Mission Statement

The Commission works 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.

MHSOAC
Mental Health Services
Oversight & Accountability Commission

California Values

Californians value health and wellbeing, innovation, and community.

To achieve our vision of **Wellbeing for All Californians**, we must center racial equity in our work.

Racial inequities are evident across every indicator of well-being. From life expectancy and health, to income, education, and neighborhood design – **race matters.**
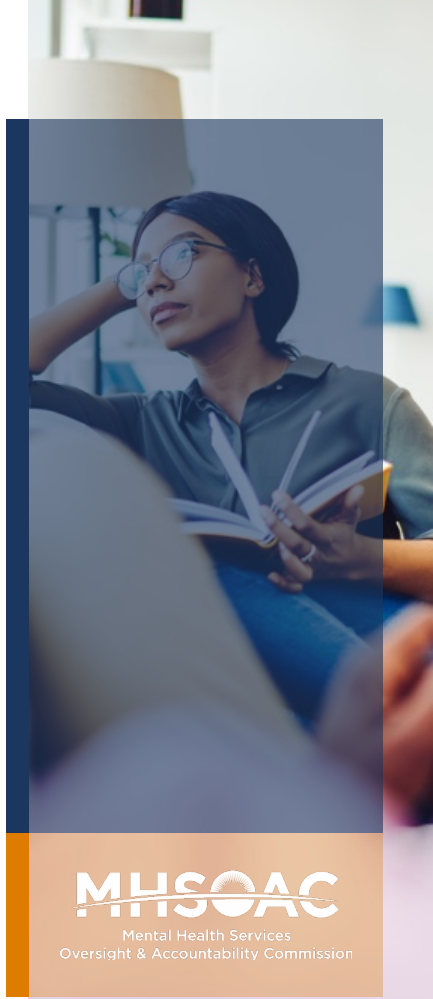
Racial Inequity in Mental Health

Non-white racial and ethnic groups in the U.S. are:

- Less likely to have access to mental health services

- Less likely to use community mental health services

- More likely to use emergency departments

- More likely to receive lower quality care

Agency for Healthcare Research and Quality

We know that if these differences aren't called out, they will continue to go unaddressed. Strategies to achieve racial equity need to be specific and intentional – otherwise change and progress will not occur.

Race Matters

The MHSOAC joined the 2020–2021 Capitol Cohort on Race and Equity (CCORE) cohort during both the pandemic and international reckoning on institutional and systemic racism.

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Why lead with race?

- Our lives are intersectional

- Those who suffer from racial inequities are faced with challenges based on discrimination

- Directly confronting the racism will open pathways that everyone can benefit from

- This process helps us build muscle to tackle other inequities

Our Team:
The Justice, Equity, Diversity, and Inclusion (JEDI) Trailblazers

Anna Naify (co-lead)

Lauren Quintero (co-lead)

Andrea Anderson

Marcus Galeste

Latonya Harris

Vicque Kimmel

Kayla Landry

Amanda Lawrence

Kai LeMasson
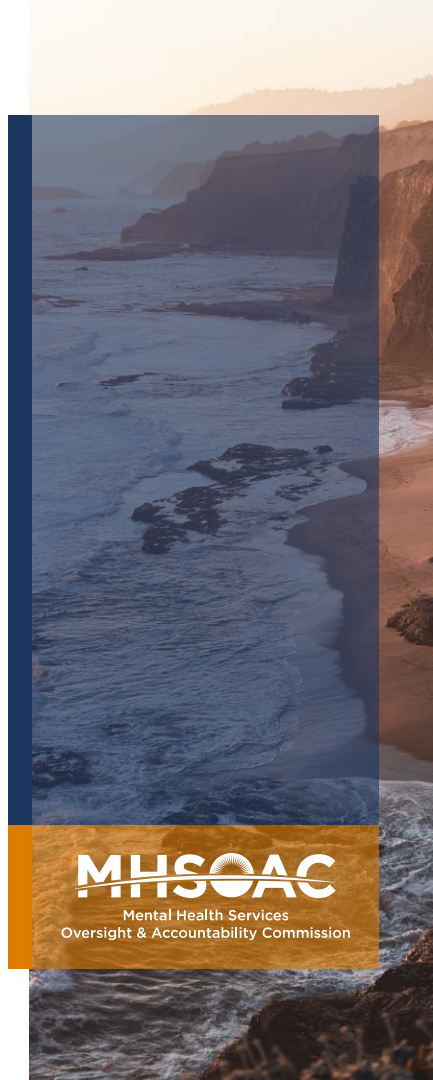
Tom Orrock

Norma Pate

Grace Reedy

Lester Robancho

Cody Scott

Sharmil Shah

Reem Shahrouri

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Our Work to Date

Trainings

- Monthly CCORE training sessions with Race Forward and 16 other state agencies
- Staff training provided by consultant

