

# Regional Stakeholder Meeting

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(REMHDCO)



# HISTORY OF THE CRDP

- The CRDP Owes Its Existence to Prop 63 - MHSA



# MENTAL HEALTH SERVICES ACT

Office of Health  
Equity

- Passed in general election of 2004
- Taxes millionaires 1% of the gross income annually
- Now brings in approximately \$2 billion per year

# IMPORTANT ELEMENTS

FOR:

Black, Indigenous, People of Color  
(BIPOC) Communities

Lesbian, Gay, Bisexual,  
Transgender, Queer/Questioning  
(LGBTQ+) Communities

- Mental Health Services Oversight and Accountability Commission (MHSAOAC or “the OAC”)
- Prevention and Early Intervention Component (PEI)

# MHSOAC

- Originally, 16 members appointed by:
  - Governor,
  - Legislature
  - Attorney General,
  - State Superintendent of Schools
  
- First Executive Director: Jennifer Clancy



- In 2007, MHSOAC adopts original guidelines for Prevention and Early Intervention (PEI)
- This included the funding for **6 statewide projects**

## **Six Statewide Projects**

1. Statewide Suicide Prevention
2. Statewide Stigma and Discrimination Reduction
3. Statewide Training, Technical Assistance, and Capacity Building for Community Partners



# SIX STATEWIDE PROJECTS CONTINUED

- 4. PEI Statewide Evaluation
- 5. PEI Statewide Prudent Reserve
- 6. **Ethnically and Culturally Specific Programs and Interventions**
  - “Statewide set aside for up to \$15,000,000 per year, to support special projects for reducing ethnic disparities based on the results of the Ethnic Stakeholder process. This is in addition to, rather than instead of, expecting Counties to work toward reducing disparities in all County PEI Plans.”

