California Reducing Disparities Project (CRDP)
Implementation Pilot Project (IPP)
Native American Population
Talking Points

Purpose:
These talking points are intended to equip IPP organizations with clear and consistent key messages about CRDP and the California IPPs and mental health equity services. These talking points can be utilized for general information purposes and include suggested messaging when speaking to policy makers and elected officials, county behavioral health and ethnic service managers, and for private corporations and foundations.

Usage Overview
Key messages are intended to be used in presentations, pitches for sustainability, press materials, social media posts and one-on-one meetings to describe the CRDP IPPs and highlight the value of your work. These key messages are adaptable and provide you with the foundation needed to share key points of information your audience will want to hear. The messages are framed to convey CRDP IPP purpose and need for continued funding and support. Staying consistent with the messaging will unify the CRDP project and messaging across the state, this is critically important when speaking with media, elected officials, local managed care providers, behavioral health departments, funders and stakeholders.

When describing the California Reducing Disparities Project (CRDP):

- The California Reducing Disparities Project is a culturally responsive mental health initiative.
- Funded by the voter-approved Mental Health Services Act in 2004, this opened doors to a new generation of culturally responsive mental health procedures and policies and led to the birth of the CRDP.
- This statewide initiative is an effort aimed at reducing behavioral health disparities among five of the most underserved and inappropriately served communities: African American/ Black, Asian Pacific Islander, Latino/ Latinx, LGBTQ+ and Native Americans.
- 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/ Black, Asian Pacific Islander, Latino/ Latinx, LGBTQ+ and Native American communities.
- Violence and bias at the hands of law enforcement and other community members contributes to anxiety, fear and chronic stress, requiring mental health services to be provided with an understanding of the trauma that results from racism and bias.
- Now more than ever, California needs to invest in the community base infrastructure and promising practices represented by the CRDP to uplift the state's most vulnerable populations.
- The CRDP movement is housed within the Office of Health Equity, at the California Department of Public Health. Visit https://www.cdph.ca.gov/Programs/OHE/pages/crdp.aspx

When describing Implementation Pilot Project (IPP):

- Implementation Pilot Project (IPP) consists of 35 statewide organizations, also referred to as an IPP, who have received grants by the CRDP to reduce mental health disparities in one of the five CRDP underserved communities.

- 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.
- Using community defined evidence practice, which are innovative and culturally-rooted traditions designed by the communities they serve
- The IPPs are implementing programs to ensure mental health equity by providing culturally and linguistically responsive prevention and early intervention services to the African American/ Black, Asian Pacific Islander, Latino/ Latinx, LGBTQ+ and Native American communities. For more information and a complete list of participating IPPs visit https://cpehn.org/page/california-reducing-disparities-project

Talking points when speaking to policymakers and elected officials:

- The CRDP was founded in 2009 and funded by the Mental Health Services Act, a law passed in 2004 by California voters to designate resources to mental health.
- The CRDP is a statewide effort aimed at reducing mental health disparities among the five most underserved populations in California, the Native American community being one.
- Funding from the Mental Health Services Act must address the unique needs of the underserve communities; a one-size-fits-all approach to addressing mental health disparities does not work and ignores unique characteristics of diverse communities.
- Prop. 63 funds were imposed to improve mental health and policymakers must ensure that public funds are used appropriately and effectively to address the mental health disparities of California's diverse communities, with highly tailored and culturally and linguistically responsive outreach and engagement.
- Historical trauma has deeply impacted Native American communities which has greatly affected mental health.
- The mainstream use of census data to justify funding for Native Americans creates a disparity since the U.S. Census consistently undercount Native Americans. Therefore, Native Americans have higher rates of mental health needs because appropriate services are not being offered and where services are offered, Native Americans face many barriers in gaining entry into services.
- Communities of color represent more than 60% of the state's population and as California grows, State and local counties have an increasing responsibility to address inequities in both physical health and mental well-being.
- IPPs have gone through the rigorous process of providing to the State, via the Office of Health Equity, evidence that our program works, and we need continued funding to sustain our project beyond 2022 and continuing serving the mental health needs of our community.
- We are urging you to designate mental health funds for programs that increase equity in mental health and this can only be achieved by leveraging our projects that are designed by the specific communities they are serving.
- Mental health needs, including anxiety and depression, will continue to increase as communities of color and LGBTQ+ communities bear the brunt of the COVID-19 pandemic facing disproportionated positive cases, deaths, and job losses.

