

California Reducing Disparities Project Strategic Plan to Reduce Mental Health Disparities

EXECUTIVE SUMMARY



Introduction and Background

The *Strategic Plan to Reduce Mental Health Disparities* was developed between 2012 and 2015 by the California Pan-Ethnic Health Network (CPEHN) with our partners representing diverse populations in California. The *Strategic Plan* is part of the California Reducing Disparities Project (CRDP), which is funded through the Mental Health Services Act (MHSA, or Proposition 63).

The CRDP was launched in 2009 and focuses on five populations, including African Americans; Asians and Pacific Islanders (API); Latinos; Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ) communities; and Native Americans. In addition, a statewide coalition was funded to advocate for these populations and others, including Arabic-speaking, Russian-speaking, Armenian, and the Deaf and Hard of Hearing community.

The *Strategic Plan* is a community-driven and community-authored document that provides a roadmap for reducing mental health disparities in unserved, underserved, and inappropriately served communities.



The Need to Address Mental Health Disparities

California's diversity is one of the state's greatest assets. Communities of color represent nearly 60% of the state's population, with Latinos being the largest group at 39%, Asians at 13.1%, African Americans at 5.7%, and Native Americans and Native Hawaiian/Pacific Islanders both at 1%. As California's diversity grows, the State has a increasing responsibility to address inequities in both physical health and mental wellbeing. The five CRDP populations – African American, Latino, Native American, Asian and Pacific Islander, and Lesbian, Gay, Bisexual and Transgender – have historically been challenged in obtaining optimal mental health, despite a mental health system that's expected to provide adequate and appropriate services to all persons, regardless of our race, ethnicity, nativity, gender, age, sexual orientation, or gender identity. In addition, many communities remain underserved, such as the homeless, Limited English Proficient, persons with disabilities, immigrants and refugees, and those living in rural areas.



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Disparities in diagnosis of illness and access to mental health services are found in all races, ethnicities, genders, sexual orientations, gender identities/expressions, and across the lifespan, including transition-age youth, transitional aging adults, and elders. A history of racism, bigotry, heterosexism, transphobia, ageism, and other discrimination in the United States is a constant source of stress which can lead to feelings of invalidation, negation, dehumanization, disregard, and disenfranchisement. For some populations, laws and policies enacted over the past 400 years have resulted in mental health stressors passing from generation to generation. Discrimination based on language and cultural assimilation adds significant stress in many populations. Due to stigma, discrimination, prejudice, and rejection, LGBTQ individuals face stress every day, and for many, across a lifetime. Efforts are needed to increase cultural understanding on the societal level to help create environments where everyone can live with dignity, respect, and equal rights.

Community Assets to Reduce Disparities

Communities of color are addressing disparities in many ways. Using innovative, community, and culturally-rooted methods, people of color are building on their strengths to reduce barriers in areas including stigma, discrimination, language barriers, access to quality health care, social and environmental conditions that hamper health, and a lack of data collection. For information on how communities are addressing these key barriers, see the full Strategic Plan or the individual population reports that were the basis for the Strategic Plan.

Community Plan to Reduce Disparities in Mental Health

The strategic plan provides community-driven direction to transform California's public mental health system and reduce disparities in racial, ethnic, and LGBTQ communities. It identifies strategies to improve access, services, and outcomes for unserved, underserved, and inappropriately served populations. These recommended actions are organized into overarching themes, goals, and strategies. The four overarching themes must be addressed at the state, county, and local levels. The five goals will move us toward a system where all communities are afforded quality, accessible, and culturally and linguistically appropriate services. The goals are accompanied by 27 strategies that provide specific recommendations for moving forward.

Overarching Themes

In order to address disparities in California, policymakers must address cultural and linguistic competence, capacity building, data collection, and the social and environmental factors that impact health. State agencies should prioritize these issues at every level and in all MHSA-related programs.



