WELLNESS • RECOVERY • RESILIENCE

Mental Health Services
Oversight & Accountability Commission

Commission Teleconference Meeting
June 25, 2020
PowerPoint Presentations and Handouts

Tab 2:	• **PowerPoint:**	**Sacramento County Innovation: Forensic Behavioral Health Multi-System Teams Innovation Project**
Tab 3:	• **PowerPoint:**	**Ventura County Innovation: FSP Data Exchange Project**
Tab 4:	• **Handout:**	**Commission Efforts to Reduce Mental Health Disparities**
	• **Handout:**	**Anxiety, Depression and Racism while Sheltering-in-Place**
	• **Handout:**	**Racial Disparities in COVID-19 Mortality**
	• **Handout:**	**California Reducing Disparities Project Letter to Governor Newsom**

SACRAMENTO COUNTY

Division of Behavioral Health Services

Forensic Behavioral Health Multi-System Teams Innovation Project

Mental Health Services Oversight and Accountability Commission Presentation

June 25, 2020

Proposed Innovation Project

Primary Purpose and General Requirement

- The proposed Project's **primary purpose**:
  - Increases access to mental health services to underserved groups by:
    - Expanding mental health treatment capacity for the adult forensic behavioral health population
  - Promote interagency and community collaboration related to mental health services, supports, and outcomes by:
    - Establishing and assembling together a Multi-System Team that meets regularly to develop, implement, and monitor a coordinated and integrated client plan
- The proposed Project **meets Innovation component criteria** by making a change to an existing practice in the field of mental health, a practice also widely used in the child welfare system, the Child Family Team model. This teaming model will be adapted and expanded for the adult forensic behavioral health population.

Proposed Innovation Project
Presenting Need

- **Presenting Need** for the adult forensic behavioral health population:
  - Immediate access to services and resources
  - Pre-release planning from jail
  - Collaboration and communication amongst system partners, service providers, natural supports, and support service providers
  - Coordinated and integrated client plan

Proposed Innovation Project
Addressing the Needs / Outcomes

- The proposed Innovation Project addresses complex needs of the adult forensic behavioral health population in several distinct ways:
  - Provides pre-release planning to clients
  - Assists clients with immediate access to services and resources
  - Establishes and assembles a Multi-System Team that will meet regularly
    - Develop, implement, and monitor a coordinated and integrated client plan
    - Shared vision; shared decision making; prioritize client voice
- **Outcomes** for the adult forensic behavioral health population:
  - Reduce recidivism back to jail
  - Improve behavioral health outcomes and promote successful transition to the community
  - Improve care coordination

SACRAMENTO COUNTY

Proposed Innovation Project Budget

- $12,886,739 Total Project Budget (spanning five years)
  - $9,536,739 in Sacramento County Innovation funds
  - $ 3,350,000 in estimated Medi-Cal reimbursement
- Personnel Costs: $7,550,740
- Operating Costs: $4,449,260
- Non Recurring Costs: $400,000
- Work Plan Management Costs: $486,739