# RESPONSIBLE PARTIES

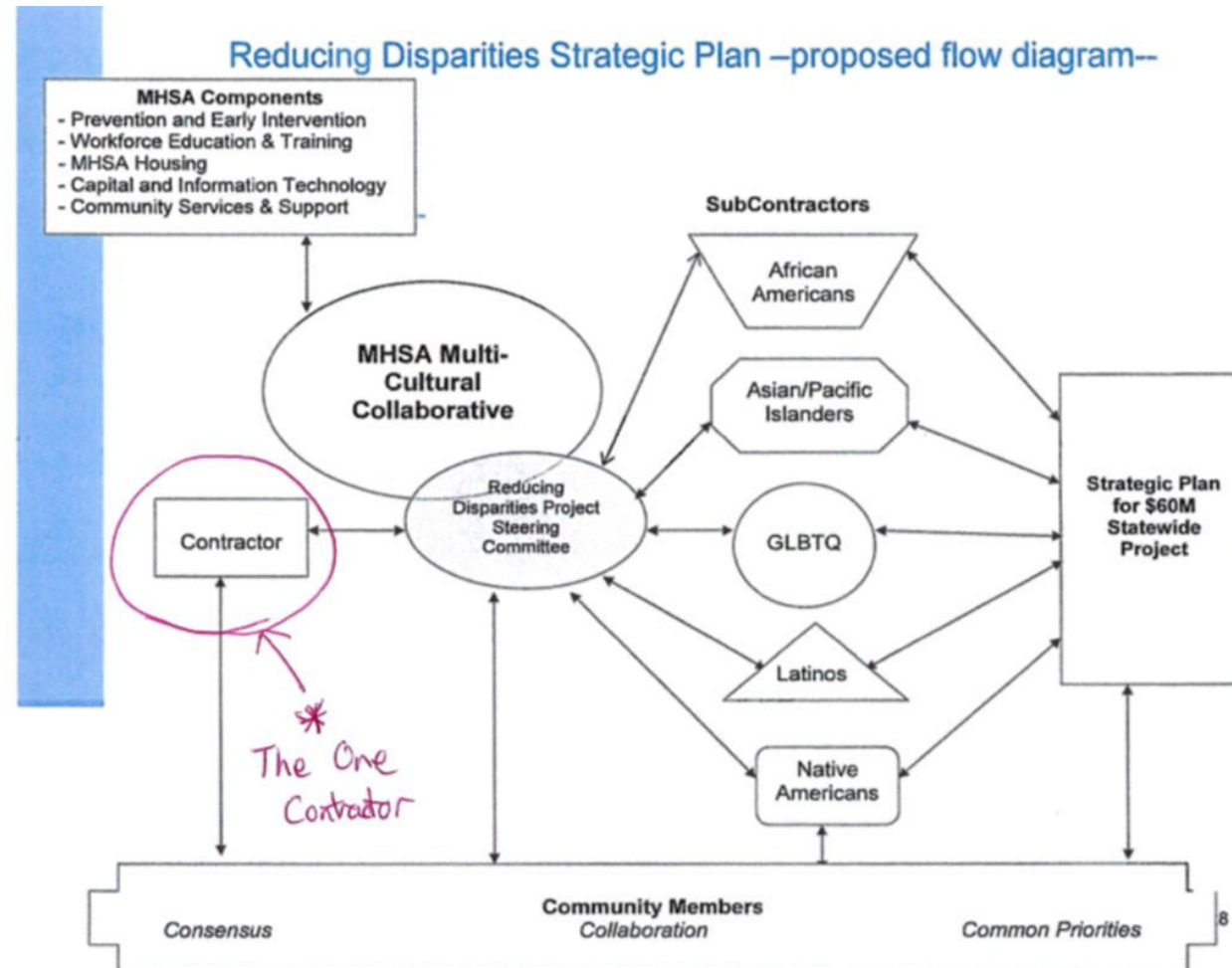


- **Jennifer Clancy** - First MHSOAC Executive Director, who first met with community members to form the idea for this last statewide project
- **Rachel Guerrero** - Chief of the Office of Multicultural Services of the State Department of Mental Health, who agreed to design the initial project, develop the first request for proposal, and administer the project
- **REMHDGO Members** - They organized and gave significant public input at stakeholder meetings to alter the first draft of the project design



