California Reducing Disparities Project

a culturally responsive mental health initiative

Historical Storytelling Report

Equity and Wellness Institute

Cultivating Well-Being in Communities

TABLE OF CONTENTS

I. List of Acronyms **4**

II. Executive Summary **5**

Background and Purpose **5**

How This Report Was Developed **6**

Report Overview and Key Themes Emerging Across Interviews **6**

III. What Are Community-Defined Evidence Practices (CDEPs)? **8**

IV. What Does the Statewide Evaluation Report Tell Us About CDEPs? **9**

V. Plenary: Setting the Stage **11**

Dr. Sergio Aguilar-Gaxiola and Rachel Guerrero **12**

Marina Augusto **16**

Stacie Hiramoto **18**

Dr. R. Bong Vergara **20**

VI. African American Hub **22**

Okema Hodge **23**

VII. Asian Pacific Islander Hub **25**

Gulshan Yusufzai **27**

Dr. Parichart Sabado **30**

Vattana Peong **32**

Dr. Winston Tseng **34**

TABLE OF CONTENTS

VIII. Latinx Hub	**36**
Irisela Contreras	**37**
Dr. Richard Cervantes	**39**
Alberto Pérez-Rendón	**41**
IX. LGBTQ+ Hub	**43**
Jonathan López	**44**
Ken Einhaus	**46**
Alex Filippelli	**48**
X. Native American Hub	**50**
Dr. Emily Haozous	**51**
Dr. Roland Moore	**53**
XI. A Final Note	**55**
XII. Acknowledgements	**56**
XIII. California State Map	**57**

LIST OF ACRONYMS

CRDP - California Reducing Disparities Project

CBO - Community-Based Organization

CDEP - Community Defined Evidence Practice

CDPH - California Department of Public Health

DHH - Deaf and Hard of Hearing

IPP - Implementation Pilot Project

LGBTQ+ - Lesbian, Gay, Bisexual, Trans, Queer, +

OHE - Office of Health Equity

SOGIE - Sexual Orientation, Gender Identity, and Gender Expression

SWE - Statewide Evaluation

TA - Technical Assistance

TAP - Technical Assistance Provider

EXECUTIVE SUMMARY

Background and Purpose

The California Reducing Disparities Project (CRDP) Historical Storytelling Report is a narrative-driven initiative led by the Equity and Wellness Institute (EqWI), commissioned by the Office of Health Equity (OHE) within the California Department of Public Health.

CRDP originated from a vision to address longstanding issues related to accessibility, acceptability, and affordability of mental health services among five of California's most underserved and inappropriately served communities: African American, Asian and Pacific Islander, Latinx, Native American, and LGBTQ + populations. The project is dedicated to implementing and evaluating community-defined evidence practices (CDEPs) that offer culturally and linguistically competent prevention and early intervention mental health services. It has been suggested that this effort may expand to behavioral health services in the future.

According to one of the CRDP architects, Rachel Guerrero, the original goals of CRDP were to:

- Invest in communities most impacted by mental health disparities
- Commit to a multi-year effort to identify and test community-defined approaches to reduce disparities
- Support solutions originating from communities most affected
- Include solutions that are inclusive across the lifespan
- Invest in community-based participatory evaluation
- Implement and evaluate "Community-Defined Evidence Practices" rather than "Adapting and Adopting Evidence-Based Practices."

Phase I – Building a Foundation for Success (2009-2018): Conducted community assessments of mental illness, needs, justice involvement, and recommendations on how to address them. The Strategic Plan synthesizes these recommendations and provides a roadmap.

Phase II – Pilot Project Implementation and Evaluation (2016-2022): Allocated $60 million in grants and contracts to support the implementation and evaluation of recommendations through CDEPs.

Phase II – Extension (2022-2026): Allocates $63.1 million to continue supporting and evaluating culturally and linguistically competent community-defined evidence practices, as implemented by local community-based organizations, fostering a culturally and linguistically appropriate public mental health system responsive to the needs of diverse and vulnerable populations.

