

Dr. Ryan Quist, Sacramento County Behavioral Health Director

Jane Ann Zakhary, Sacramento County DBHS Programs Director

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February 20, 2020

Dear Dr. Quist and Sacramento County Behavioral Health Services leadership,

After attending and debriefing the MHSA Steering Committee Meeting on January 16, 2020, we the undersigned, have composed this letter to provide formal feedback on the MHSA funding to support the Black Community in Sacramento.

First, we are pleased that Ryan McClinton has been added to the MHSA Steering Committee. This is an excellent development because he is a well-respected advocate who is trusted in the Black community and has a commitment to equity and justice. Second, we want to highlight that the recommendations (see addendum) were supported unanimously by the MHSA Steering Committee and approved by the County Board of Supervisors. While we had tremendous support to move forward with the recommendations, we had concerns with the original RFP that was released. These concerns are addressed in this letter.

We look forward to the possibilities to synergize opportunities with the long awaited African American trauma informed RFP, especially as it might afford impactful capacity-building initiatives. However, we have concerns about the arduous and fraught process for this RFP for Black Community-Based Organizations to serve the Black Community; it appears that the release of other RFPs was expedited by comparison. Furthermore, the sparse updates on this RFP do not inspire confidence in the process or the county's commitment to serving the Black Community. Were it not for the prompting by co-chair, Ms. Leslie Napper, at the 1/16/20 meeting, the County BHS leadership would not have provided updates on the RFP during the most recent meeting; this oversight is inexcusable. Substantively, we remain steadfast in our feedback on the plans for the RFP: we need **appropriate funding** for the RFP, **inclusive eligibility criteria** that allow small community organizations to lead the work, options for **single-organization or collaborative projects** to be funded, and **transparency** in the process of developing the RFP, including standardized methods for collecting and analyzing community feedback.

- **Appropriate Funding.** While we are pleased that the award amount has been increased, it does not reflect the unanimous agreement that a larger budget is required. Given that ample MHSAs are available and given the demonstrated need in the community, shortchanging the budget for this RFP is unacceptable. At minimum, the needs of the Black community demand \$5 million in start up funds and \$3 million per year thereafter to sustain culturally-responsive wellness investments.
- **Inclusive Eligibility Criteria.** We strongly recommend removing the technical requirements for organizations to have 45 days of working capital and to have had a financial audit in the preceding 24 months. There are alternative methods to ensure that the awardees will be fiscally responsible that are not rooted in structural economic inequity. The irony is that structural oppression is the root cause of the disproportionate trauma in the Black community that the RFP is attempting to address. If the goal of the RFP is to support the Black community, the commitment should extend to the execution of the RFP. However, if the county insists on retaining these technical requirements, it should also commit to providing each grantee with multi-month funding, funding for an audit, appropriate indirect funding that includes operational expenses, and technical assistance to build organizational capacity. Rendering otherwise qualified applicants ineligible is counterproductive.
- **Single-Organization and Collaborative Projects.** We recommend two parallel application tracks for single-organization and collaborative projects. This allows organizations to decide which structure works best for their work and allows the award amounts to vary based on the scope of work and number of partners. To avoid silos and encourage collaboration, grantees for single-organization and collaborative projects can be required to work in concert and also focus strategically in their area(s) of expertise and strength. The California Endowment's Building Healthy Communities Initiative can serve as an example of how to employ this structure. We support selecting Sierra Health Foundation as the backbone administrator of the fund to issue the RFP and coordinate the work of the grantees. We also want the administration fee to be in addition to the RFP award amount, not to supplant it. We also recommend adding members of the Ad Hoc Committee to an advisory council to guide the work.
- **Transparency.** Furthermore, passing references were made to "conflicting feedback" coming from "community" without substantiation. The AdHoc Committee hosted three listening sessions, analyzed the feedback and shared the analysis with the participants to validate the results. If feedback that conflicts with the initial analysis was solicited apart from the formal Ad Hoc input process, the Ad Hoc Committee should be reconvened to resolve this issue.

The Black Community in Sacramento has patiently engaged BHS through its formal channels since March 2018, which is approaching two years. Of utmost importance is remedying these issues to ensure that the RFP is reissued as soon as possible.

In solidarity,

Ebony Chambers

Flojaune Cofer

Michael Craft

Lilyane Glamben

Kristee Haggins

Adèle James

Ryan McClinton

Leslie Napper

Donielle Prince

Doretha Williams-Flournoy

Cc:

Board of Supervisors:

Patrick Kennedy

Don Nottoli

Phil Serna

Mental Health Board:

Ann Arneill:

MHSA Steering Committee:

Michael Sheridan

Cultural Competence Committee Ad Hoc Workgroup
Cultural Competence Committee Recommendation to the MHSA Steering Committee
January 17, 2019

Recommendation:

The Cultural Competence Committee Ad Hoc Workgroup recommends using Prevention and Early Intervention (PEI) funding to develop a new program to address mental health and wellness needs of African American/Black community members who have experienced or have been exposed to trauma.

The Workgroup recommends that this new prevention program serve Sacramento County African American/Black community members of all ages and genders across the life span, with special consideration given as a prevention measure to children, youth, teens, and Transition Age Youth (ages 0 through 25). The Workgroup recommends that all program elements incorporate an understanding of African American/Black cultural heritage, including norms and traditions, the broad and multifaceted definition of family, and historical trauma.

The Workgroup recommends convening community listening sessions to obtain input from the Sacramento County African American/Black community in order to further refine these strategies.

The Workgroup recommends that the following key elements of prevention services and supports for African American/Black community members who have experienced or have been exposed to trauma are incorporated into the new program:

- Recruit, hire, and retain a diverse workforce that is reflective of the African American/Black community.
- Cultural Brokers and Peers are utilized to provide support to youth, young people, and their families who have experienced trauma within educational, health, mental health, and other systems.
- Services are provided by staff who can relate to and are reflective of the community they are serving. Outreach, engagement strategies and communication strategies are culturally responsive, relatable, and easy to understand.

Services include an array of support groups that provide safe healing spaces for community members such as, but not limited to:

- Ethnic/topic specific
- Gender specific support groups
- Healing circles and groups
- LGBTQ and Transgender support groups
- Trauma from gun violence for family members and victims
- Victims of racial profiling support groups for men

Services will leverage or enhance existing mentorship opportunities that are available in the community to build protective factors.

Training for community members to increase their recognition of early signs of mental illness and providing assistance with linkage to the appropriate level of treatment.

Collaboration and cross training regarding cultural competence, trauma informed care/practice/implementation, implicit bias, social determinants of health and historical trauma for stakeholders, governmental agencies, and other large institutions (i.e. Law Enforcement, CPS, educators, health systems).

Collaboration with other local PEI efforts such as the Suicide Prevention Project/Supporting Community Connections program serving the African American/Black community and the local mental illness stigma and discrimination reduction project.

The Workgroup recommends that services be provided at easily accessible locations in the community where participants feel safe such as:

- Community centers and organizations, including libraries
- Faith Based Organizations such as churches or other places of worship
- Online support services through social media groups
- In home services
- Community mental health locations and public health centers