Section 4: INN Project Budget and Narrative

New Innovative Project Budget By FISCAL YEAR (FY)*							
EXPENDITURES							
PERSONNEL COSTs (salaries, wages, benefits)		**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**Total**
1	Salaries		1,344,580	1,344,580	1,344,580	1,344,580	**5,378,320**
2	Direct Costs		396,895	396,895	396,895	396,895	**1,587,580**
3	Indirect Costs		146,210	146,210	146,210	146,210	**584,840**
4	Total Personnel Costs	**0**	**1,887,685**	**1,887,685**	**1,887,685**	**1,887,685**	**7,550,740**
OPERATING COSTs		**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**Total**
5	Direct Costs		816,315	816,315	816,315	816,315	**3,265,260**
6	Indirect Costs		296,000	296,000	296,000	296,000	**1,184,000**
7	Total Operating Costs	**0**	**1,112,315**	**1,112,315**	**1,112,315**	**1,112,315**	**4,449,260**
NON RECURRING COSTS (equipment, technology)		**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**Total**
8	Not applicable						**0**
9	Furnishings and Equipment	400,000					**400,000**
10	Total Non-recurring costs	**400,000**	**0**	**0**	**0**	**0**	**400,000**
CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)		**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**Total**
11	Direct Costs						**0**
12	Indirect Costs						**0**
13	Total Consultant Costs	**0**	**0**	**0**	**0**	**0**	**0**
OTHER EXPENDITURES (please explain in budget narrative)		**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**Total**
14	Work Plan Management		116,344	119,834	123,429	127,132	**486,739**
15							**0**
16	Total Other expenditures	**0**	**116,344**	**119,834**	**123,429**	**127,132**	**486,739**
BUDGET TOTALS		**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**Total**
Personnel (line 1)		0	1,344,580	1,344,580	1,344,580	1,344,580	**5,378,320**
Direct Costs (add lines 2, 5 and 11 from above)		0	1,213,210	1,213,210	1,213,210	1,213,210	**4,852,840**
Indirect Costs (add lines 3, 6 and 12 from above)		0	442,210	442,210	442,210	442,210	**1,768,840**
Non-recurring costs (line 10)		400,000	0	0	0	0	**400,000**
Other Expenditures (line 16)		0	116,344	119,834	123,429	127,132	**486,739**
TOTAL PROJECT BUDGET		**400,000**	**3,116,344**	**3,119,834**	**3,123,429**	**3,127,132**	**12,886,739**
Less Projected Federal Financial Partication		0	(650,000)	(900,000)	(900,000)	(900,000)	**(3,350,000)**
TOTAL MHSA INNOVATION FUNDING		**400,000**	**2,466,344**	**2,219,834**	**2,223,429**	**2,227,132**	**9,536,739**

SACRAMENTO COUNTY

PROPOSED MOTION

- The Commission approves Sacramento County's Innovation Plan as follows:

Name:	Forensic Behavioral Health Multi-Systems Teams
Amount:	Up to $9,536,739 in MHSA INN funds
Project Length:	Five (5) Years

VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Healthcare Agency

June 25, 2020

VENTURA COUNTY INNOVATIONS:

FSP Data Exchange Project

Kiran Sahota, MHSA Sr. Manager, Hilary Carson INN Administrator

Program Overview and Current State

Primary Purpose: Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes.

Time Limited: 3 Years from 2020-2023

Program Goals: VCBH will work across agencies to develop access to collaborator's data platforms in order to:

- Report valid FSP client Key Event data by gathering directly from local agency systems
- Share important health and mental health information with relevant and legally-sanctioned audiences across systems
- Improve services through closer care coordination across health care provider systems

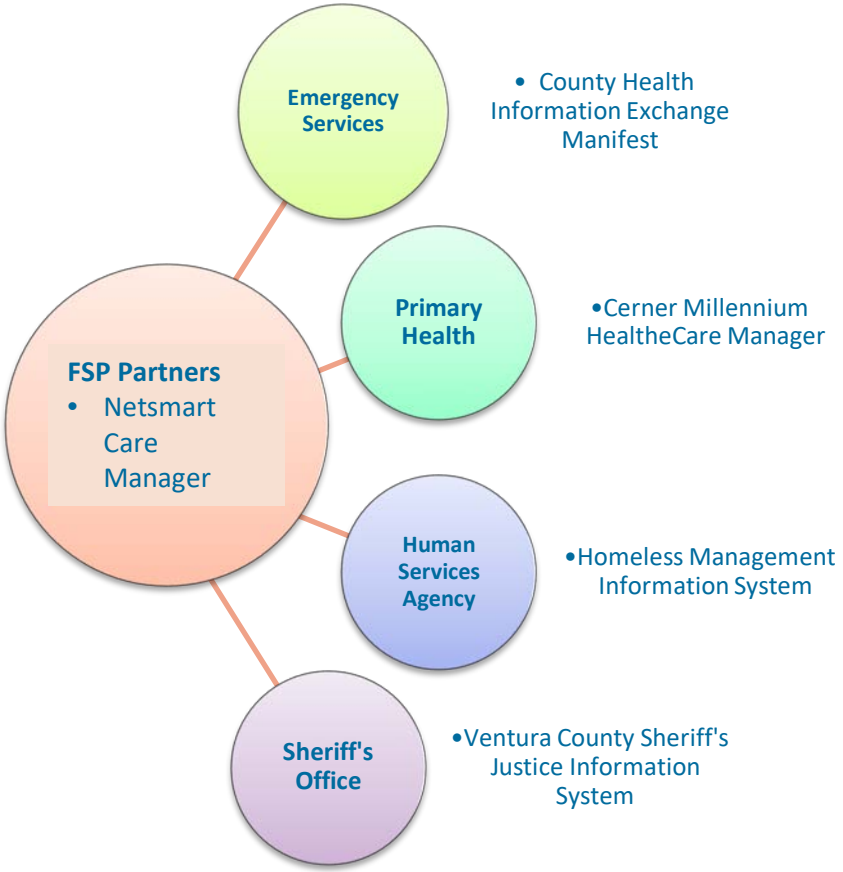
Current State:

1. County Data Systems (Law enforcement, Physical healthcare, Behavioral Health) are all independent and unable to speak to each other.
2. Electronic Health Record is designed to house not analyze data.
3. Informed patient consents are designed and written per agency not for multiple capacities.
4. All of which places the burden of reporting and communicating squarely on the client.

VENTURA COUNTY BEHAVIORAL HEALTH

Proposal

- The unique approach that Ventura is proposing is to unite Behavioral, Physical, Emergency, Homeless, and Law Enforcement Services though a live and actionable data use model.
- CareManager System would allow valid data (arrests, hospitalization dates etc.) to be comminuted directly to Behavioral Health
- Informed consent would allow Behavioral heath to communicate as legally permissible to other agencies as appropriate
- Built in analytics can communicate progress to clinicians, directors, and community collaborators



VENTURA COUNTY BEHAVIORAL HEALTH

Budget

BUDGET TOTALS	FY 20/21	FY 21/22	FY 22/23	TOTAL
Personnel	$146,459	$150,853	$155,379	$452,691
Direct Costs	$1,152,106	$72,000	$72,000	$1,296,106
Indirect Costs				
Non-recurring costs				
Other Expenditures	$194,785	$33,428	$34,106	$262,319
TOTAL INNOVATION BUDGET	$1,493,350	$256,281	$261,485	$2,011,116

Dedicated Evaluation Costs (Total): **$21,636**

VENTURA COUNTY BEHAVIORAL HEALTH

Questions?

Kiran Sahota, MA
Sr. Manager, MHSA
805-981-2262
kiran.sahota@ventura.org

Hilary Carson, MSW
Program Administrator, MHSA INN
805-981-8496
hilary.carson@ventura.org

VENTURA COUNTY
BEHAVIORAL HEALTH

PROPOSED MOTION

The Commission approves Ventura County's Innovation Plan as follows:

Name:	**FSP Multi-Platform Data Exchange**
Amount:	**Up to $2,011,116 in MHSA INN funds**
Project Length:	**Three (3) Years**

VENTURA COUNTY
BEHAVIORAL HEALTH

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:

- System Change Project. 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.
- Crisis Now Planning Project. 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.
- Innovation Dissemination and Replication. 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.

Anxiety, Depression and Racism while Sheltering-in-Place

By Lishaun Francis

June 23, 2020

The shelter-in-place orders due to COVID-19 ignited widespread alarm, anxiety and depression for adults concerned about interrupting their daily routines, falling ill and maintaining their economic stability. Simultaneously, children and youth were struggling with the same fears. School closures, disconnection from friends and an abrupt stop to community resources put additional strain on an already tenuous hold on mental wellness for many young people. In fact, children struggled with their mental health prior to COVID-19. Between 2015 and 2017, an estimated 16 percent of California's 9th and 11th graders considered attempting suicide in the previous year,[1] and the Centers for Disease Control and Prevention estimated 31.5 percent of high school students nationwide "experience persistent feelings of sadness or hopelessness." While most youth worry about issues like mass shootings and climate change, youth of color are disproportionately more stressed about housing stability, personal debt and food insecurity than their white counterparts; concerns that have only been exacerbated for families due to the coronavirus.