This report has been designed to capture the essence, emotional depth, and systemic significance of CRDP through personal profiles, community reflections, and organizational insights. It preserves lived experiences of the project, offering a human-centered view of CRDP's transformational impact.

By centering the voices of Implementation Pilot Projects (IPPs), Technical Assistance Providers (TAPs), and state partners, this storytelling report aims to document not only the "what" and "how" of CRDP but, most importantly, the "why" of the community-defined needs that shaped it. Through these voices, the report seeks to honor the history of CRDP and its contributions to the field while aiding in the understanding of CDEPs that is critical for their sustainability in California and beyond.

EXECUTIVE SUMMARY

How This Report Was Developed

The development process was intentional in being participatory and collaborative. EqWI convened an 18-member CRDP Report Collaboration Committee drawn from across the spectrum of CRDP. This committee helped shape interview questions, suggest participants and resources, review profiles, and guide the storytelling framework.

In April and May 2025, EqWI conducted interviews with over a dozen individuals representing different dimensions of CRDP. Participants included evaluators, program directors, technical assistance providers, parents, and youth leaders. Interviews were conducted through recorded video conversations and written submissions. Each participant provided insight into the impact of CRDP within their communities or professional roles. Portions of the interviews are provided as written profiles, which EqWI has edited for clarity and brevity while seeking to maintain the voice of each participant interviewed. Some language referencing advocacy that is not normally found in state reports has been maintained in order to honor the interviewees' word choice.

EqWI and the CRDP Report Collaboration Committee established a structured timeline to guide the drafting, review, and finalization of key project deliverables. EqWI met with the committee three times over the course of the report development process. A critical milestone was the submission of the first draft to committee members for review and feedback, which was integrated to create the final report. That final version was submitted to OHE at the end of June 2025.

Report Overview and Key Themes Emerging Across Interviews

The CRDP Storytelling Report offers a compelling, reflective, and interactive documentation of how California's communities have redefined mental health. It highlights how investing in culturally rooted, community-led solutions can change lives and transform systems.

Readers will find:

- Profiles are structured to highlight role, organization, geographic context, and narrative responses to a mix of key questions.
- Resource links and photos are embedded throughout.
- Quotes and stories illustrate the impact of CRDP.

In the words of the African American hub: "The five cultural hubs—Asian and Pacific Islander, Native American, Latinx, African-American, and LGBTQ+—operate as a coalition of cultural champions. Our relationships are rooted in mutual respect, cultural authenticity, and deep solidarity. We each bring the richness of our lived experiences and traditions to the collective table, creating a synergy that is both practical and spiritual. Through structures like the Sustainability Committee and Cross Population Sustainability Steering Committee, we collaborate on advocacy, celebrate one another's wins, and support each other in times of challenge. The strength of our synergy lies in our ability to pick up the phone and connect across cultures, knowing our sister hubs will receive our community members with the same love and respect. This interconnectedness has forged not just partnerships but familial bonds, creating an unprecedented space for BIPOC and LGBTQ+ leaders to unite in addressing the inequities our communities face. Together, we have become more than the sum of our parts—we have become a healing ecosystem."

EXECUTIVE SUMMARY

The profiles were built to reflect thematic consistency while allowing individual stories to shine. Themes that emerged include the following:

1. Community Empowerment and Ownership

Many contributors describe CRDP as a community-driven, grassroots-led initiative that empowers communities to define and implement their mental health solutions.

2. Evidence of Impact: Outcomes, Data, and Transformation

A strong theme across interviews is how CRDP enabled organizations to collect and present data to validate culturally-defined practices and also to demonstrate the cost-effectiveness of these practices in advancing public mental health, underscoring the value and sustainability of community-led approaches.

3. Cultural Relevance in Programming is Healing

A foundational aspect across the document is that cultural practices can both prevent and treat trauma to the body and spirit. Cultural prevention practices can be highly effective and often extend beyond the traditional clinical model, as healing and wellness can be rooted in community and cultural frameworks.

