



Fact Sheet

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH OFFICE OF HEALTH EQUITY

CALIFORNIA REDUCING DISPARITIES PROJECT (CRDP)

Background and Purpose

In response to former U.S. Surgeon General David Satcher's call for national action to reduce mental health disparities, the former Department of Mental Health (DMH), with support from the Mental Health Services Oversight and Accountability Commission (MHSOAC), the California Mental Health Directors Association (CMHDA) and the California Mental Health Planning Council (CMHPC), created a statewide policy initiative to identify solutions for historically unserved, underserved, and inappropriately served communities. In 2009, the former DMH launched a statewide Prevention and Early Intervention effort, the California Reducing Disparities Project (CRDP), which focuses on five populations:

- African Americans
- Asians and Pacific Islanders (API)
- Latinos
- Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ)
- Native Americans

The CRDP seeks to move away from "business as usual" and provide a truly community-focused approach to reducing disparities. The CRDP is divided into two phases. Phase I focuses on developing strategies to transform the public mental health system and identifying community-based promising practices in each of the five targeted populations. Phase II will focus on funding and evaluating the promising practices identified in Phase I, as well as advancing the strategies outlined in this plan. There has not been a project of this scope before; one that recognizes and elevates community practices and identifies strategies for systems change. Throughout this process, California will present this work on the national stage so that other states can learn from our efforts.

Phase I

Strategic Planning Workgroups (SPW)

Beginning in 2010, the CRDP funded the following five organizations to develop population-specific Strategic Planning Workgroups (SPWs):

- African American: The African American Health Institute of San Bernardino County
- Asian/Pacific Islander: Pacific Clinics
- Latino: The Regents of the University of California, Davis, Center for Reducing Health Disparities
- LGBTQ: Equality California Institute/Mental Health Association of Northern California
- Native American: The Native American Health Center

Each SPW is comprised of a broad representation of the diversity within their respective population group including, but not limited to, community leaders, mental health providers, consumer and family members, individuals with lived experience, and academia. The five SPWs worked to identify new service delivery approaches defined by multicultural communities *for* multicultural communities using community-defined evidence to improve outcomes and reduce disparities. Community-defined evidence is "a set of practices that communities have used and determined to yield positive results as determined by community consensus over time and which may or may not have been measured empirically but have reached a level of acceptance by the community."¹

Each of the five SPWs developed a Population Report that included recommendations for reducing

¹ National Latina/o Psychological Association, Fall/Winter 2008, National Network to Eliminate Disparities in Behavioral Health, SAMHSA, and CMHS, Larke Nahme Huang, Ph.D

disparities and removing barriers to accessing programs and services, along with an inventory of community-defined promising practices that could support efforts to reduce disparities. The Population Reports are available on the CRDP website.

California MHSA Multicultural Coalition

Another component of the CRDP is the California MHSA Multicultural Coalition (CMMC). The CMMC addresses a variety of mental health issues and provides state-level recommendations on all of the MHSA components and related activities. The CMMC's primary goal is to integrate cultural and linguistic competence into the public mental health system. The CMMC provides a new platform for racial, ethnic, cultural, and LGBTQ communities to come together to address historical system and community barriers and collaboratively seek solutions that will eliminate barriers and mental health disparities.

By creating and funding this coalition, the CRDP developed a new structure to bring forward diverse multicultural perspectives that have not been adequately represented in the mental health system or in previous efforts to obtain input from consumer and family member and individuals with lived experience. Individuals who have expertise in areas concerning multicultural communities, community members interested in improving the public mental health system, and service providers who work with racial, ethnic, cultural, and LGBTQ groups form the membership of the CMMC. The coalition includes representatives from each of the five CRDP SPWs and also represents the broader unserved, underserved, inappropriately served diverse communities in California.

The CMMC provided input and support to the SPWs in the development of the CRDP Population Reports for each of the target populations and the CRDP Facilitator/Writer of the comprehensive statewide Strategic Plan to reduce disparities.

CRDP Strategic Plan

The California Pan-Ethnic Health Network (CPEHN) collaborated with the SPWs to compile the five Population Reports into one comprehensive Strategic Plan. Still under development, the Strategic Plan will identify culturally appropriate strategies to improve access to services, quality of care, and mental health outcomes for the five CRDP target populations. When completed in 2014, the CRDP Strategic Plan will provide the public mental health system with community-identified strategies and interventions that will result in relevant and meaningful culturally and linguistically competent services and programs that meet the unique needs of the CRDP-targeted populations.

Phase II

Phase II of the CRDP, to begin in 2014, will provide four years of funding to implement the practices and strategies identified in the CRDP Strategic Plan. The focus of Phase II will be on demonstrating the effectiveness of community-defined evidence in reducing mental health disparities. Through a multi-component program, the CDPH plans to fund selected approaches across the five CRDP-targeted populations with strong evaluation, technical assistance, and infrastructure support components.

After successful completion of this multiyear investment in community-defined evidence, California will be in a position to better serve these communities and to provide the state, and the nation, a model to replicate the new strategies, approaches, and knowledge.

For updates and more information about the California Reducing Disparities Project, please visit the CDPH Office of Health Equity CRDP Phase II website at:

<http://www.cdph.ca.gov/programs/Pages/OHECaliforniaReducingDisparitiesProjectPhaseII.aspx>