This “layering on” of additional, ongoing stress due to the impacts of structural racism deserves more inquiry. For example, widespread misinformation and fearmongering about coronavirus caused a significant increase in overtly racist and xenophobic attacks on Asian Americans and Pacific Islanders (API). Some students reported disturbing in-school experiences of assault, bullying, and isolation, based solely on the mistaken belief that being Asian made them responsible for the coronavirus outbreak. In addition to being hurtful, these incidents also have a lasting impact on the psyche of API students as racist experiences raise stress levels and contribute to the anxiety and depression of youth. While school closures may have put a stop to the on-campus incidents, many are still anxious about their safety within communities while having limited resources to get support for anxiety and depression.

Community-wide trauma is also compounding the impact of COVID-19 on Black children. In the last month, the police murders of George Floyd, Breonna Taylor, and many others, and the corresponding public outcry have heightened concerns about what it means to shelter-in-place while experiencing community trauma. As the video of George Floyd's murder circulated across every news channel and social media platform, experts raised the alarm at the danger these images could pose to mental health. While few could view the video and not be affected, Black Americans reported a significant spike in feelings of anxiety and depression after the video was made public, as many described the ability to "see themselves" in George Floyd. While police brutality in the Black and brown community is not new, the murders of Floyd and Taylor were national reminders of the possibility of imminent death at the hands of police, creating a confluence of stress and depression. Researchers have found that Black adolescent males who are exposed to nationally publicized cases of police killings through the media have serious concern for their personal safety and mortality in the presence of police. In addition, Black males' exposure to police violence correlated to higher levels of post-traumatic stress disorder than for any other demographic group.

Support during these stressful events could ordinarily be found through formal channels like mental health services at schools, and less formal channels like faith-based organizations, community centers, and connections with family and friends. However, the public health emergency of COVID-19 has compounded the experience of community trauma with children and youth experiencing isolation and an inability to access resources and supports.

In response, Children Now is pushing the state to center children and youth as it explores how to better support the mental health of Californians.

Specific areas that state policymakers should consider so that families, schools, and communities can meet the mental health needs of children include:

- Expand the child-serving health workforce to include more community health workers, promotoras, indigenous healers, and peer-to-peer supporters to address the health needs of children and families;
- Support school staff with youth mental health first aid training to equip them to identify, de-escalate, and refer students for supports and services;
- Encourage school-county partnerships to better provide mental health supports for students;
- Encourage the review of school policies and practices that may have negative impacts on mental health, like police on campus;
- Provide Medi-Cal reimbursement and technical assistance regarding telehealth counseling services and policies for schools; and
- Collect more robust data on the mental health needs of Native American children and youth and address their concerns.

[1] Kids Data.

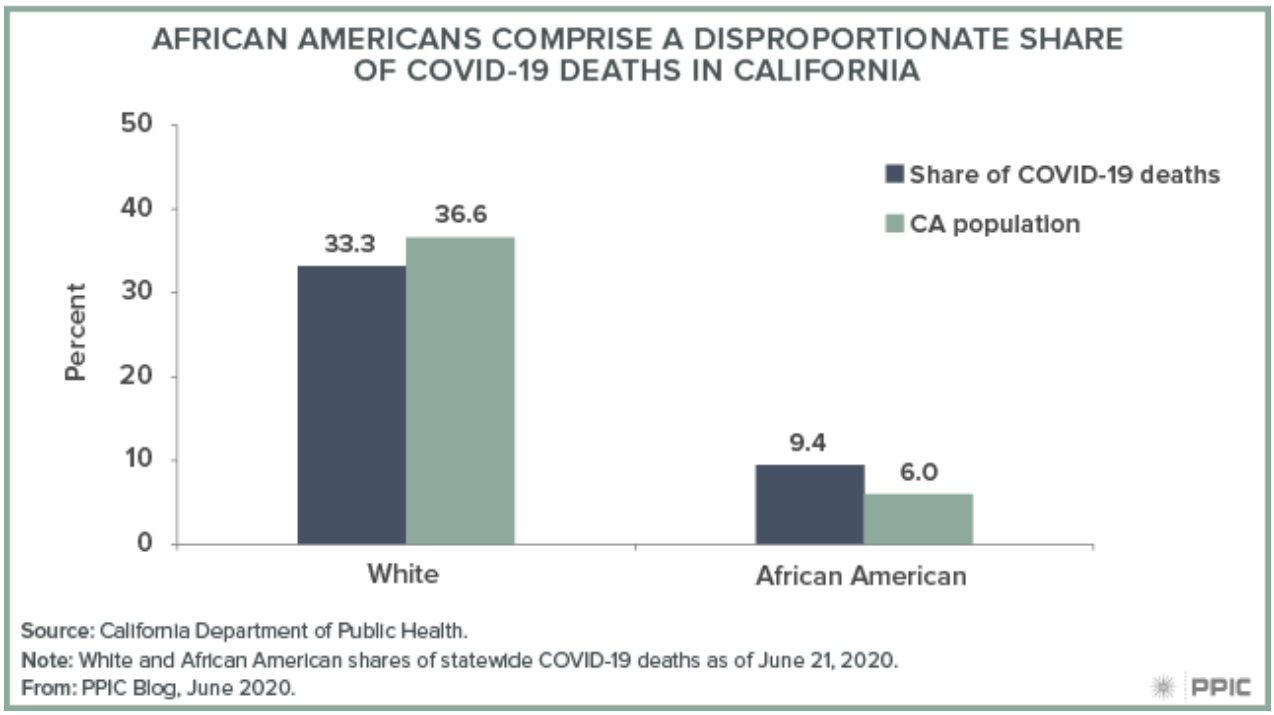
Racial Disparities in COVID-19 Mortality