4. Cross-Sector Collaboration and Relationship-Building

There's a deep appreciation for the networks and connections that CRDP fostered, and these networks have been engaged beyond CRDP for crises such as COVID and fire responses.

5. System Change, Advocacy, and Sustainability Challenges

Participants highlighted the policy-level implications of CRDP, while also noting the need for long-term investment.

6. Scalability and Future Vision

The vision for expansion and replication was widely shared, with several interviewees uplifting the work that was done in 2023-2024 to chart the direction for the next phase of CRDP: The CRDP Phase 3 Recommendations Report.

7. Celebration, Joy, and Healing Spaces

A notable thread throughout the interviews was the sense of joy, safety, and celebration that CRDP spaces provided.

WHAT ARE COMMUNITY-DEFINED EVIDENCE PRACTICES?

The following is excerpted from the California Pan Ethnic Health Network's Concept Paper: Policy Options for Community-Defined Evidence Practices (April 2021).

The full document with acknowledgements and citations is available at:
https://cpehn.org/assets/uploads/2021/04/CDEPs-Concept-Paper-April-2021.pdf

Through decades of data, there is a clear need for new strategies to help reduce behavioral health disparities in BIPOC and LGBTQ+ communities. Community-defined evidence practices (CDEPs) can offer a role in the State's efforts to reduce behavioral health disparities and advance behavioral health equity. The term "community-defined evidence practice" derives from what a community considers healing, as well as their cultural, linguistic, or traditional practices. A common definition of CDEPs describes "a set of practices that communities have used and determined by community consensus over time and which may or may not have been measured empirically but have reached a level of acceptance by the community." A healing practice that has been used for centuries or even millennia is also a reasonable example of empirical evidence. For example, Native Americans were practicing population health, cognitive behavioral therapy, and group therapy (talking circles) for hundreds of years before it was discovered by Western medical model practitioners. CDEPs in BIPOC and LGBTQ+ communities are part of their very culture, history, values, and teachings.

CDEPs originate within the community, often through organizations that serve them, and can range from behavioral health treatments to community outreach to other services and supports.
Examples of these types of practices include but are not limited to: traditional healing, life coaching, circles of care, mindfulness, radical inclusivity, and culturally and linguistically appropriate outreach. Again, many have been in practice for years, even centuries, before the Western medical model existed. However, communities and populations are not homogeneous and often differ by region. One community-defined evidence practice is not necessarily effective in similar communities. CDEPs must be embraced based on local experiences.

CDEPs are provided by numerous qualified health practitioners, including those who do not have a medical or behavioral health license. In fact, being a qualified health professional from the dominant culture (e.g., a doctor of medicine or psychologist) may be a deficit that may not help the CDEP, given the different paradigms and epistemologies. Examples of other types of qualified health professionals include peer specialists, community health workers, trained facilitators, promotoras, and traditional healers. Many CDEPs also serve BIPOC and LGBTQ+ communities who are Limited English Proficient (LEP).

WHAT DOES THE STATEWIDE EVALUATION REPORT TELL US ABOUT CDEPs?

The following is excerpt from the Statewide Evaluation Report prepared by the Psychology Applied Research Center at Loyola Marymount University:

Did CDEPs make a difference to mental health access?
The short answer: Yes.

According to community feedback, participants felt strongly that their cultural beliefs and healing practices were respected (97% strongly agree/agree), that providers understood their gender and sexual orientation diversity (97% strongly agree/agree), and that providers respected their spiritual diversity (95% strongly agree/agree).

Did CDEPs improve outcomes?
Yes. CDEPs helped improve mental health outcomes regardless of particular CDEP characteristics or community demographics.

The statewide evaluation examined the prevalence of positive changes to psychological distress and functioning, increases of protective factors, and reductions of risk factors for individuals during their participation. The five mental health outcomes gleaned from the participant questionnaire were:

- Psychological distress.
- Functional impairment.
- Cultural protective factor (perceived connectedness and strength).
- Cultural protective factor (connected and balanced).
- Social isolation risk factor (marginalized/isolated).

