



May 26, 2023

The Hon. Gavin Newsom  
Governor, State of California  
1021 O St., Suite 9000  
Sacramento, CA 95814

Dear Governor Newsom:

We are pleased to provide comments on the Governor's proposal to amend the Mental Health Services Act. Our organizations are dedicated to promoting children's health, education, and well-being in California. We are thankful for the investments this administration has made in children's behavioral health. However, we are writing to express significant concern about the Governor's newest proposal on "Modernizing the Mental Health Services Act (MHSA)", and specifically the impact on children and youth. Since 2005, the MHSA has worked to fill in funding gaps where the State has underinvested, especially in the areas of prevention and children's services. For example, our state's Medi-Cal program has historically [failed](#) to meet its obligations to provide low-income children (who are overwhelmingly Black and children of color) with the preventive services, including developmental and mental health screenings, they are entitled to. The MHSA has served to provide funding for programs that impact our infants and toddlers, school-age children and our transition age youth. As proposed, the changes to the MHSA could severely limit hard fought investments into child-serving programs. As such, we are asking that any changes to the MHSA include a set-aside for children and youth, ages 0-25 - set asides that currently apply to Prevention and Early Intervention MHSA funding and are most imminently at-risk with the current proposal.

Below, we have highlighted the kinds of programs that are at risk if these changes are adopted:

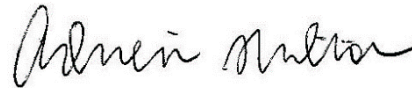
1. Infant and Early Childhood Mental Health Consultation: a prevention-based intervention that pairs a mental health consultant with adults who work with infants and young children in the different settings where they learn and grow, such as childcare.
2. Parent coaching and education models like Triple P (Positive Parenting Program): a parent support program that helps parents learn strategies to promote social competence and self-regulation in children.
3. Developmental playgroups: for parents and children facilitated by an early childhood specialist and designed to provide activities to promote development and social interactions.
4. Suicide Prevention with Schools: for school age youth to identify and refer individuals at risk of self-harming and suicidality.

5. Youth Centers: for at-risk youth to effectively cope with the continuous presence of violence and trauma in the community and at home through age-appropriate programming at community centers.
6. Unaccompanied Minor Youth programs: provides linguistically and culturally responsive trauma informed services, outreach and preventive counseling, stabilization, identification of early signs of mental illness, and linkages to various resources/supports to a population sensitive to acculturation and challenges navigating new systems.
7. Kinship Supportive Services – Provides individual and group supportive services to grandparents and/or other relative caregivers who are raising a relative’s child or children.
8. Aggression Replacement Training (ART)- a cognitive-behaviorally-based intervention designed to serve youth who display violent and aggressive behavior.
9. Family Resource Centers - Family Resource Centers are flexible, family-focused, and culturally sensitive hubs of support and resources that provide programs and targeted services based on the needs and interests of families. Family resource centers serve diverse populations and are located in a variety of community settings, including schools, housing, or stand-alone community-based programs.
10. School Based/Linked Behavioral Health Services, Supports, and Training: MHSA PEI funds ongoing support for children and youth in schools, often to all children regardless of insurance status, and the services continue in the community after school hours, summers, and on weekends.
11. LGBTQ+ Programming: MHSA PEI service funding is the most viable funding to support Community defined Evidence Based Practices for BIPOC and LGBTQ+ communities.

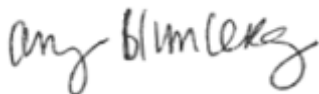
We are committed to leveraging our support and collaboration towards realizing the promise of the MHSA. However, we strongly urge the Administration to consider what would be lost in the deliberations and updates to MHSA. Please contact Lishaun Francis at [lfrancis@childrennow.org](mailto:lfrancis@childrennow.org) if you have any questions.



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Cc: Secretary Dr. Mark Ghaly, Health & Human Services Agency  
Asm. Anthony Rendon, Speaker, California State Assembly  
Sen. Toni Atkins, President Pro Tempore, California State Senate  
Asm. Phil Ting, Chair, Assembly Budget Committee  
Sen. Nancy Skinner, Chair, Senate Budget Committee