DANIEL TAN, PAULETTE CHA JUNE 22, 2020

Many in California and across the nation are protesting the use of force against African Americans by law enforcement. Black Californians are also dying at disproportionately high rates due to complications arising from COVID-19. As immediate and alarming as these current inequities are, racial disparities in policing and health are among the many long-standing disparities across multiple dimensions that interact with and often reinforce one another.

The PPIC Statewide Survey finds that 30% of African Americans are very concerned about contracting COVID-19, compared to 18% of white Californians. This concern may be linked to high rates of employment in front-line essential jobs among black Californians. African Americans are also more likely to have underlying health conditions that increase risk of serious complications from COVID-19. This likelihood is driven in part by socioeconomic factors, including higher poverty rates and lower access to care.

Even after adjusting for age, sex, comorbidity, and income, African Americans appear to be much more likely to be hospitalized for COVID-19 than whites are. Most ominously, though, African Americans who contract the virus are dying at disproportionately high rates—their share of COVID-19 deaths is about 1.5 times greater than their share of the state population.



For these reasons, the rallies and marches focused on police treatment of African Americans could pose especially large health risks for African American protesters. While these gatherings do not seem to be inducing a surge in COVID-19 cases so far, police responses could be increasing the risk. Penning protesters prevents social distancing, and chemicals such as tear gas and pepper spray can promote virus spread by injuring airways or causing sneezing or coughing. Limiting these tactics would lower the risk of transmission as demonstrations continue.

As scientists rush to develop a coronavirus vaccine, leaders and policymakers must address the longstanding distrust of the medical system among African Americans—generated by historical inequities, lack of representation, and unethical experimentation. Indeed, African Americans are more likely to be wary of medical researchers and doctors than Americans in other race/ethnic groups.

In California, African Americans have been about as likely to get tested for COVID-19 as Californians overall, but according to Pew Research Center, only 54% nationally say they wouldddefinitely or probably get a COVID-19 vaccination if it were available today, compared to 74% of whites.

Police brutality and racial health disparities are complex problems, and both stem from long-standing structural disparities that will take significant time and effort to ameliorate. California has made recent efforts to address systemic issues—including "Stephon Clark's Law," which set a statewide use-of-force standard. These and other measures might help lay the groundwork for reducing disparities that the pandemic has made plain.

California Reducing Disparities Project

June 24, 2020

RE: California Reducing Disparities Project (CRDP)

Dear Governor Newsom,

We strongly urge the State of California to leverage the infrastructure of the **California Reducing Disparities Project (CRDP)** administered through the Office of Health Equity within the California Public Health Department to address the new mental health crisis resulting from COVID-19 in the face of unprecedented need.

As the early data clearly illustrate in California and across the United States, COVID-19 threats to California's People of Color and LGBTQ+ communities are urgent and deadly.