The statewide evaluation found strong quantitative evidence supporting CDEP prevention and early intervention effectiveness among a sample of adult and adolescent participants, with most maintaining decreased levels of distress by the end of services.

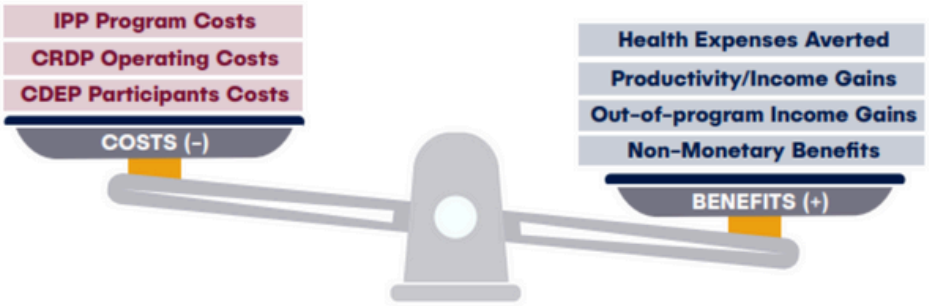
Perhaps most remarkable was that among participants who began with severe psychological distress, 80% of adults and 70% of adolescents were at or below pre-involvement levels of distress at the end of services. Moreover, 66% of adults and 49% of adolescents reported that their participation in CDEP services resulted in lower states of distress.

WHAT DOES ALL OF THIS COST?

THE QUESTION THAT SHOULD BE ASKED IS, HOW MUCH DOES ALL OF THIS SAVE?

Even small improvements in mental health and wellbeing yielded positive financial benefits for the state of California, and therefore for taxpayers. The economic value of CRDP Phase 2 was calculated using a cost-benefit analysis of health and non-health initiative outcomes to determine the return on investment (ROI). After subtracting the costs from the benefits, CRDP Phase 2 yielded an estimated net benefit of $454,260,069. From a prevention standpoint, for every dollar invested in the CRDP Phase 2 initiative, there were cost savings between $4.32 to $5.67.

CRDP COSTS AND BENEFITS



LONG-TERM ESTIMATED SOCIETAL BENEFITS

$559 million in benefits – **$105 million** in costs

$454 million in net benefits

Return on Investment = (Benefits - Cost) / Cost

CRDP ROI = 4.32 to 5.67

***Note: The net benefits reflected in this illustration are for the main scenario. The range for the CRDP ROI reflects calculations for the main scenario and for the sensitivity analysis.**

PLENARY: SETTING THE STAGE

In developing this document, several individuals were interviewed who have been a part of the CRDP journey since its inception or very early on. We have placed their profiles here in order to provide a "plenary" for readers to get oriented to CRDP through these individuals' broader perspective on the history and driving forces behind CRDP.

Dr. Sergio Aguilar-Gaxiola and Rachel Guerrero were interviewed together so that there could be a conversation between these two original architects of CRDP. Following their conversation are interviews with Marina Augusto, Stacie Hiramoto, and Dr. R. Bong Vergara. Through their various lenses, the origin story of CRDP – and a vision for its future – emerges.

Following this overview are a number of additional interviews, clustered by the hub with which they are associated. **Each hub is introduced with a narrative provided by members of that hub.** The five CRDP hubs are: African American, Asian and Pacific Islander, Latinx, LQBTQ+, and Native American. These hubs were designed to allow for affinity-based intra-cultural sharing, communication, and support within communities that were facing similar challenges and may have commonalities in historical and present-day experiences, while recognizing the vast diversity within these communities as well. In this report, we hope that readers will come to understand the unique contributions of each of the hubs, which consist of seven Implementation Pilot Projects (IPPs) implementing Community-Defined Evidence Practices (CDEPs), their local evaluation teams, and a Technical Assistance Provider (TAP) that supports capacity building within the hub.

A finding that emerged through these interviews was that there was tremendous camaraderie within each hub, but that also extended across the hubs, for intercultural or cross-cultural sharing, communication, and support. The intersectional nature of our communities and the common struggles that many communities face made this collaboration imperative: the hubs were able to do much more together than alone. We invite you now to enjoy their stories.

