



California Reducing
Disparities Project
a culturally responsive mental health initiative



A Culturally Responsive Mental Health Initiative

California voters have a unique history of anticipating and addressing critical policy issues well ahead of the national curve. With the passage of the Mental Health Services Act in 2004, Californians demonstrated their distinct character and courage in putting our government to work for all its people. We did this by recognizing that the crisis in national health care compels us to define mental health as an essential right, alongside access to medical care and prevention. Painfully, it is a right that has been unevenly recognized and protected among marginalized communities. To make progress, things had to change. We needed to fundamentally reconsider how mental health services were being designed and delivered to our many diverse communities.

The California Reducing Disparities Project is an unprecedented, historic, cross population solution that has never happened before at a state, national, or international level.



Photos (clockwise from top left): La Familia Counseling Center, On the Move LGBTQ+ Connection, Two Feathers Native American Family Services, and the Hmong Cultural Center of Butte County

African Americans; Asians and Pacific Islanders (API); Latinx; Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ+) communities; and Native Americans are now a plurality in California. Reflecting honestly, it was clear our public health system repeatedly failed these communities. In many cases, the system was contributing to ongoing and historic trauma by reinforcing and enforcing racist and discriminatory policies, procedures and practices. The Mental Health Services Act opened the door for a new generation of practices and policies to begin transforming our assumptions and approach. After many years of funding traditional clinical approaches, this movement produced the California Reducing Disparities Project (CRDP) within the Office of Health Equity, at the California Department of Public Health. The CRDP establishes a platform for community defined evidence-based practices (CDEP) to orient and ground the next generation of care.

A goal of this project was to build a new body of knowledge coming from these communities. The intended goal was that these communities get the services they need and can most benefit from, and designed by communities that look like them and understand their needs... There had already been lots of research and documentation of why these problems existed. The project was designed to move beyond the defined problems and fund a vision toward new solutions and new approaches.

This project was seeking to grow new evidence to address the historical disparities in care and in research. It was designed as a community investment in growing new community-based evidence, from a Community Participatory Research approach. We sought to begin to add to evidence through the evaluation of projects these communities said were effective... But I had no evidence back then!

At that time, the Mental Health sector was headed toward funding only “Evidence Based Practices”. Unsurprisingly, our communities also had large disparities in this. ‘Whose Evidence?’ was a popular response. We pushed back on the idea of implementing evidence-based programs not based in our communities. This was another successful advocacy approach for creating the CRDP. We coined the term ‘Community Defined Evidence’ for this project.

Rachel Guerrero, LCSW

Retired Chief, Office Multicultural Service (served 12 years)
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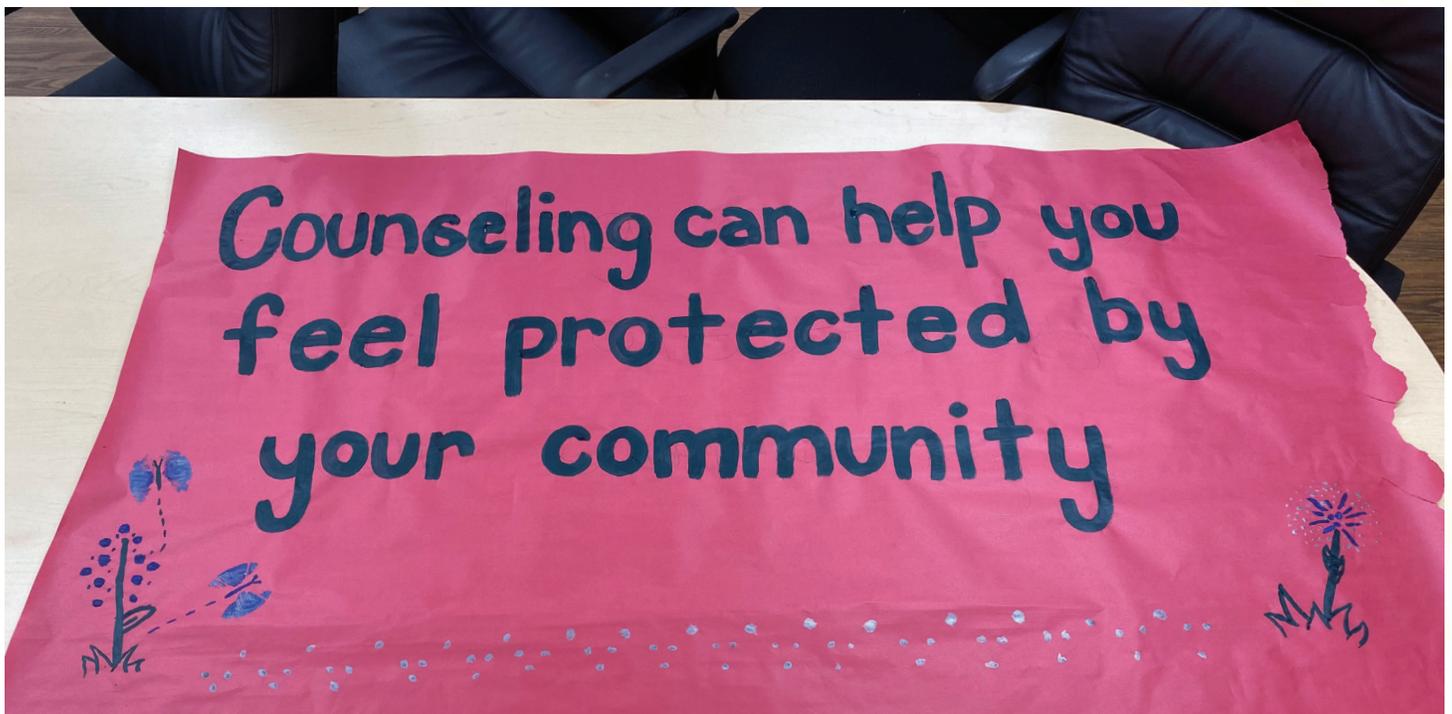


