#### Commission Efforts to Reduce Mental Health Disparities

The Mental Health Services Act calls for reducing disparities as an essential element of increasing wellbeing. The factors of wellbeing in the Act include housing, educational and employment success, reducing criminal justice involvement, keeping families intact, and reducing suicide and prolonged suffering. In each of these areas, communities of color are more significantly impacted and African Americans generally face the greatest disparities.

The Commission's Mission statement calls for working through partnerships to catalyze transformational changes across service systems so that everyone who needs mental health care has access to and receives effective and culturally competent care. Included in the Strategic Plan are the various levers of change the Commission uses to support its work. Reducing disparities is a core function of each of those levers as outlined below, including data work, stakeholder funding, local assistance funding, policy projects, and transparency initiative.

The Commission is pursuing a range of strategies to better understand and address disparities, while recognizing the need for additional efforts. These activities are intended to strengthen internal awareness regarding the causes and consequences of inequities and to integrate that knowledge and insight into our work. Today's discussion is intended to share the work underway and identify additional opportunities.

The Commission is pursuing the following:

#### Joining California's Capitol Collaborative on Race and Equity (CCORE)

CCORE builds on the success of a 2018-2019 Government Alliance for Race and Equity Capitol Cohort pilot initiative. State agencies receive training and support to learn about, plan for, and implement activities that embed racial equity approaches into institutional culture, policies, and practices. Teams of up to 16 state employees represent their departments, participate in the curriculum, and contribute to advancing racial equity in their organizations. To support this initiative, the Commission is working with a facilitator, Tamu Nolfo Green, to guide the Commission's participation in the collaborative and support the development of a racial equity approach to our work.

## Mapping Disparities through California's CSI Dataset

Under the leadership of Commissioner Itai Danovitch, Chair of the Commission's Evaluation Committee, Commission staff are analyzing data on the race/ethnicity, age, gender and language spoken of persons served in California's public mental health system. Data are drawn from the Client and Service Information system, which includes mental health clients and the services they receive at the county level, including Medi-Cal specialty mental health services and some MHSA-funded services. This project explores the value of these data to identify underserved populations in each county. In the coming months, Commission staff will present draft data dashboards on service disparities and demographics to a variety of audiences to gain feedback and raise awareness about how these data can be used to shape and inform county strategic planning and the MHSA community program planning process.

As part of the Commission's broader transparency initiatives, Commission staff also have built a data visualization tool that allows users to sort through complex data to allow a range of data presentations tailored to the needs of the user. Staff have used this tool to mine and present demographic data from

the Client and Service Information system. Under the leadership of Commissioner Gladys Mitchell, Chair of the Cultural and Linguistic Competency Committee, staff will share work done to date with the Committee and engage stakeholders to ensure the data are valid, reliable and relevant to public and stakeholder needs.

## Engaging the Commission's Cultural and Linguistic Competency Committee (CLCC)

With direction from Commissioner Mitchell, Chair of the CLCC, Commission staff are organizing meetings of the Committee to support the Commission's role in the Capitol Collaborative on Race and Equity, to review and inform the Commission's mapping of demographic data from the Client and Service Information system, and to identify additional opportunities to reduce disparities. The Committee also will consider reviewing state and county use of the National Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care standards and the work of the California Reducing Disparities Project.

# **Reducing Criminal Justice Involvement**

Following the 2017 release of the Commission's work on reducing criminal justice involvement, the Commission has pursued a range of projects to document criminal justice involvement, support county learning collaboratives to reduce justice involvement and increase diversion opportunities for mental health peers. Those projects include:

- <u>System Change Project</u>. This project is being launched in 2020 and will assess learnings across Innovation Incubator projects and related Commission efforts and develop with county leaders a framework for continuous improvement. The project contains specific elements focused on understanding and reducing disparities:
  - a. An Innovation Advisory Group will be formed and include two to three individuals with lived experience.
  - b. Key informant interviews will include culturally diverse community stakeholders and people with lived experience.
  - c. The project will explicitly assess barriers to success that are based in racism, intergenerational poverty, and engrained social inequities, and the mechanisms that counties have pursued to counteract these challenges.
  - d. The continuous improvement framework will include ways counties can better address inequities in outcomes across racial, gender, and age groups.
  - e. The contractor, Social Finance, is required to include in the project team two individuals with lived experience to support engagement with consumers from disadvantaged communities.
- <u>Crisis Now Planning Project</u>. Based on a nationally recognized Crisis Now model, this project focuses
  on improving county crisis planning and response models based on best practices and community
  defined practices. The project provides presentations and individualized technical assistance to
  participating counties, including support and technical assistance from a California-based expert on
  reducing disparities. The Commission staff is working with the California Reducing Disparities
  Project staff to identify the appropriate expert for this work.
- <u>Innovation Dissemination and Replication</u>. The Commission Innovation Incubator efforts include the development and presentation of six webinars, with detailed follow-up briefings with interested

counties on lessons learned through the Incubator projects. Each webinar focuses on the specific goal of reducing criminal justice involvement, with a dedicated webinar focused on strategies for reducing ethnic and racial disparities.