- **Address and Incorporate Cultural, Linguistic, and LGBTQ Competence at All Levels:**

A comprehensive approach to cultural, linguistic, and LGBTQ competence is vital for improving mental health in underserved populations. A culturally competent health care system provides care to consumers with diverse values, beliefs, and behaviors, and tailors services to meet consumers' social, cultural, and linguistic needs. Cultural competence is an ongoing process that evolves as we gain experience and knowledge of the cultures and communities around us. Ways to incorporate cultural competency include: improve culturally and linguistically appropriate community outreach and engagement; collaborate with community organizations and Native American tribes that can effectively engage their populations; provide cultural competence staff training; adhere to cultural competency standards; implement cross-cultural competency training that focuses on the intersection of identities; and consider the needs of rural communities, veterans, the homeless, and other special communities.

- **Implement Capacity Building at All Levels:**

The state should build the capacity of community organizations in outreach and engagement, leadership, community participation in decision-making, and resource development and sustainability. Capacity building should help community organizations apply for funds, conduct the work, and evaluate the outcomes of disparities reduction initiatives. We must also build the capacity of State departments and agencies, county departments of mental health, and other partners to work better with and understand the needs of local, community, and grassroots organizations.

- **Improve Data Collection Standards at All Levels:**

The state should make improvements to policy and systems to ensure appropriate data collection, disaggregation, analysis, and reporting for all underserved populations at the state, county, and local levels to help identify disparities and develop strategies to address them. In particular, for communities of color and LGBTQ communities, disaggregated data is necessary to identify disparities within subgroups of each population. Measures for race, ethnicity, culture, language preference, sexual orientation, gender identity, and age should be developed for data collection and reported at the State and county levels.

- **Address the Social and Environmental**

Determinants of Health: We must address social and environmental factors that impact our daily lives. Education, employment, and income directly influence access to social and economic resources.

Higher incomes relieve the stress of having to decide between seeking services and feeding your family. In addition, the environment also shapes our communities' health. The safer our communities, the more likely we will walk or bike in our neighborhood and socialize with our neighbors. Conversely, the fear of violence—real or perceived—leads to increased isolation, psychological distress, and prolonged elevated stress levels. A comprehensive approach to reducing mental health disparities must take into account social and environmental stressors and find ways to address them so that everyone has the opportunity to lead a healthy life.



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Goals and Strategies

Goal 1. Increase Access to Mental Health Services for Unserved, Underserved, and Inappropriately Served Populations:

The first step in reducing disparities in mental health is making services more available to those in need. The State and county departments of mental health and their funding mechanisms can increase the availability of services and make it easier for community members to access them by expanding options and locations of services; providing assistance to make it easier to get to services; bringing services to the community; and making sure that those seeking services know where to find them.

1. Increase Opportunities for Co-Location of

Services and Integration: Locating mental health services in community facilities, faith-based organizations, cultural centers, and other entities where people are comfortable will increase access and combat stigma. The CRDP Partners recommend that funders of existing mental health services – including the Department of Health Care Services (DHCS) and county departments of mental health – coordinate and partner with networks of providers and community entities to improve mental health outcomes.

2. Develop Resource Guides to Facilitate Access to Services: The CRDP Partners recommend the State legislature allocate resources to the California Department of Public Health (CDPH) Office of Health Equity to fund community-based organizations to develop new or update existing statewide resource guides to ensure that community members know where they can go for culturally and linguistically appropriate services.

3. Elevate Schools as Centers for Wellness in the Community: The state's public schools – elementary, high school, community college, and public universities – can be a valuable asset when developing ways to improve mental health in children and adolescents by adequately screening, detecting, and diagnosing potential mental health issues. The CRDP Partners recommend that the MHSOAC facilitate a conversation between the California Department of Education, CDPH, DHCS, and other stakeholders to ensure that current funding for school-based mental health services, such as the Early Periodic Screening, Diagnosis, and Treatment Program and other statewide projects, are reaching the communities with greatest need.