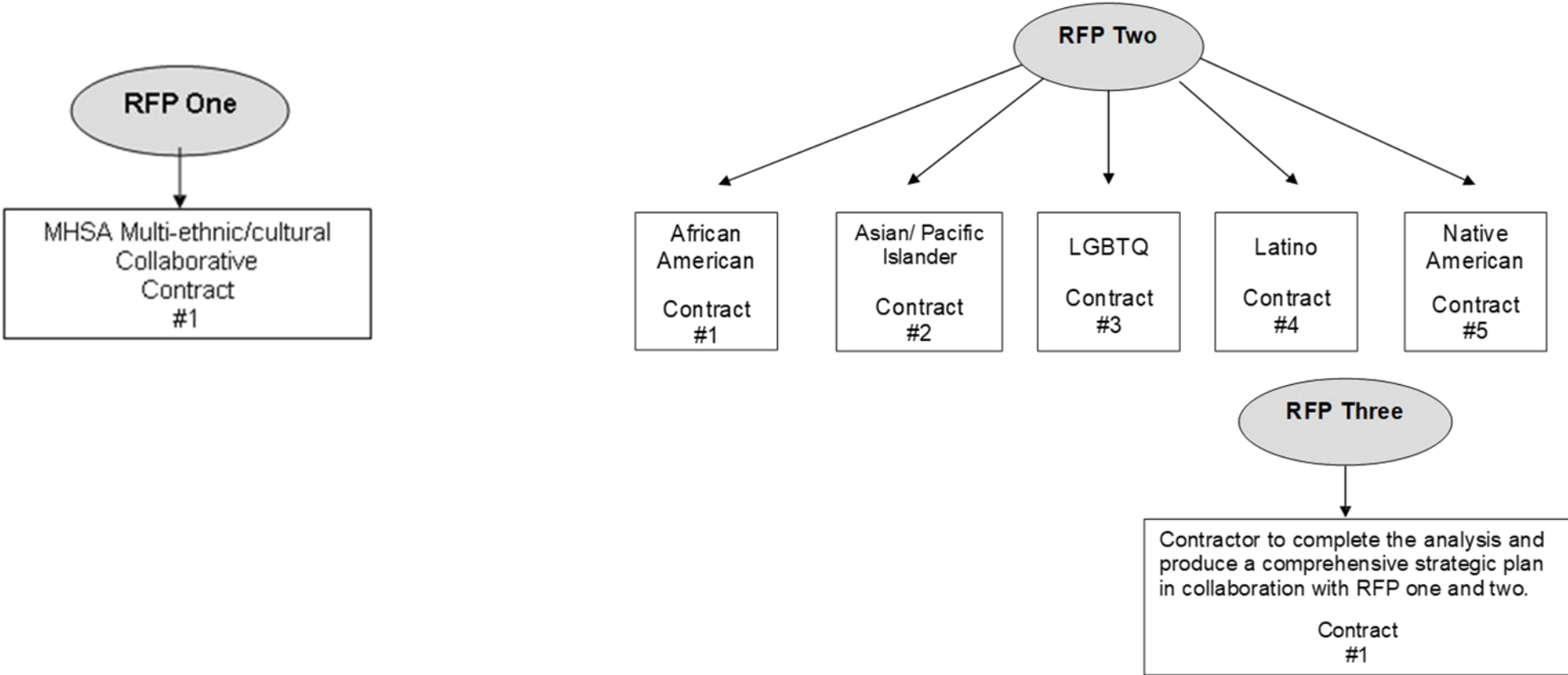
# Initial Proposal for CRDP Phase 1

[Single Contractor]



# FINAL CRDP Design - Phase 1

## Z Contractors



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# THE SEVEN CRDP PHASE 1 PARTNERS



# 5 SPECIAL POPULATION GROUPS

## ■ African American SPW

- African American Health Institute of San Bernardino County – Diane Woods, Dr.P.H., MSN, and Nicki King, Ph.D.

## ■ Asian/Pacific Islander SPW

- Pacific Clinics – Rocco Cheng, Ph.D. and Michi Fu, Ph.D.

## ■ Latino SPW

- UC Davis Center for Reducing Health Disparities – Sergio Gaxiola, MD, Ph.D.

## ■ Native American SPW

- Native American Health Center – Kurt Schweigman and Janet King, MSW

## ■ LGBTQ SPW

- Equality California/Cal Voices – Daniel Gould and Poshi Walker

# TWO OTHER PARTNERS OF PHASE 1

- **California MHSA Multicultural Coalition (CMMC)** - *Racial & Ethnic Mental Health Disparities Coalition (REMHDCO)*
  - 25 members representing populations and communities *other than* and including the 5 special population groups
- **Strategic Plan Writer** – California Pan Ethnic Health Network (CPEHN) – **Ruben Cantu**

# CMMC RESPONSIBILITIES

- Reviewing and making recommendations on ALL of CRDP reports before publication
- Making presentations at statewide conferences as well as Legislative Briefings
- Advocating when the Governor reorganized the Dept. of Mental Health to:
  - **Keep the Office of Multicultural Services Intact**
  - **Make sure the \$60 million set aside was also transferred and earmarked for the CRDP Phase 2**