## Revising PEI and Innovation data reporting regulations and strengthening demographic reporting

In 2015, the Commission adopted regulations for MHSA Prevention and Early Intervention and Innovation programs. Those regulations include a requirement for counties to report detailed demographic information on persons served, including race, ethnicity, gender identify, sexual orientation, age, disability status, language spoken, and veteran status. The Commission requires more demographic detail than other programs to help the Commission understand who is served, who is not, and how the existing service delivery system is reducing or contributing to disparities. Implementing the reporting requirements are challenging for counties and provider networks. The regulations also were drafted in a way that limits the utility of the data. The Commission should consider revising those regulations to strengthen its ability to report on access to care and outcomes based on demographic variables. As part of this work, the Commission has urged the Department of Health Care Services to require similar demographic reporting to support a more detailed understanding of who receives care and the outcomes associated with that care.

## **Supporting Youth Innovation**

The Commission's Youth Innovation Committee has asked the Commission to release a statement on racial equity. Youth Committee members have highlighted opportunities to improve school climate and school mental health strategies to improve access to care and outcomes for youth. During the December 2019 Youth Idea Lab, youth identified racial inequity, lack of cultural diversity among teachers and counselors, feelings of racial segregation and financial inequities among schools based on neighborhoods, as contributing to mental health challenges. The Youth Committee's work focuses on developing youth-led mental health strategies, including youth-led conversations and strategies on racial equity. The Committee's ongoing engagement will include discussions of racial equity and how inequities contribute to mental health challenges for youth and young adults.

#### **Initiating Tribal Youth Innovation Convening**

In coordination with tribal leaders in Humboldt and surrounding counties, the Commission has offered to support a Tribal Youth Innovation Convening with tribes and county behavioral health leaders modeled after the Commission's youth innovation work. These discussions were paused because of COVID-19 and will be restarted as communities reopen.

## Implementing Striving for Zero, Suicide Prevention Strategy

Striving for Zero: California's Strategic Plan for Suicide Prevention, developed by the Commission, acknowledges that youth of color may experience disproportionate rates of suicidal behavior, particularly suicide attempts by Latina youth and suicide deaths by Native youth. Despite these racial/ethnic differences, the State has little data and research to support effective interventions that prevent injury and death. The Commission is working to strengthen statewide data collection and reporting systems so more effective interventions can be developed and deployed in these communities. In the meantime, the State's plan emphasizes a public health approach be used to develop effective interventions and supports that are unique to individual communities.

#### Supporting Stakeholder Advocacy on Reducing Disparities and serving Immigrants and Refugees

The Commission recently signed a contract with the California Pan-Ethnic Health Network to strengthen outreach, education and training, and advocacy on behalf of racial and ethnic communities with mental health needs. This work builds upon the prior contract for similar work that was held by NAMI California.

The Commission also provides financial support for outreach, education and training and advocacy on behalf of the mental health needs of immigrant and refugee communities. In 2018 the Commission conducted a series of listening sessions to better understand the mental health needs of California's immigrant and refugee communities. The listening sessions were designed to hear first-person accounts of individuals and families and their challenges in accessing mental health services and supports.

In November 2019 the Commission held a Community Forum in San Diego to learn more about the well-being of refugees and asylum seekers arriving in San Diego county. The purpose of the Forum was to better understand risk and protective factors of migration-related experiences among children and young adults and identify policy and action steps to build resilience at individual, family, and community levels.

#### **Communicating the Imperative to Reduce Disparities**

The Commission's communications initiatives include several investments focused on communities of color and improved understanding of culture and disparities in mental health systems. In 2019 the Commission co-sponsored mini-grants through Voices with Impact, a project of Art with Impact, focused on sexual violence and mental health and mental health in indigenous and Native American Communities. This year, the Commission's investment in mini-grants supported films on the culture of masculinity and LGBTQ+ communities and mental health.

The Commission also provides financial support to Crossings TV, which reaches a range of Asian American communities through locally-oriented, produced and marketed television programming. The core viewership of Crossings TV are Chinese (Mandarin, Cantonese), Filipino (Tagalog), Hmong, South Asian (Hindi, Punjabi), Russian and Vietnamese populations. The MHSA funds Public Service Announcements that air on Crossings TV in each of those languages. The PSAs received more than 1.5 million impressions from viewers every month.