

**Public comment from Stacie Hiramoto**

**From:** Stacie Hiramoto <shiramoto@remhdco.org>

**Sent:** Wednesday, October 22, 2025 12:24 PM

**To:** Brenda Grealish <brenda.grealish@bhsoac.ca.gov>; Mayra E. Alvarez (malvarez@childrenspartnership.org) <malvarez@childrenspartnership.org>

**Cc:** Kendra Zoller <Kendra.Zoller@bhsoac.ca.gov>; Melissa Martin-Mollard <Melissa.MMollard@bhsoac.ca.gov>

**Subject:** Letters Re: Tomorrow's CBH Meeting

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Hello Brenda –

I don't know if these letters are in time for the Hand out packet for tomorrow's meeting, but hoping that they are. Thank you so much.

Stacie Hiramoto, MSW

Director

She/her/kanojō

Racial & Ethnic Mental Health Disparities Coalition

(916) 705-5018

Shiramoto@remhdco.org



October 22, 2025

The Honorable Mayra E. Alvarez  
Behavioral Health Services  
Oversight & Accountability Commission  
1812 9th Street  
Sacramento, CA 95811  
[malvarez@childrenspartnership.org](mailto:malvarez@childrenspartnership.org)  
[publiccomment@bhsoac.ca.gov](mailto:publiccomment@bhsoac.ca.gov)



**Get Better. Do Better. Be Better.**

**Re: Sustaining and Expanding CDEPs & CRDP – SUPPORT**

Dear Chair Alvarez and Commissioners,

On behalf of HealthRIGHT 360, I urge the Commission to sustain and expand funding for the California Reducing Disparities Project (CRDP) through the Innovation Partnership Fund and to prioritize it across the Commission's other legislative and budgetary initiatives. CRDP represents the most significant statewide effort, and perhaps the leading national initiative, for developing, implementing, and rigorously evaluating Community Defined Evidence Practices (CDEPs) that improve behavioral health outcomes for historically underserved and inappropriately served populations.

HealthRIGHT 360 provides integrated, culturally responsive care to more than 44,000 Californians annually. CRDP-supported programs like our Essence of MANA in San Mateo County positively impact lives, reduce stigma, and build community trust. Each year, Essence of MANA reaches hundreds of AAPINH community members through programs that strengthen families, foster connection, cultivate youth leadership, and support culturally grounded substance use prevention and mental health.

CDEPs are the solution most often recommended by public stakeholders. Designed and implemented by the communities themselves, they ensure relevance, cultural responsiveness, and measurable outcomes. Evaluations at both the state level by Loyola Marymount University and at local levels by culturally competent researchers demonstrate effectiveness and cost savings. Preliminary findings show a \$5 return for every \$1 invested through reduced crisis interventions and emergency service use, with measurable improvements across all CRDP priority populations.<sup>1</sup>

Funding through the Innovation Partnership Fund should actively support programs serving BIPOC and LGBTQ+ communities, which continue to experience disproportionate behavioral health and substance use outcomes. Overdose rates remain uneven across communities, with these populations facing higher mortality rates and barriers to timely treatment. Funding should not be restricted to individuals with serious mental illness; prevention and early intervention for those at risk, including individuals with mild-to-moderate needs, are essential to reducing long-term disparities, preventing crises, and lowering costs to the state.

CRDP is unique in scope and impact, uniting organizations serving Asian and Pacific Islander, Black, Latine, LGBTQ+, and Native American populations. Cutting successful projects or limiting funding to

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<sup>1</sup> Psychology Applied Research Center at Loyola Marymount University (2022). "Statewide Evaluation of The California Reducing Disparities Project Phase 2 Executive Summary." California Department of Public Health, Sacramento, California. December 2022.

pilots risks losing nearly a decade of investment, collective knowledge, and trusted partnerships. The Commission, as the original funder, can again champion and ensure this exemplary initiative continues to benefit Californians statewide.

We recommend the Commission:

- Prioritize CDEPs as evidence-based solutions;
- Sustain and expand CRDP funding to preserve culturally responsive, cost-effective behavioral health programs;
- Ensure access for all at-risk populations, including BIPOC, LGBTQ+, and those without a current mental health diagnosis;
- Support ongoing evaluation and dissemination of CRDP outcomes to guide future investments.

The CRDP embodies California's commitment to innovation, health equity, and racial justice. Its success demonstrates that cultural humility and community-led programs save lives, reduce disparities, and save taxpayer dollars. The Commission's leadership is critical to ensuring these achievements continue.

Thank you for your attention and ongoing commitment to equitable behavioral health access. For further information about HealthRIGHT 360's position, please contact me at [wsaver@healthright360.org](mailto:wsaver@healthright360.org).

Sincerely,



Wesley Saver  
Managing Director of Policy & Public Affairs  
HealthRIGHT 360  
[wsaver@healthright360.org](mailto:wsaver@healthright360.org)

Cc: Sunshine Borelli, Office of Senator Dave Cortese, [sunshine.borelli@sen.ca.gov](mailto:sunshine.borelli@sen.ca.gov)  
Sage Miller, Office of Assemblymember John Harabedian, [sage.miller@asm.ca.gov](mailto:sage.miller@asm.ca.gov)  
Tom Steel, Office of Assemblymember John Harabedian, [tom.steel@asm.ca.gov](mailto:tom.steel@asm.ca.gov)  
Commissioner Brandon Fernandez, BHSOAC, [brandonf@cri-help.org](mailto:brandonf@cri-help.org)  
Commissioner Pamela Baer, BHSOAC, [baerpc@gmail.com](mailto:baerpc@gmail.com)  
Commissioner Robert Callan, Jr., BHSOAC, [robert@callansf.com](mailto:robert@callansf.com)  
Stacie Hiramoto, Racial & Ethnic Mental Health Disparities Coalition, [Shiramoto@remhdco.org](mailto:Shiramoto@remhdco.org)  
Anastacio Flores, Jr., Essence of MANA, [aflores@aars.org](mailto:aflores@aars.org)