Dr. Sergio Aguilar-Gaxiola and Rachel Guerrero
Role: Technical Assistance Provider, Latinx Hub
Organization: Center for Reducing Health Disparities, UC Davis Health System
Location: Sacramento

What was the need that CRDP was originally intended to address?

Rachel: The original vision was to address the mental health disparities for these five population groups. To do that, we needed to grow new evidence – community-based evidence coming from those populations who are as close to those communities as possible – to have the five communities define what they say are Prevention and Early Intervention (PEI) programs that address the needs of their communities.

Essentially, we needed to design interventions by those communities that are most impacted by the disparities, and to have an overlay of an evaluation. The evaluation component was critical so that we could have evidence when this was over that these interventions actually worked.

The problem was that the original roll-out of the prevention dollars of the Mental Health Services Act left off communities, and it did not include culturally informed prevention projects. So the communities rose up against what the state was doing with the roll-out of prevention. And then at the same time, Sergio and many others were advocating to add a reducing disparities component to this statewide project.

When that happened, the state contracted with Sergio as a way to try to grow the counties' understanding of how to do ethnic-specific prevention projects.

Sergio: Yes, long before CRDP existed, our center (the Center for Reducing Health Disparities at UC Davis Health System) had been hired for this. We did 30 focus groups in several counties across the state. We created nine reports, and we trained counties because the issue was that the counties didn't know how to engage our communities appropriately.

Rachel: This is the time when evidence-based practice at the State was really moving forward. The mental health directors were really behind it. I sat on panels with mental health directors, and they would say to me, "Well, you can use evidence-based research and just make adjustments for multicultural communities." So all of that helped fuel the paradigm of creating our own evidence.

Sergio: There were several reports documenting the disparities, like the President's New Freedom Commission on Mental Health Report and the Surgeon General's Report, Mental Health: Culture, Race and Ethnicity. That was the impetus, to a great extent, to say, we need to raise the evidence base on promising practices here in California. There are so many communities that are already doing the work. We just need to get them organized so they can come up with the community-defined evidence practices.

This didn't come up spontaneously. There was a lot of work behind it, I mean, for years, before the CRDP happened.

What challenges did CRDP face around funding and implementation?

Rachel: The mental health directors wrote a letter that they wanted the State to give all that money to the counties, and they would implement the community-based project. I was battling not allowing the same business as usual. Also, I know from the work that many of these community-based organizations were never competitive at the county level because they didn't have the infrastructure to compete for those grants. So you had to grow an infrastructure.

We needed to do a whole paradigm shift because we had never funded community-based organizations directly. The money always went to the counties, and then they distributed it. So the biggest adversary was the county mental health directors, who were saying, "Just give us all the money and we'll do it." They hated the idea that we kept it at the State, and we did the allocation.

What has made CRDP special or unique?

Rachel: We've been working together for more than 12 years. We have five diverse groups that, historically, when they'd come together to work on a project, you'd have divisiveness and splitting. But I saw a unity that I just so appreciated with all of these groups, and nobody's saying, "Well, you gave it to them, but you didn't give it to us."

So think about the secondary gains of the incredible network of advocates that are working together here, and that they have worked together all these years so well. That, for me, is unprecedented. And if anybody would do the study, they could do a great study on how to diversify the workforce – because these folks have a workforce that represents each of their communities, and how do they do that?

Sergio: This is a network that has taken this long to be firm, to be consolidated, and that can be used for many other purposes because the network is there already with trust that has been created by the CBOs working with their communities.

Is there anything that you're particularly proud of CRDP accomplishing or demonstrating?

Sergio: In my opinion, and I really know the field because I have been very much involved at the national level as well, this is one of the most cost-effective projects that I have seen. And just think about the infrastructure that is in place right now. There are fingerprints across California working with these historically underserved populations, providing services across the lifespan, which was one of Rachel's visions, to really serve different ages and different groups.