4. Ensure Ancillary Services are Eligible for Reimbursement: To improve access to necessary mental health services, the CRDP Partners recommend OHE in partnership with key federal and state stakeholders convene a meeting to discuss clarifying or modifying requirements to allow service providers to be reimbursed through Medi-Cal for ancillary services that support community engagement, such as transportation, particularly in rural communities; interpretation and translation of documents; peer- to-peer support; cultural competence and other training; and after-hour services.

5. Create a Culturally Competent Justice System: With increasing cases of profiling and brutality by law enforcement across the country, we see a need to ensure that law enforcement – police and peace officers, judges and court personnel, and prison and jail staff – are trained to be culturally competent, to recognize the inherent racial bias that communities of color face, and to recognize individuals with mental illness and how to appropriately serve them. The CRDP Partners recommend that the California Department of Justice mandate cultural competence training for all personnel, especially frontline staff working directly with the community.

6. Prioritize Prison Re-Entry and Post-Diversion Efforts: Many people of color and LGBTQ individuals have their first contact with the mental health services in the prison system, and face great challenges in securing housing, employment, and health care when released. To improve mental health treatment for those returning from prison through release or state hospitals, the CRDP Partners recommend county departments of mental health and local sheriff departments, in collaboration with the State Department of Corrections, recognize the role mental illness plays in many offenses and how the mental health system can help rehabilitate former offenders.

7. Fund Culturally Competent and Linguistically Appropriate Outreach: Comprehensive culturally and linguistically appropriate outreach is necessary to engage all communities in efforts to improve mental health services in California. The CRDP Partners recommend the State legislature allocate additional resources to DHCS, and the MHSOAC provide oversight, for a project to develop culturally, linguistically, and LGBTQ appropriate PEI outreach materials through CalMHSA's statewide stigma and discrimination reduction project, prioritizing community organizations and experts.

Goal 2. Improve the Quality of Mental Health Services for Unserved, Underserved, and Inappropriately Served Populations: Services must not only be accessible, but also of the highest quality and meet the needs of the communities. State agencies and local departments of mental health must ensure that services are culturally and linguistically competent and have staff that reflects the community being served.

8. Build and Sustain a Culturally, Linguistically, and LGBTQ Competent Workforce: To improve the cultural and linguistic competence of mental health services, the CRDP Partners recommend that the state legislature fund OSHPD to focus on creating and supporting a well-trained and culturally, linguistically, LGBTQ-responsive workforce, through promoting careers to youth and parents; ensuring cultural competency training in mental health career training; resources for staff to attend training; and expanded opportunities for community health workers.

9. Ensure Culturally, Linguistically, and LGBTQ Competent Services: In order to have culturally, linguistically, and LGBTQ appropriate services, the CRDP Partners recommend local service providers work with the target population to develop culturally and linguistically competent programs based on community-defined evidence.

10. Ensure Linguistic Access to Mental Health

Services: The CRDP Partners recommend the State legislature provide additional resources for DHCS to fund – and county departments of mental health and local service providers to implement – comprehensive approaches to improve linguistic access for all clients of all MHSA-funded programs.

Goal 3. Build on Community Strengths to Increase the Capacity of and Empower Unserved, Underserved, and Inappropriately Served

Communities: Access to quality services means nothing without the community engaged in local mental health programs. The State and local service providers must offer community members the tools, information, and opportunities to be involved in the development, implementation, and evaluation of services on a statewide and local level; and to be engaged in policymaking at a local and statewide level.

11. Engage Spiritual Leaders, Healers, and the

Faith-Based Community: The CRDP Partners recommend the State legislature fund the Office of Health Equity to support a statewide consortium of faith-based organizations and other spiritual leaders to develop and implement pathways to wellness, reduce mental health stigma, and advocate for the importance of spirituality in reducing mental health disparities.

12. Working with Parents, Foster Parents, and

Families to Reduce Disparities: Parents and foster parents should help to ensure that adolescent mental health needs are met. The CRDP Partners recommend county departments of mental health educate parents and foster parents about the availability of free or low-cost academic and mental health services through classes or seminars.