Photo: Indian Health Council, Inc

Culture is prevention. The Western clinical model is not enough. The CRDP is an opportunity to prove that our traditional practices are effective, including deculturalization and decolonization.

Drawing stakeholders from all corners of California, the CRDP was an act of hope for the hundreds of contributors who participated. Together they helped to craft, test and communicate the complex questions that the Office of Health Equity considered in its deliberations on reverse engineering the systemic issues confronting the growing needs of our communities. This work, this story, became the expression of our collective democratic voices across five significantly underserved California populations. It became the intersection of public health, public policy, and the public interest. The CRDP before us today is the imprint of this intersectionality, the contours of which define our narrative and distinguish our impact.

Initiative Highlights

1. Mental health disparities across our five population groups are unconscionable, intergenerational, and given the lack of investment, seemingly intractable.
2. California Reducing Disparities Project (CRDP) funds 35 culturally responsive, innovative Implementation Pilot Projects (IPPs) across the state of California working in the five population groups: African American; Latino/x; Asian and Pacific Islander; Native American; and LGBTQ+.
3. IPPs are implementing proven community derived mental health strategies and programs, including but not limited to, Traditional Healers; Life Coaching; Sister Circles; Mindfulness, Radical Inclusivity, and Bilingual/Bicultural Outreach Workers. Collectively, these approaches leverage the historical knowledge and assets of our communities, and improve mental health along the life trajectory.
4. The goal of the CRDP is to simultaneously demonstrate that community derived mental health practices reduce mental health disparities across the five unserved, underserved, and inappropriately served population groups as opposed to traditionally funded mental health services based on Western clinical models.
5. The state must make a commitment to support, research, implement, and evaluate community defined approaches such as those identified in the five CRDP Population Reports in order to reduce disparities. Intergenerational mental health disparities will remain intractable without a sustained and aggressive level of State investment.
6. COVID-19 exponentially amplifies health disparities across CRDP focus communities. Mental health implications of the pandemic will be acute and broad based but as decades of data demonstrate, clinical mental health strategies will not address the urgent need in African American, Latino/x, API, Native American, and LGBTQ+ communities. Now more than ever, California needs to invest in the community base infrastructure and promising practices represented by the CRDP to buffer the state's most vulnerable populations.
7. The state of California's support should go beyond Phase II funding of the CRDP, it must address the new mental health crisis resulting from COVID-19, and leverage all MHA Prevention and Early Intervention investments, state and local, to develop and institutionalize local and statewide infrastructure to support the reduction of mental health disparities in the face of unprecedented need.

Mental Health is a Human Right

Mental health in communities of color and LGBTQ+ is no less essential than our physical and economic well-being. Underrepresented communities have negotiated oppressive systems for generations through culture, agility and resiliency. The strategies cultivated may have masked the underlying negative impacts on their personal and collective mental well-being. Our task is to understand this trauma and create the space for finding a new paradigm to move us forward. The question is how do we demonstrate its importance?

We have to investigate how resources are directed to ensure that everyone has equal access. Our commitment has to be proactive and it has to work for those who need it most. Reducing disparities in this field is not a matter of choice. It is essential for protecting the essential rights and liberties of all Californians. It is also a platform for addressing the structural and systemic inequities which lock people into generational poverty and injustice. Understanding the legacy of racism and discrimination that segregated and regulated opportunities in California and the United States is a first step. Applying these learnings as we move forward allows us to work together with impacted communities to heal.