Talking points when speaking to county behavior health departments and ethnic services managers:

- Communities of color represent more than 60% of the state's population and as California grows, State and local counties have an increasing responsibility to address inequities in both physical health and mental well-being.

- To effectively address mental health disparities in our county, outreach and engagement must be highly focused, culturally and linguistically responsive.
- We know that counties are required to develop a cultural competence plan for the county public mental health system; IPPs are the most qualified to meet this requirement and counties should work with IPPs for guidance and education.
- A one-size-fits-all approach to addressing mental health disparities does not work and ignores unique characteristics of diverse communities.
- Our program provides a set of effective outreach and engagement programs for the Native American community, designed by us, so we know they resonate and deliver the desired outcomes. Our programs are types of programs that should be a part of Medi-Cal and MHSA-funded activities.
- IPPs cannot be replicated without the guidance of cultural brokers so IPP partnering organizations should be funded to continue this important work.

Talking points when speaking to private corporations and foundations:

- Approximately one in five American adults experience a mental health issue in a given year. Many people stay quiet about their conditions out of fear that they'll only be further stigmatized or held back in the workforce.
- Companies that talk about and support mental health leads to happier employees with better productivity – a company's success relies on healthy employees.
- In California, communities of color represent more than 60% of the state's population and suffer the greatest rate of mental health disparities.
- Community-based programs like ours are effective at addressing mental health disparities in California because outreach and engagement must be highly tailored, culturally and linguistically responsive.
- Our program uses community defined evidence practices, a set of effective outreach and engagement programs designed by the specific communities being served that are welcomed and resonate, delivering desired outcomes.
- Our project objectives, goals and outcomes are heavily measured by State evaluators to ensure effectiveness.
- As a non-profit organization, we rely on contributions from companies like yours to continue this important work beyond 2022.
- As foundations and corporations are looking for innovative ways to improve mental health in the Native American community, we offer tailored and proven programs in-language that work.

Population talking points for Native Americans:

- Federal, state and local policies have created significant disparities in mental health for Native Americans – from outlawing traditional and cultural practices to removal from homelands.
- Mental health interventions have been delivered to Native Americans in culturally inappropriate ways, thereby exacerbating the problem.
- IPPs provide healing based on a deep heritage of traditions that are culturally appropriate to help Native Americans reduce psychological distress.
- IPPs provide cultural intervention models designed by the Native American community for the Native American community that work.
- IPPs deliver support for Native American youth with mental wellness programs that focus on important pillars in the Native American community: family, community, traditions and spirituality.
- IPPs recognize that mental health engagement for the Native American communities require a holistic approach to physical, psychological and social interventions.

- IPPs use an intersectional approach at understanding and addressing the mental health needs of people who hold multiple identities, like people who are multi-racial, people with different abilities, and LGBTQ+ (including but not limited to gender nonconforming, non-binary, queer, and questioning) BIPOC.

Talking points when discussing data and evaluation (overall):