13. Support Community Involvement and

Engagement: The CRDP Partners recommend local Boards of Supervisors generate and sustain community involvement and engagement through local Mental Health Boards to ensure buy-in, change attitudes about mental health, and improve programs and services. The CRDP Partners ask the state legislature to make resources available to the MHSOAC to support and enhance recruitment of underserved communities for local mental health boards, particularly from the five targeted populations and/or other unserved, underserved, and inappropriately served racial/ethnic/cultural populations of various age groups.

14. Go Beyond Community Engagement:

Providers must earn and establish credibility in the community not just by engaging and serving community members, but also by advocating for their needs in ways that will improve overall wellness. Service providers should have Boards of Directors and/or Advisory Boards that reflect the racial, ethnic, and LGBTQ composition of the community the provider serves.

15. Develop and Support Community Leadership:

The CRDP Partners recommend the CDPH Office of Health Equity identify community and faith leaders within each of the targeted populations to serve as expert advisors on reducing disparities.



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Goal 4. Develop, Fund, and Demonstrate the Effectiveness of Population-Specific and Tailored Programs:

The State must make a commitment to support, research, implement, and evaluate community-defined approaches such as those identified in the five population reports in order to reduce disparities. This support should go beyond funding available through CRDP Phase II and apply to all MHSA-funded programs.

16. Establish a Network of Community Health Workers and Indigenous Healers:

The CRDP Partners recommend the State fund and prioritize efforts to strengthen and replicate community-based practices that are effective within each population. County departments of mental health should fund and support the identification and recognition of community health workers, community healers, and indigenous/non-traditional practitioners to ensure an effective, culturally-appropriate mental health and primary care integrated care structure.

17. Fund Culturally-Specific Research: The CRDP Partners recommend the State legislature allocate resources to OHE for additional community-based research to identify effective community-defined approaches to sustain and expand mental health services, similar to the work undertaken during Phase I of the CRDP.

18. Develop Culturally-Specific Mental Health Practice Models: The CRDP Partners recommend the State legislature provide further resources to OHE to fund the implementation of additional community-level, population-specific practices, like those to be funded and evaluated during Phase II. Particular effort should be made to reach areas of the state not addressed during Phase II, including rural communities.

19. Allocate MHSA Prevention and Early Intervention Funding According to Community Need: The CRDP Partners recommend DHCS, CBHDA, and the MHSOAC work together to develop methods to quantify community need to be used to determine all future MHSA funding, including PEI initiatives.

20. Conduct Culturally-Congruent Evaluation of Community-Defined Practices: The CRDP Partners recommend the State and county departments of mental health ensure that they are adequately supporting community-based evaluation of current mental health services, including Phase II of the CRDP and all MHSA-funded programs.

21. Develop a Simplified and Streamlined Process for Recognizing Evidence-Based Practices: The CRDP Partners recommend that OHE convene a task force of key stakeholders, including federal CMS representatives, DHCS, CDPH, the MHSOAC, CBHDA, culturally-congruent evaluators, and community members, to identify or develop a mechanism whereby community-defined practices that have been shown, through the CRDP Phase II process, to be effective can be eligible for Medicaid reimbursement in California.

Goal 5. Develop and Institutionalize Local and Statewide Infrastructure to Support the Reduction of Mental Health Disparities: To build on the momentum of CRDP Phase I, the State and county departments of mental health must develop an infrastructure that ensures all MHSA-funded programs incorporate and implement the recommendations, strategies, and promising practices in the five population reports. This support should develop and

sustain community engagement and empowerment structures on a state, regional, and local level; engage community members with knowledge of underserved populations and disparities reduction efforts in the planning, implementation, and evaluation of Phase II; and build the capacity of local community members and organizations indigenous to underserved populations to collaborate with county departments of mental health and advocate for systems change on the local and statewide level.