The hope we place in this work is not offered in a vacuum. We invest it through our relationships embedded in the organizations that serve communities today and have for generations. The program design of the CRDP expresses this by working through community-based organizations on the Implementation Pilot Projects (IPPs). Collectively, the IPPs represent decades of experience and credibility. By building evidence for the models and programs these organizations are running, we have learned lessons on the front lines that can inform policy makers committed to the mental health of their constituents.

CRDP is the culmination of the work in communities, not the excuse for it.

Culture is healing. Culture is life. Our shared goal is systems change through community defined evidence-based interventions.

Culture is Health

Cultural awareness is not a slogan. It is a strategy which unlocks community intelligence. The wisdom of listening to those we serve provides an advantage for any system operating with a public mandate, supported by public funding. The problems for mental health service providers are real, the need for resources is extreme. Frontline organizations serving diverse communities do not have the luxury of disengaging. These organizations are compelled to address legacy gaps in funding and focus by recognizing the capacity within our communities to design and activate solutions to the most acute mental health disparities in our state.

The CRPD initiative understands this and builds with a sense of possibility that by incorporating community intelligence into program design and delivery, greater numbers of people will find and engage the resources of the IPPs. These IPPs are more than delivery outlets for funding initiatives. Together they represent decades of experience and community capital, leveraged to advantage California in investing in more effective approaches to addressing the needs of its constituents.

Data driven and highly localized, the IPPs operate in 18 counties in California. Rigorous evaluation and reporting are central to validating the results of these pilots. What we learn must be applied going forward if we have any hope of reducing the mental health disparities in our communities.

The CRDP is a culturally competent, evaluation and data driven movement that deserves continued funding and support.

Implementation Pilot Projects

Organization	County	Assembly District	Senate District	Population
Catholic Charities of the East Bay	Alameda	Asm District 18	Sen District 9	African American
Gender Spectrum	Alameda	Asm District 21	Sen District 9	LGBTQ+
La Clinica de la Raza	Alameda	Asm District 20	Sen District 9	Latino/x
Native American Health Center	Alameda	Asm District 22	Sen District 9	Native American
Safe Passages	Alameda	Asm District 19	Sen District 9	African American
Hmong Cultural Center of Butte County	Butte	Asm District 3	Sen District 4	Asian and Pacific Islander
Integral Community Solutions Institute	Fresno	Asm District 33	Sen District 14	Latino/x
The Fresno Center	Fresno	Asm District 32	Sen District 14	Asian and Pacific Islander
West Fresno Health Care Center	Fresno	Asm District 31	Sen District 14	African American
Two Feathers Native American Family Services	Humboldt	Asm District 2	Sen District 2	Native American
The Center for Sexuality & Gender Diversity	Kern	Asm District 34	Sen District 16	LGBTQ+
California Black Women's Health Project	Los Angeles	Asm District 62	Sen District 35	African American
Cambodian Association of America	Los Angeles	Asm District 70	Sen District 33	Asian and Pacific Islander
United American Indian Involvement, Inc.	Los Angeles	Asm District 53	Sen District 24	Native American
Whole Systems Learning	Los Angeles	Asm District 58	Sen District 32	African American
The Village Project	Monterey	Asm District 29	Sen District 17	African American
LGBTQ Connection, a program of On The Move	Napa	Asm District 4	Sen District 4	LGBTQ+
Korean Community Services	Orange	Asm District 65	Sen District 32	Asian and Pacific Islander
Healthy Heritage Movement	Riverside	Asm District 61	Sen District 31	African American
East Bay Asian Youth Center	Sacramento	Asm District 9	Sen District 6	Asian and Pacific Islander
La Familia Counseling Center	Sacramento	Asm District 7	Sen District 6	Latino/x
Muslim American Society - Social Services Foundation	Sacramento	Asm District 8	Sen District 6	Asian and Pacific Islander
Gender Health Center	Sacramento	Asm District 7	Sen District 6	LGBTQ+
Indian Health Council, Inc.	San Diego	Asm District 75	Sen District 38	Native American
Friendship House Association of American Indians, Inc.	San Francisco	Asm District 17	Sen District 11	Native American
Openhouse	San Francisco	Asm District 17	Sen District 11	LGBTQ+
San Francisco Community Health Center	San Francisco	Asm District 17	Sen District 11	LGBTQ+
San Joaquin County Pride Center	San Joaquin	Asm District 13	Sen District 5	LGBTQ+
Asian American Recovery Services, a program of HealthRIGHT360	San Mateo	Asm District 19	Sen District 13	Asian and Pacific Islander
Indian Health Center of Santa Clara Valley	Santa Clara	Asm District 28	Sen District 15	Native American
Humanidad Therapy & Education Services	Sonoma	Asm District 10	Sen District 2	Latino/x
Latino Service Providers	Sonoma	Asm District 2	Sen District 2	Latino/x
Sonoma County Indian Health Project	Sonoma	Asm District 10	Sen District 2	Native American
Mixteco-Indigena Community Organizing Project	Ventura	Asm District 44	Sen District 19	Latino/x
Health Education Council	Yolo	Asm District 7	Sen District 6	Latino/x