Research

- Review state agency racial equity action plans (REAPs)
- Meetings with Evaluation Committee Member Dr. Ruth Shim
- Data analysis and review

Planning

- JEDI bi-weekly sessions
- Quarterly all-staff sessions, including an individual input survey, small group notes, and verbal report outs
- Meetings with leadership

Engagement

- Interviews with other state agencies
- Meetings with Commission contracted Stakeholders
- 3 CLCC meetings (with CFLC invited)
- CFLC meeting (with CLCC invited)

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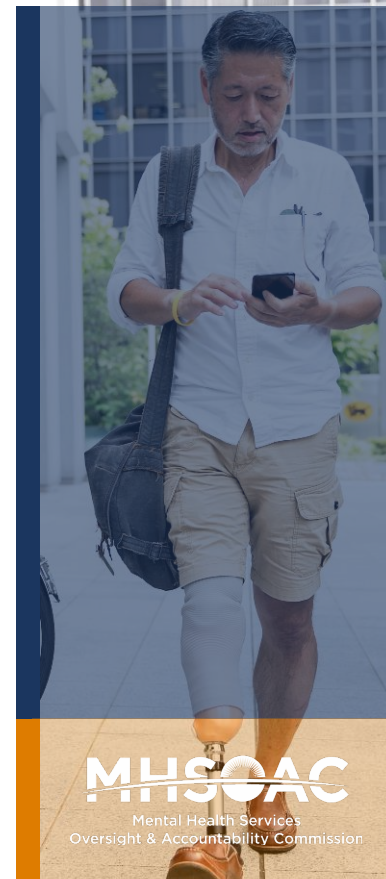
We Asked Community Members…

- **Overall**: How does racial inequity affect mental health outcomes in California?

- **Community Engagement**: What are some effective ways the Commission has engaged diverse communities in the past?

- **Contracting**: What core components should be included in our contracting processes to help the Commission engage diverse communities effectively ?

- **Data**: What data strategies should we use to measure progress on racial equity in mental health?

- **Implementation and Sustainability**: Have you worked with other government agencies that have implemented a REAP? How should we plan for sustainability?

- How would you like to be involved?

What We've Heard

Internal Practice to Support Equity

- **Enhance community engagement**
- **Contracts and grants** written to reduce disparities and increase access to care
- **Hiring** and professional development practices to include focus on ethnic studies
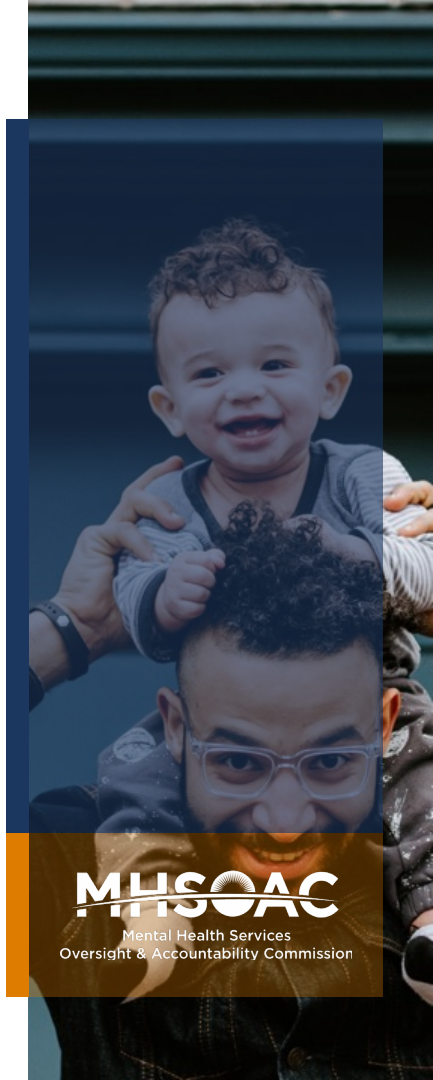
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What We've Heard