The intersection of the educational, economic, and health disparities and the brutality of the criminal justice system historically experienced by People of Color and the LGBTQ+ communities are fertile ground for the devastating consequences of the pandemic and exponentially exacerbate the disproportionate rates of black and brown unemployment, homelessness, hospitalization, and mortality. The mental health impact of COVID-19 will be acute and far reaching. Decades of data demonstrate that clinical mental health strategies will not address the urgent need in African American, Latino/x, Asian and Pacific Islander, Native American, and LGBTQ+ communities. We must do more. We must do different.

Our communities are clearly experiencing COVID-19 as a watershed event. Going forward, we will know life before COVID-19 and after COVID-19 as two distinct realities. As you know, experts predict that the fluidity of our current context will pervade for at least 12-18 months. Mental health experts are predicting a tsunami of negative health impacts and threats. A recent survey conducted by the Census Bureau and the Centers for Disease Control and Prevention found that between 30.2% and 42.7% of African American, Asian, and Latino respondents reported experiencing anxiety and depression symptoms during the months of April and May of 2020.[1]

Life has changed and will continue to change but the disparities will not. They will continue to author the outcomes for millions of Californians. We share responsibility for reversing this trajectory.
Now more than ever, California needs to invest in the community-based infrastructure and transformative practices represented by the **California Reducing Disparities Project**

[1] (VOX 2020)

(CRDP) to buffer the state's most vulnerable populations and mitigate the current and projected epidemic of mental health needs.

The **CRDP i**s administered by the California Department of Public Health- Office of Health Equity with the Mental Health Services Act (Prop 64) funds, includes 35 culturally responsive, innovative **Implementation Pilot Projects (IPPs)** across the State of California working in five population groups that have experienced intergenerational mental health disparities: African American; Latino/x; Asian and Pacific Islander; Native American; and LGBTQ+.

IPPs are implementing proven community defined 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, creating improved mental health outcomes along the life trajectory.

To meet this moment, we will need to be bold and strategically deploy our people power. We are working tirelessly to meet the compounded need without the resources desperately needed. We are uniquely positioned with the right programs and services to help mitigate and prevent the onset of new mental health needs and the exacerbation of existing mental health conditions in our communities. Leveraging the current deployment of our people power and strategies across the **CRDP** population groups, we can make a difference for the marginalized communities we represent and meet the COVID-19 impacts head on.

Resources that leverage the **CRDP** infrastructure would immediately result in increased capacity to address the COVID-19 crisis and mitigate the mental health disparities among our families, consumers, and communities during this time of pandemic crisis. The **CRDP** network of 35 community based mental health providers across the state is strategically positioned to address the impending mental health crisis with culturally appropriate and community defined strategies through direct services. The State of California's support should go beyond the current **CRDP** Phase II funding as the current investment was not designed to address the compounding mental health impact of COVID-19.

Additionally, there is a prebuilt network of technical assistance for state and local public agencies, private health care organizations, and other community-based agencies related to public health messaging and direct services. This network is ready to scale to meet the COVID-19 challenge and we respectfully request a virtual meeting to discuss the proposed leveraging strategy. Please contact Josefina Alvarado Mena at jalvarado@safepassages.org or (510) 409-9176 to coordinate a follow up conversation.

If not now, then when…

In community,
California Reducing Disparities Project

Asian/Pacific Islander Projects
Asian American Recovery Services
Cambodian Association of America
East Bay Asian Youth Center
The Fresno Center
Hmong Cultural Center of Butte County
Korean Community Services
Muslim American Society - Social Services Foundation

African American Projects
California Black Women's Health Project
Catholic Charities of the East Bay
Healthy Heritage Movement
Safe Passages
The Village Project
West Fresno Health Care Coalition
Whole Systems Learning

Latino/x Projects
Humanidad Therapy & Education Services
Health Education Council
Integral Community Solutions Institute
La Clinica de la Raza
La Familia Counseling Center
Latino Service Providers
Mixteco-Indignea Community Organizing Project

LGBTQQ Projects
The Center for Sexuality & Gender Diversity
Gender Health Center
Gender Spectrum
On The Move- LGBTQ Connection
Openhouse
San Francisco Community Health Center
San Joaquin Pride Center

Native American Projects
Friendship House of American Indians, Inc.
Indian Health Center of Santa Clara Valley
Indian Health Council, Inc.
Native American Health Center
Sonoma County Indian Health Center, Inc.
Two Feathers Native American Family Services

United American Indian Involvement, Inc.

