

California Reducing Disparities Project Phase 2 Executive Summary

A. History

The California Department of Public Health (CDPH) launched the California Reducing Disparities Project (CRDP) in 2009 in response to a call for national action to reduce mental health disparities. Phase 1 of the Project identified solutions for the historically underserved populations of African Americans, Asian Pacific Islanders, Latinos, Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ) persons, and Native Americans. During this phase, each of the five targeted populations established a Strategic Planning Workgroup (SPW) to identify promising Community-Defined Evidence Programs and Practices (CDEPs) and developed recommendations for reducing mental health disparities in their communities. The findings from each SPW's community engagement process were compiled into population reports and processed into a single, comprehensive CRDP strategic plan, which will be released in late 2014.

B. CRDP Phase 2 Vision and Guiding Principles

We envision a California in which all individuals, regardless of race, ethnicity, sexual orientation, or gender identity, receive quality mental health prevention and treatment services delivered in a culturally and linguistically competent manner.

The following principles and values serve as the basis for the Phase 2 structure and framework outlined below.

- Do business differently: There is an implicit understanding that doing business as usual has contributed to disparities. Doing business differently involves attentive listening and genuine consideration of community and CRDP partner input in order to be responsive to community needs.
- Build community capacity: To sustain efforts to reduce mental health disparities beyond the 5 years of CRDP Phase 2 funding, it is necessary to invest in creating community structures and supporting community-based organizations. Communities should be taught to fish, not simply given a fish.
- Fairness: A program designed to reduce disparities must not perpetuate disparities. Contracts should be awarded based on merit, and only after all interested parties have been invited to apply, and if needed, provided with tools and services to support their application.
- System change: CRDP does not exist in a vacuum. If the effort to reduce disparities begun with CRDP Phases 1 and 2 is to be sustained, then Phase 2 needs to address the context and bigger picture within which CRDP exists. This will allow

smoother integration of Phase 2-funded programs into the larger mental health care delivery system.

C. Framework

CRDP Phase 2 will focus on implementation of the strategic plan and will run from 2015 through 2020. Phase 2 consists of six interrelated elements:

- **Evaluation:** A considerable amount of attention will be placed on evaluating CRDP Phase 2 and components. The evaluation will take place on three levels – at the pilot project level, within the identified population groups, and for the statewide CRDP program as a whole. Participating pilot projects will receive assistance to help develop and implement evaluation plans to determine the effectiveness of their programs.
- **Capacity Building Pilot Projects:** In order to support promising practices that have not received significant grant funding in the past, CRDP will support up to 3 capacity building pilot projects for each of the identified population groups. During the 6-month capacity building phase, participating pilot projects will develop the capacity necessary to successfully complete the implementation phase of the pilots. This will include developing a program operating budgets, articulating a theory of change, and developing an evaluation plan. Upon successfully completing the capacity building phase, the pilot projects will enter the implementation phase.
- **Implementation Pilot Projects:** During the implementation phase, approximately 20 additional pilot projects will receive grants to strengthen and/or expand their promising practice. Each participating pilot project will be expected to execute its community-participatory evaluation plan for its promising practice to determine program effectiveness. Pilot projects must have an existing CDEP that provides culturally and linguistically competent mental health prevention and/or early intervention services to members of a CRDP target population.
- **Technical Assistance:** Technical assistance and training will be provided to all pilot projects. During the Capacity Building stage, participating pilot projects will receive assistance to develop the elements necessary to successfully participate in the implementation phase. During the Implementation stage, participating pilot projects will receive assistance to increase the strength of their programs and to better ensure sustainability. Participating pilot projects will receive assistance in the areas of evaluation, grant writing, board development, networking, budgeting, operations, and regulatory compliance.
- **Statewide Education, Outreach, and Awareness:** The Statewide Education, Outreach, and Awareness Consultant will assume the education component of

the California MHSa Multicultural Coalition and focus on creating system change at the state level. The Consultant will focus on informing policy decision makers and key stakeholders in regards to issues impacting mental health disparities and work to increase overall awareness of issues from a statewide perspective.

- Local Education, Outreach, and Awareness: Up to five Local Education, Outreach, and Awareness Consultants will be funded to help create system change at the local level. The consultants will work to better inform local decision makers on issues impacting mental health disparities in their communities.

D. Community and Stakeholder Involvement

Community and stakeholder involvement are critical to the effective execution of CRDP Phase 2. Our goal is to integrate transparency and accountability into every aspect of the project. We will be communicating our approach and providing forums for discussion throughout the project. Specifically, we plan to involve the community and stakeholders as follows:

- Subject Matter Expert Interviews: We will seek guidance from subject matter experts through interviews and dialogues to inform the solicitation design and process.
- Stakeholder Forums: We will seek stakeholder guidance through facilitated stakeholder forums in which stakeholders can provide their input and feedback into the solicitation design and process.
- Community and Stakeholder Solicitation Feedback: Community members and other stakeholders will be invited to provide input into the solicitation requirements and scoring criteria through a draft solicitation review process. In addition, stakeholder views will be integrated into the pilot project selection process as appropriate.

E. Additional Resources

For more information, please see

<http://www.cdph.ca.gov/programs/Pages/OHECaliforniaReducingDisparitiesProjectPhase2.aspx>. Please direct any questions or comments on CRDP Phase 2 to CRDP@cdph.ca.gov.

F. Graphical Representation

