law enforcement expenditures will be reinvested in the community and behavioral health through the county budgeting process. In particular, any law enforcement budget savings as a result of SB 82 programs should be redirected to finance future operation of the triage programs after the SB 82 funding period ends.

We look forward to discussing these recommendations with you, and exploring how we can partner to ensure that California effectively takes advantage of this critical opportunity with racial equity at the core.

Sincerely,

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