External Support for Mental Health

- Individual programs and plans work in isolation
- Stakeholder contracts could be further leveraged for training, policy, and statewide advocacy
- Funding is difficult for culturally responsive mental health programs
- Data is sparse

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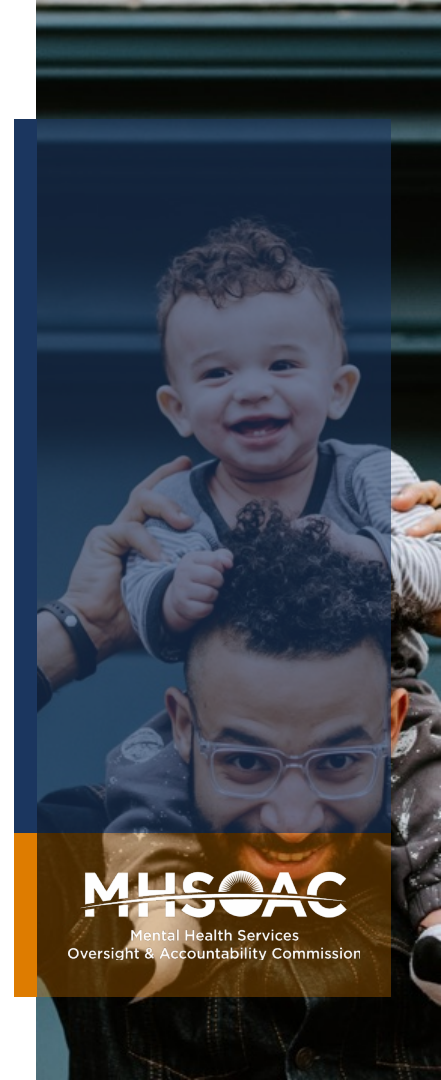
Root Cause Analysis

Commission staff asked, *why haven't we reached our desired results? What's in the way?*

Two Root Causes

1. Distrust of the mental health system due to trauma with other systems (mental health, education, welfare, incarceration, etc.).

2. California's mental health system is based on a medical model with emphasis on individual deficits and diagnosis, rather than systemic and societal causes of mental health needs.

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Data Review

Commission staff reviewed **quality of life**, **suicide**, and **school expulsion** data.

Data Discovery: School Failure and Suicide

- The **American Indian/Alaska Native (AI/NA)** population was most negatively impacted on **all indicators**.

- **African Americans, AI/AN** populations, and multiracial children and youth are most negatively impacted in schools.
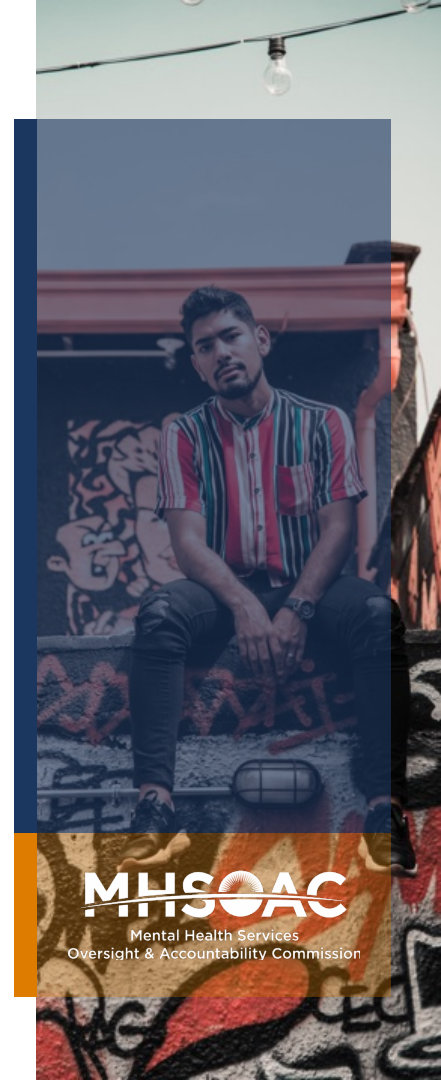
Outcomes and Strategies: External