California Reducing Disparities Project Partners
California Pan-Ethnic Health Network
Special Services for Groups Research & Evaluation
Pacific Institute for Research and Evaluation
Racial and Ethnic Mental Health Disparities Coalition

California Reducing Disparities Project Supporters
Fresno American Indian Health Project
Lilyane Glamben (Sacramento, CA)
Daniel Toleran (Oakland, CA)

CC: Jane Adcock, California Department of Health Care Services
Sonia Angell, California Department of Public Health
Lynn Ashbeck, California Mental Health Services Oversight and Accountability Commission
Marina Augusto, California Department of Public Health
Judy Babcock, California Assembly
Michelle Doty Cabrera, County Behavioral Health Directors Association
John Connolly, PhD MS E.D., California Health and Human Services
Reyes Diaz, California Senate
Toby Ewing, California Mental Health Services Oversight and Accountability Commission
Richard Figueroa, California Governor's Office
Cullen Fowler-Riggs, California Department of Public Health
Mark Ghaly, California Health and Human Services
Bradley Gilbert, California Department of Health Care Services
Dr. Tom Insel, California Mental Health Czar
Agnes Lee, California Assembly
Tam Ma, California Governor's Office
Andrea Margolis, California Assembly
Gladys Mitchell, California Mental Health Services Oversight and Accountability Commission
Scott Ogus, California Senate
Ann O'Leary, Governor Newsom's Chief of Staff
Marlies Perez, California Department of Health Care Services
Kelly Pfeifer, California Department of Health Care Services
Cate Powers, California Surgeon General's Office
Marjorie Swartz, California Senate

ASIAN AMERICAN RECOVERY SERVICES
A PROGRAM OF healthRIGHT 360

CAMBODIAN ASSOCIATION OF AMERICA
FOUNDED 1975

CALIFORNIA BLACK WOMEN'S HEALTH PROJECT
WWW.CABWHP.ORG

Catholic Charities East Bay

CPEHN
California Pan-Ethnic Health Network

EBAYC
Where young people grow, thrive and lead!

FAIHP
Fresno American Indian Health Project


LIVING HISTORY ACHIEVING DREAMS
The Friendship House
Association of American Indians
Est. 1963
In San Francisco, CA


GENDER HEALTH
CENTER


gender
spectrum


CULTURAL CENTER
OF BUTTE COUNTY, CA


HEALTH
EDUCATION
COUNCIL


HEALTHY
HERITAGE

HUMANIDAD
Therapy & Education Services
HUMANIDADTHERAPY.ORG

INTEGRAL COMMUNITY SOLUTIONS INSTITUTE

INDIAN HEALTH COUNCIL, INC.
1970

IHC
INDIAN HEALTH CENTER
OF SANTA CLARA VALLEY

KOREAN COMMUNITY SERVICES

La Clínica℠
a california health+ center

La Familia COUNSELING CENTER, INC.

LGBTQ CONNECTION
Napa • Sonoma
Community Driven Action


openhouse


Prevention Research Center
Pacific Institute for Research and Evaluation


REMHDCO
Racial and Ethnic Mental Health Disparities Coalition


SAFE passages


SAN FRANCISCO
COMMUNITY
HEALTH CENTER


SJPC
SAN JOAQUIN PRIDE CENTER


ssg
RESEARCH &
EVALUATION


THE
CENTER
For Sexuality
& Gender Diversity

Two Feathers
Native American
Family Services

United American Indian Involvement, Inc.
Established 1974
Los Angeles, California

THE FRESNO
CENTER

West Fresno family resource center
Empowering the Community

WHOLE SYSTEMS
LEARNING
Education, Entrepreneurship
Empowerment

THE VILLAGE PROJECT, INC

Boa Me Na Me Mmoa Wo
("Help Me and Let Me Help You")