Location of Pilot Projects in California on California Indian Cultural & Lands Map

The CRDP acknowledges that all of California includes tribal lands, both those recognized and not officially recognized by U.S. governmental entities. This map represents the cultural groups and lands.



*Map design inspired by the work of Timara Lotak Link, a Chumash artist

Federally Recognized Native American Tribes in California

Alpine	Washoe Tribe of CA and NV	Mendocino	Cahto Tribe	San Diego	Inaja-Cosmit Band of Mission Indians
Amador	Buena Vista Rancheria of Mi-Wuk Indians	Mendocino	Coyote Valley Band of Pomo Indians	San Diego	Jamul Indian Village
Amador	Ione Band of Miwok Indians of California	Mendocino	Guidiville Indian Rancheria	San Diego	La Jolla Indian Reservation
Amador	Jackson band of of Mi-Wuk Indians	Mendocino	Hopland Band of Pomo Indians	San Diego	La Posta Band of Mission Indians
Butte	Tyme Maidu Tribe- Berry Creek Reservation	Mendocino	Manchester Band of Pomo Indians	San Diego	Los Coyotes Band of Mission Indians
Butte	Enterprise Rancheria	Mendocino	Pinoleville Pomo Nation	San Diego	Manzanita Band of Kumeyaay Nation
Butte	Mechoopda Indian Tribe	Mendocino	Potter Valley Tribe	San Diego	Mesa Grande Band of Mission Indians
Butte	Mooretown Rancheria	Mendocino	Redwood Valley Little River Band of Rancheria of Pomo	San Diego	Pala Band of Mission Indians
Colusa	Cachil DeHe Band of Wintun Indians of the Colusa Indian Community	Mendocino	Round Valley Reservation	San Diego	Pauma Band of Mission Indians
Colusa	Cortina Rancheria	Mendocino	Sherwood Valley Rancheria	San Diego	Pauma Band of Mission Indians
Del Norte	Elk Valley Rancheria	Modoc	Alturas Rancheria	San Diego	Rincon Band of Luiseno Indians
Del Norte	Resighini Rancheria	Modoc	Cedarville Rancheria	San Diego	San Pasqual Band of Diegueño Mission Indians
Del Norte	Tolowa Dee-ni Nation	Mono	Fort Bidwell Reservation	San Diego	Sycuan Band of the Kumeyaay Nation
Del Norte	Yurok Tribe of California	Mono	Bridgeport Indian Colony	San Diego	Viejas Band of Kumeyaay Indians
El Dorado	Shingle Springs Band of Miwok Indians	Placer	Benton Paiute Reservation	San Diego	California Valley Miwok Tribe
Fresno	Big Sandy Rancheria	Plumas	United Auburn Indian Community	San Joaquin	Santa Ynez Band of Chumash Mission Indians
Fresno	Cold Springs Rancheria	Riverside	Greenville Rancheria	Shasta	Pit River Tribe
Fresno	Table Mountain Rancheria	Riverside	Agua Caliente Band of Cahuilla Indians	Shasta	Redding Rancheria
Glen	Grindstone Indian Rancheria	Riverside	Augustine Band of Mission Indians	Siskiyou	Karuk Tribe of California
Humboldt	Bear River Band of the Rohnerville Rancheria	Riverside	Cabazon Band of Mission Indians	Siskiyou	Quartz Valley Reservation
Humboldt	Big Lagoon Rancheria	Riverside	Cahuilla Band of Indians	Sonoma	Cloverdale Rancheria of Pomo Indians of California
Humboldt	Blue Lake Rancheria	Riverside	Morongo Band of Mission Indians	Sonoma	Dry Creek Rancheria of Pomo Indians
Humboldt	Trinidad Rancheria	Riverside	Pechanga Band of Luiseño Indians	Sonoma	Federated Indians of Graton Rancheria
Humboldt	Hoopa Valley Tribe	Riverside	Ramona Band of Cahuilla Mission Indians	Sonoma	Kashia Band of Pomo Indians of the Stewart's Point Rancheria
Humboldt	Wiyot Tribe	Riverside	Santa Rosa Band of Cahuilla Indians	Sonoma	Lower Lake Rancheria
Imperial	Quechan Indian Tribe	Riverside	Soboba Band of Luiseno Indians	Sonoma	Lytton Band of Pomo Indians
Inyo	Big Pine Paiute Tribe of the Owens Valley	Riverside	Torres-Martinez Desert Cahuilla Indians	Tehama	Paskenta Band of Nomlaki Indians
Inyo	Bishop Tribe	Riverside	Twenty-Nine Palms Band of Mission Indians	Tulare	Tule River Indian Reservation
Inyo	Timbi-Sha Shoshone Tribe	Riverside	Wilton Rancheria	Tuolumne	Chicken Ranch Rancheria o
Inyo	Fort Independence Community of Paiute	Riverside	Chemehuevi Indian Tribe	Tuolumne	Tuolumne Band of Me-Wuk I
Inyo	Lone Pine	Riverside	Colorado River Indian Tribe	Yolo	Yocha Dehe Wintun Nation
Kern	Tejon Indian Tribe	Sacramento	Fort Mojave		
Kings	Tachi-Yokut Tribe	San Bernardino	San Manuel Band of Mission Indians		
Lake	Big Valley Band Rancheria	San Bernardino	Barona Band of Mission Indians		
Lake	Elem Indian Colony	San Bernardino	Campo Band of Kumeyaay Indians		
Lake	Habematolel Pomo of Upper Lake	San Bernardino	Ewiaapaayp Band of Kumeyaay Indians		
Lake	Middletown Rancheria of Pomo Indians	San Diego	Santa Ysabel Band of Diegueno Indians		
Lake	Robinson Rancheria	San Diego			
Lake	Scotts Valley Reservation	San Diego			
Lassen	Susanville Indian Rancheria	San Diego			
Madera	North Fork Rancheria	San Diego			
Madera	Picayune Rancheria of Chukchansi Indians	San Diego			