- The CRDP represents a first of its kind, large scale demonstration project created to support 35 community-based organizations pairing their successful community defined evidence practices (CDEPs) with high evaluation rigor designed by leading researchers from the five priority populations.
- The CRDP is grounded in guiding principles of doing business differently, building community capacity, fairness, and systems change. CRDP practices these principles through a bottom-up approach that involves attentive listening, community investment, and proactively engaging the mental health delivery system to incorporate CDEPs and improve access to culturally, linguistically, and LGBTQ+ affirming services.
- The CRDP Phase 2 evaluation methods have been collaboratively developed by ongoing, intensive stakeholder processes led by Psychology Applied Research Center (PARC) at Loyola Marymount University (LMU) as the Statewide Evaluation team, local evaluators assigned to each of the 35 grantee CDEP interventions, CDPH-OHE, and nationally recognized Technical Assistance Provider organizations.
- The CRDP Phase 2 evaluation occurs at two levels: the statewide, or cross-site evaluation and project-specific, local evaluations. Participating organizations had latitude in the development and implementation of both their CDEP and locally driven evaluation, with the expectation that their work would be culturally grounded and community driven, reflecting the guidance offered in the Phase 1 priority population reports.
- The purpose of the statewide evaluation is to evaluate overall CRDP Phase 2 effectiveness in identifying and implementing strategies to reduce mental health disparities and, second, to determine the effectiveness of CDEPs.
- The evaluation framework has been developed by tailoring data collection and evaluation in ways that value the cultural specificity embedded in each implementation pilot program (IPP).
- The culture cube is more of a heuristic or tool created by PARC to help pilot projects articulate the often invisible or assumed elements of culture in their CDEPs in order for them to then be explicitly named and inform the evaluation.
- The CRDP Statewide Evaluation uses multiple data sources to determine both overall effectiveness and the business case component (return on investment) of CRDP Phase 2. These data sources include:
    - Core Measures consisting of:
        - Pre and post-test items for IPP CDEP participants (including demographics)
        - The Pre and post-test items capture information related to:
        - Access and Utilization -Psychological Functioning
        - Psychological Distress -CDEP Quality
        - Organization/Program Data (obtained through grantees/contractors semi-annual reports)
        - Organizational Capacity and Cultural Competency Data
    - Phase 2 Grantee/Contractors and Key Stakeholder Surveys and/or Interview Core Data
    - Local CDEP evaluation findings and the collective findings within priority populations

- Secondary data from County (PEI program data, where available), state (e.g., from the California Health Interview Survey, CHIS), and federal (e.g., Medical Expenditure Panel Survey, MEPS) sources.
- Review of archival documents, records, and the extant literature (e.g., Population Reports from Phase 1, grant/contractor applications and reports to CDPH, etc.)

Talking points regarding local evaluation:

- Given the goal of CRDP Phase 2, which again is to validate the effectiveness of CDEPs in reducing mental health disparities, pilot projects participating in the CRDP are allocated at least 20% of their budgets to the evaluation of their CDEPs.
- IPPs had flexibility designing their local evaluations to develop evidence for intervention strategies that are culturally and contextually grounded. Working closely with their population specific technical assistance providers who have extensive population evaluation expertise, IPPs selected the particular research methods, sampling approaches, tools, and theories for their local evaluation. The only requirement is the inclusion of the SWE pre and post-test core measure items in local evaluation protocols. In addition, the OHE required the statewide evaluator to review all IPP local evaluation plans and provide recommendations that could strengthen their ability to demonstrate rigor.
- Additionally, each local evaluation was required to involve community at all levels of development and implementation, from the development of evaluation instruments to the analysis of findings. This Community Based Participatory Research approach is in line with the CRDP ethos of doing business differently and capacity building.
- The statewide evaluation team worked with expert reviewers from five population-specific research centers or psychology associations (i.e., Asian American Psychological Association, Association of Black Psychologists, National Latino Psychological Association, the Indigenous Wellness Research Institute, University of Washington, and members of Division 44 of American Psychological Association), as well as in-house reviewers who focused on different aspects of the evaluation plans, including methodology, statistics, attention to culture and context, and overall evaluation design. Each evaluation plan was independently reviewed by three to five reviewers, including at least one outside expert reviewer, with extensive written feedback provided to each organization.

- Finally as previously stated, each local evaluation is being conducted as a collaboration between the community-based organization and their local evaluation consultants. These consultants bring extensive research and evaluation expertise and include representatives from major universities and research centers such as: UC Davis, UC Berkeley, UCLA, Cal State University Fresno, Cal State University San Marcos, Humboldt State University, Cal State Fullerton, Cal State Long Beach, California Baptist University, University of Houston, Alliant International University, and Xavier University