# MEMBERS OF THE CMMC



# RESULTS OF CRDP PHASE 1

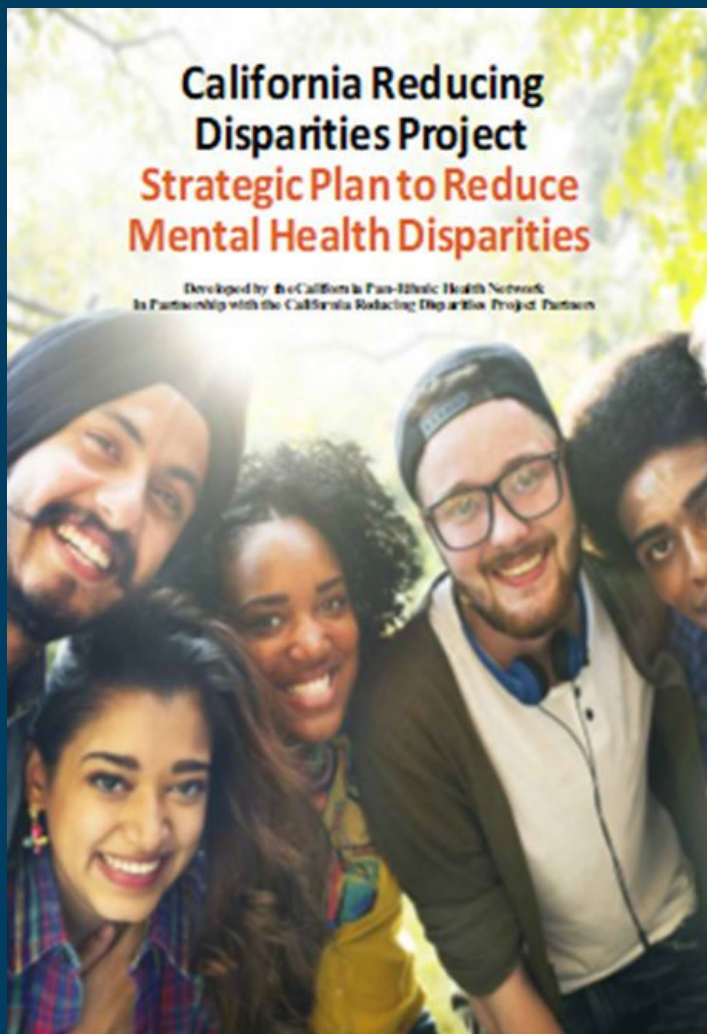
## Five Special Population Reports

Written based on *both focus groups held throughout California* AND academic research

These can be found on the CRDP Website







# ***CRDP STRATEGIC PLAN***

- A compilation of the five Special Population Reports.
- Summarized the commonalities between the report results, and the differences for each special population.
- ***THIS IS WHAT PHASE 2 OF THE CRDP WAS BASED UPON***



# PHASE 2 OF THE CRDP BEGINS IN 2016

- **\$60 million in grants and contracts** to support implementation and evaluation of recommendations through Community Defined Evidence Practices (CDEPs).
- Went from 7 to **over 40 Partners** (Contractors)



# THE DIFFERENT COMPONENTS OF PHASE CRDP PHASE 2

**Implementation Pilot Projects** - 35 culturally responsive, innovative Implementation Pilot Projects (IPPs) across California serving the five special population groups: African American; Latino/x; Asian and Pacific Islander; Native American; and LGBTQ+.


**Technical Assistance** was provided to the IPPs by 5 specific partners (TAPs).

**Statewide Evaluation** - A comprehensive, multi-year evaluation by Dr. Cheryl Grills and the Psychology Applied Research Center (PARC) of Loyola Marymount University.