**This is a list of currently federally recognized tribes in California. There are a number of tribes in California who remain unrecognized or are petitioning for recognition. To learn more about recognition and CA Indian tribes, see here: <https://www.aisc.ucla.edu/ca/Tribes14.htm>*

*** This list is continuing to be updated. Here is a list of CA recognized tribes: <https://www.ncsl.org/research/state-tribal-institute/list-of-federal-and-state-recognized-tribes.aspx#ca>*



Photos (right to left): Openhouse, Sisters Mentally Mobilized

A Place for New Thinking, New Solutions, and New Commitments

Community innovation is a persistent strategy learned and deployed to sustain ourselves in the face of systems designed to regulate and restrain instead of restore and reimagine. We have a narrative of change in the market that privileges profit driven markets such as technology and financialization. This ignores the other channels for change that impact our society. The dynamics of social impact are more complex than any operating system.

The ecology of human intelligence is expanding faster than any technology. Communications networks, formal and informal, are defying computational and broadband capacity. California is the home of an extraordinary share of the global innovation market. Its next great tide can come in public health. From responding to pandemics to unpacking generational poverty, no other state is better positioned for radical progress.

Scale requires smart implementation and prudent investment. California has to manage its resources while responding to unanticipated challenges. We are confronted by this today. Yet, how we cope and how we manage defines our best chances for success. We must leverage our community assets including community-defined evidence-based practices.

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The Ask

The moment to step up is now. The time for allies is here. The early results from the IPPs demonstrate the potential to make a generational impact on the very nature of mental health care services in California. By expanding the resources for CRDP, policy makers can accelerate the solutions being driven by the community-based organizations at the center of the project. The networks activated by the IPPs combine to provide a platform that the state would be unable to build on its own. Investments of this kind are rare.

We have the California voters to thank for their vision and commitment. Now it is our turn. Community health is an economic imperative to expand opportunity and ensure equal access. It also inoculates us from the adverse effects of poverty, racism and discrimination in ways that return greater value and impact than any other form of funding can. People of color and LGBTQ+ communities have survived centuries of pressure from systems designed without their consent, much less their sensibilities and intelligence. We are past the time when this is acceptable.

Now, a government of the people and by the people must open the possibility that together we can overcome the failings of our institutional past and commit to a future built together. This future requires the best evidence, the most robust practice, and the critical lever of culture to find its way to equitable mental health.

Looking for more information? Feel free to reach out to California Department of Public Health, Office of Health Equity: OHE@cdph.ca.gov