



African American Health Institute
of San Bernardino County
P.O. Box 12083
San Bernardino, CA 92423

May 9, 2015

To The Little Hoover Commission for their consideration at the follow-up meeting on Proposition 63, the Mental Health Services Act

Dear Commission Members,

The African American Health Institute represented the African American community for the California Reducing Disparities Project, Phase I. Since the project was funded from the Mental Health Service Act (MHSA) sources, we have had both the privilege and the responsibility of talking with African American mental health clients, family members, providers, supporting organizations, and many in the faith community about their experiences with mental health services under the MHSA. Our community welcomed your report and its recommendations, and has been disappointed at the perceived delays the Mental Health Oversight and Accountability Commission has made in implementing them. The Executive Summary of our Report, ***"We Ain't Crazy! Just dealing with a Crazy System: Pathways into the Black Population for Eliminating Mental Health Disparities"*** is available at this link: <http://aahi-sbc.org/uploads/EXSUMAAHIjul15.pdf>.

Our report makes several recommendations, but for purposes of your Commission's oversight, The African American community has been the victim of insufficient and inappropriate service from public mental health agencies in California, I would like to elaborate on three issues:

1. The failure of the MHSA to provide appropriate and culturally competent service to transition-aged youth, particularly males;
2. The overwhelming lack of racial, ethnic, and age diversity on the Commission itself;
3. The need for MHSA services to come "out of the office" and into the organizations and entities that serve our communities.

The failure of the MHSA to provide appropriate and culturally competent service to transition-aged youth, particularly males. It can be no surprise to you that in recent years, we have observed a huge increase in negative and often fatal interactions between young black males and law enforcement. Our interviews and focus groups took place *before* much of this

epidemic came to public attention, but our respondents spoke candidly about the impact that inappropriate police surveillance, escalation of violence and arrest has on their mental health status. Youth of color, particularly males, experience a level of stress for which there are few parallels in our society. Yet there are few avenues of outreach to them to help them to deal with the stress, distress, and ultimately depression they suffer. Prevention and Early Intervention strategies have not as yet, been tailored to their specialized needs. Many of them are highly suspicious of offers of “help” from governmental and quasi-governmental agencies, because their previous experience with such “help” has resulted in a label, such as “ADHD”, “Special Education”, or “Special Needs”, and a plethora of services from people who do not appear to understand their circumstances or ultimately care about helping them to improve their lives. So it is small wonder that they do not seek out mental health services from County-based departments. Instead, they often become increasingly withdrawn and suspicious, often turn to substances to help them manage their anxieties and depression, and often end up homeless or incarcerated, without having sought or received any care. The MHSA offered hope that the “one size fits all” care model that public mental health agencies operate on might change and provide an opportunity for this audience, but as yet, that hasn’t happened.

The overwhelming lack of racial, ethnic, and age diversity on the Commission itself. We all know that California is the most diverse state in the nation, with a majority of its population made up of people of color. It is also a relatively young state, with a median age of 35.4, as compared with the national median of 37.3. Those receiving mental health services are disproportionately younger, poorer, and more likely to be from racial and ethnic minority groups. But the Commission members are predominately white, male, and over 55. While the demographics of the Commissioners themselves do not need to mirror those of the state or of those receiving mental health services, requiring the Commission to have a more diverse racial and ethnic makeup and perhaps requiring that some seats be specifically reserved for those under 35 might help it to be more responsive to the needs of such a diverse, young state. While I understand that state statutes prohibit racial or ethnic “quotas”, those making the appointment to the Commission do have an obligation to try and reach a more diverse audience than is currently reflected in the sitting Commissioners. With respect to age, I recognize that the demands of an early-stage career, childrearing, or education may make it difficult for younger Commissioners to serve, but the strong focus of the MHSA on innovation, prevention and early intervention speaks to the needs of those who are in the early stages of mental illness, and a few youthful Commissioners might help in understanding those needs, and assuring that the MHSA serves them appropriately.

The need for MHSA services to come “out of the office” and into the organizations and entities that serve our communities. Although the MHSA promised more innovative services that would reach the needs of all the various population groups in the state, far too many of those services begin and end at the various offices of the County Mental Health departments. The multiple stigmas our community must deal with sometimes make it too difficult to admit to having a mental illness by entering the local County office. The aforementioned suspicion of “services” and the still to-widely held perception of mental illness as “weakness” prevent many in the African American community from seeking or receiving needed services. But they will often seek out counseling at churches, community centers, or at schools, where “counseling”

has an altogether different connotation. While many mental health departments do contract with organizations and non-profit agencies to provide and extend their services, this should be increased, and additional community-based partnerships should be encouraged to help with this outreach and engagement of audiences who will not or cannot seek services at the County engage people sooner in the course of their illness, and result in fewer emergency calls to law enforcement or for short-term emergency hospitalization.

Thank you for the opportunity to address these concerns. Should you need further information, I can be reached at the address below.

Sincerely,

A handwritten signature in black ink, appearing to read "N. King".

Nicki. J. King, Ph.D.

African American SPW Director, California Reducing Disparities Project, Phase I

Youth and Family Development Specialist

University of California Davis

njking@ucdavis.edu

530-304-6787