Support counties receiving MHSA funds in developing ways to reduce racial disparities

✓ Strategy: Promote county and community engagement to inform equity guidelines

✓ Strategy: Integrate financial incentives for equity guidelines into RFQ requirements

✓ Strategy: Provide technical assistance to support the counties in measuring and reducing racial disparities in mental health

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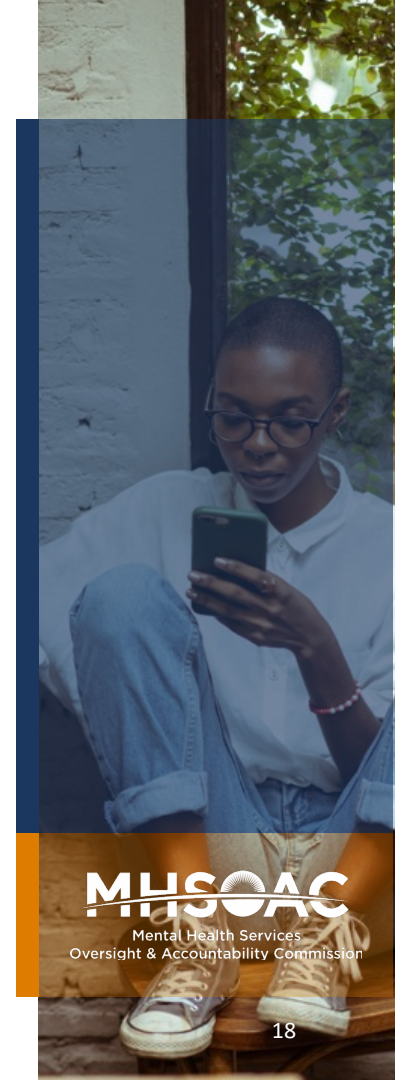
Questions to Consider

Who are potential partners we may want to engage in informing this strategy?

Are there examples from others that we might learn from?

What kind of technical assistance would be most helpful to achieve these goals?

What challenges do you anticipate?

Outcomes and Strategies: Internal

Commission operations research and adopt best practices in ensuring a diverse workforce similar to the communities we serve

✓ Strategy: Evaluate our current hiring process and identify barriers to BIPOC applicants

✓ Strategy: Deep dive into current environment to identify barriers to retention and promotion of BIPOC staff

✓ Strategy: Address the environmental barriers identified

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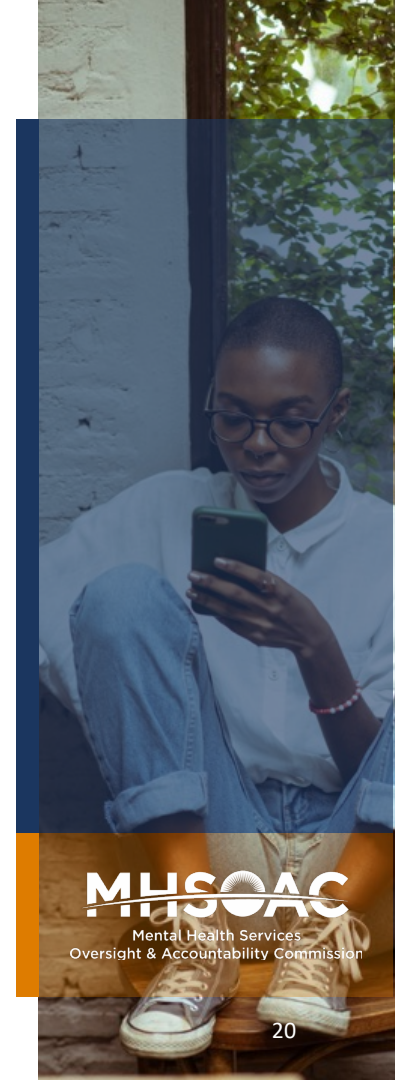
Questions to Consider

What are best practices for hiring, retention, and promotion for a diverse employee workforce?

What models or resources should we reference in our design?

What are some important considerations for HR practices when seeking to build a more diverse staff?

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