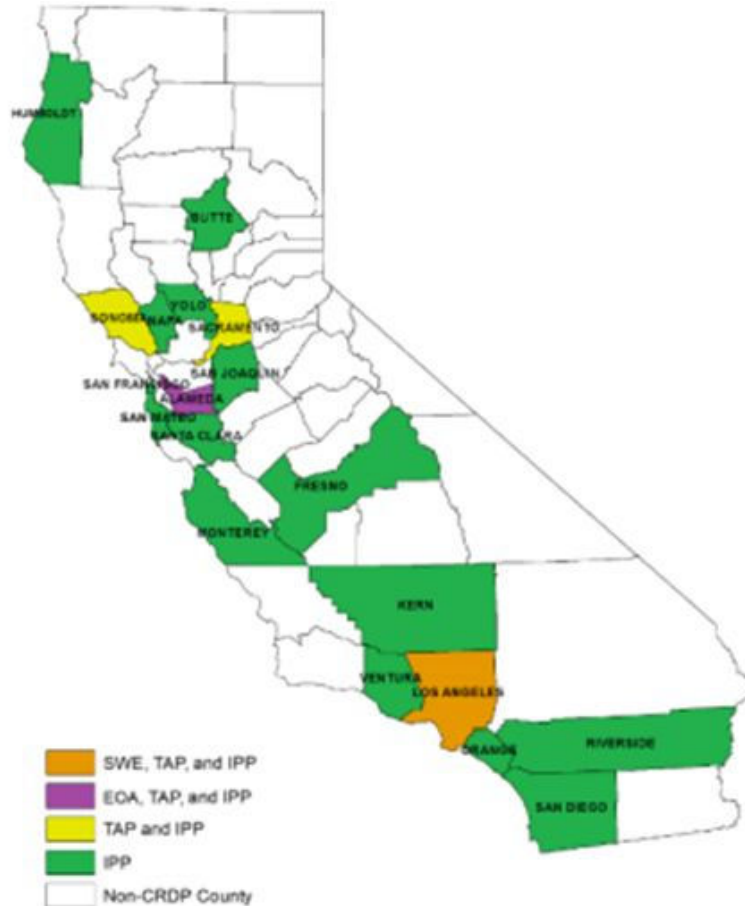
**Education, Outreach, and Awareness (EOA)** component was fulfilled by the California Pan-Ethnic Health Network (CPEHN)

**Studio to Be** and **REMHDCO** also had contracts.

# CDPH California Reducing Disparities Project: Phase II Organizational Chart

SWE	Statewide Evaluator: Psychology Applied Research Center @ Loyola Marymount University				
TAPs	<b>African American</b> ONTRACK Program Resources	<b>Asian and Pacific Islander</b> Special Service for Groups (SSG)	<b>Latinx</b> UCD Center for Reducing Health Disparities	<b>LGBTQ</b> Center for Applied Research Solutions (CARS)	<b>Native American</b> Pacific Institute for Research and Evaluation (PIRE)
Implementation Pilot Projects (IPPs)					
EOA	Education Outreach and Awareness Consultant: California Pan-Ethnic Health Network				

# CRDP PHASE 2 FOUNDATIONAL COMPONENTS



- 35 CBO Run Pilot Projects
- 5 Technical Assistance Providers
- Statewide Evaluator
- Education, Outreach and Awareness



## **EXTRAORDINARY SYSTEM CHANGE WORK BY CRDP PHASE 2 (CPSSC)**

- **Cross Population Sustainability Steering Committee (CPSSC)** – one of the most important developments of CRDP Phase 2, was bottom up.
- Led by IPPs and Josefina Alvarado Mena/Safe Passages, volunteers from each of the “HUBs” or special population groups, this body formed organically to focus on sustaining Phase 2 projects and systems change.



# MAJOR VICTORIES LED BY THE CPSSC

1. In 2021, they secured **another \$63.1 Million** in the State Budget to extend Phase 2 of the project until 2026 AND to plan for Phase 3.
2. They convinced the MHSOAC to **change the PEI regulations** to remove discriminatory language against youth of color AND prioritize funding for community defined evidence practices (CDEPs).
3. Just recently, largely responsible for getting language into the **Governor's proposal** to modernize the behavioral health system that would **facilitate funding for CDEPs** under both the new divided “Population Prevention” and “Early Intervention” categories.

# **Governor's Proposal to Modernize Behavioral Health Will Change EVERYTHING**

**CRDP Phases 2 and 3 Will  
Rise to Meet the  
Challenge!!**



**Office of Health Equity**





# Contact Me Anytime

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# QUESTIONS?