22. Engage Community in the Implementation of the California Reducing Disparities Project: Many local Mental Health Boards and their committees need more robust representation from unserved, underserved, and inappropriately served communities with knowledge and expertise in disparities reduction – communities that need to be represented in work groups to support the strategies in this plan. The CRDP Partners recommend the State legislature make available resources to the MHSOAC to support and enhance recruitment of representatives of underserved communities on local mental health boards, particularly for community capacity building and comprehensive, multilingual outreach and education.

23. Replicate Models for Community Engagement on the Local Level: The CRDP Partners recommend county mental health departments and county mental health boards develop and utilize existing community engagement models, such as those developed by CRDP Phase I Strategic Planning Workgroups, to involve unserved, underserved, and inappropriately served communities in local policy, program planning, and the evaluation of MHSA-funded programs.

24. Collaborate with Existing County Reducing Disparities Efforts: In order to ensure that unserved, underserved, and inappropriately served communities gain equitable access to MHSA-funded programs and services, the CRDP Partners recommend counties work collaboratively with community organizations and partners that they may not traditionally work with to adopt and implement the community-defined strategies from this plan and the five population reports.

25. Develop New Community/County Partnerships: The CRDP Partners recommend county mental health departments work more closely and develop partnerships with community-based organizations funded to implement the strategies identified for Phase II of the CRDP.

26. Evaluate and Monitor the Implementation of the California Reducing Disparities Project: The CRDP Partners recommend the State legislature provide resources through the Office of Health Equity to fund community organizations to monitor the implementation of Phase I and Phase II of the CRDP to ensure that policymakers are engaged in the implementation of the strategies and are held accountable to the communities invested in this plan's development.

27. Continue the Work of the California Reducing Disparities Project: The CRDP Partners recommend that the State legislature make resources available to OHE for additional unserved, underserved, and inappropriately served communities to identify promising practices and recommendations for reducing disparities. These may include diverse Arab communities; ethnic communities such as the Slavic, Russian, Armenian, and other Middle Eastern communities; Mixtecos and other indigenous populations; religious communities such as the Muslim, Sikh, Buddhist, and Hindu communities; and other underserved populations including the Deaf and Hard of Hearing, veterans, people transitioning from the public safety or penal system, victims of trauma, women, homeless, rural communities, transition-age youth, and older adults.

Implications and Conclusion

With people of color nearly 60% of the state's population, and countless LGBTQ individuals across every race, ethnicity, age, and geographic location, the time has come to pursue targeted approaches to reduce mental health disparities for all unserved, underserved, and inappropriately served communities. With a focus on five populations – African American, API, Latino,

LGBTQ, and Native American – the CRDP engaged community leaders, mental health providers, clients, and family members to identify promising practices and recommendations to transform our current public mental health system into one that better meets their needs. Their work identifies community-defined evidence that must be recognized and elevated to reduce disparities in communities large and small across the state.

The four overarching themes, five goals, and 27 strategies outlined in this strategic plan highlight the importance of culture and identity in mental health. As the State moves forward, it must incorporate cultural, linguistic, and LGBTQ competence; capacity building; data collection; and social and environmental factors that impact our daily lives into all Phase II and MHSA-funded activities. In order to reduce mental health disparities in California, the State must also prioritize the five goals laid out in this plan.

The 27 strategies should be implemented over the next 10 years, and need the commitment and involvement of all stakeholders in the public mental health system: the California Health and Human Services Agency, Department of Health Care Services, the California Department of Public Health, the Mental Health Services Oversight and Accountability Commission; the State legislature; and county departments of mental health.

The California Reducing Disparities Project is a great first step to focus much-needed resources on the mental health needs of communities of color and LGBTQ communities. This strategic plan is just the beginning of what we hope will be a long-term, concerted effort to improve mental health outcomes for all Californians. By following the strategies in this plan, California can bring attention to community-defined practices and build a system that truly meets the needs of all Californians.



California Pan-Ethnic Health Network

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