How has CRDP aligned with its original vision?

Rachel: One of the ways is the capacity that has been built. When you look at the sites and you look at where they started – like MICOP, which is an Indigenous women's project – these community-based organizations didn't have people to do the administrative piece, so they weren't able to compete. [Please see the profile for Mixteco Indigena Community Organizing Project, or MICOP, in this report.]

Sergio: I'm so pleased that you mentioned MICOP, Rachel, because when we started working with them, they had just a few people on their staff. Now, they have about 130 people working for them. So they have grown incredibly.

Rachel: And there's another paradigm to put on this, which MICOP really represents. If you take the problem of non-Spanish speaking, Indigenous language speaking community farm workers who needed to address their domestic violence issues, is that something that the County could have done something about it? Where would they have found women and men to go out to the farms and the fields, and to actually have people who could speak to them? So think about the paradigm that they created to provide care, to compensate people, to train them as promotoras to go out and do the work. How long would it have taken the County to do that?

Another way that CRDP has aligned with the original vision is that it has produced the evidence we always knew was there but needed to surface. The State wanted evidence-based practice, but they didn't have evidence for our population. We knew the way forward was by gathering the history of the disparities for these populations, creating better access and appropriate services, and redesigning so that we would have a better workforce to really engage with the communities.

We were hoping we'd get that by funding community-based organizations, and boy, I really saw that this week when they testified to restore the funding for the 2025-'26 budget!

At this week's hearing, the legislators kept saying, "This project has evidence, it has an evaluation, it shows that it works. Why are you, the California Department of Public Health, not funding it?" Over and over. We had people reporting on the evidence. It makes a big difference, an incredible difference, over not being able to say that it works or that we just don't know if it works.

What is your vision for the future of CRDP?

Rachel: And don't forget, Sergio, before all these cuts years ago, as this project was rolling out, we were talking about how the California Department of Public Health should be funding this project unto itself as not a project, but this should be a program, especially in California. I was very concerned that the testimony [following the 2025 May Revise] was focused on not cutting our funding between now and next June, but really the vision should be to create a specific funding source and expand it – a separate designated funding source, like how full-service partnerships are funded. That really is what needs to happen to grow CRDP.

Additional Resources and Learning:

https://health.ucdavis.edu/crhd/publications (Community Voices > Department Of Mental Health… drop down)

Conversations with African Americans About Mental Health Needs and Community Strengths (PDF)

Engaging the Underserved: Personal Accounts of Communities on Mental Health Needs for Prevention and Early Intervention Strategies (PDF)

Conversations with LGBTQ Youth about Mental Health Needs and Community Strengths (PDF)

Conversations with Native Americans about Mental Health Needs and Community Strengths (PDF)

Conversations with Latino Migrants about Mental Health Needs and Community Strengths (PDF)

Key Considerations when Engaging Underserved Communities under the MHSA (PDF)

Conversations with the Hmong about Mental Health Needs and Community Strengths (PDF)

Conversations with Communities about Mental Health Needs and Community Strengths (PDF)

Engaging the Underserved: Personal Accounts of Communities on Mental Health Needs for Prevention and Early Intervention Strategies (PDF)

Marina Augusto
Role: Health Program Manager II, Community Development and Engagement Section
Organization: California Department of Public Health, Office of Health Equity
Location: Sacramento

What makes CRDP unique?

I would describe it as a community-ushered state initiative. The reason I say that is because CRDP is representative of a community groundswell of advocates, civic mobilizers, engagers, and connectors that influenced the way the State does business. In my involvement in CRDP, we have had to do quite a few things differently within the state government. It was the first time in my equity work that I saw community engagement, contracts, and procurement all having to think differently to lift over 35 community-based organizations who, from my memory, had not been funded by the state government before.
That's a huge feat because of what was required to make CRDP happen. It wasn't just the internal staff that was pushing and leading; it was the external folks who were involved in CRDP who were also advocating and going to the Capitol and working with their legislative representatives to make it happen. So it was on all fronts. And I think that's what's amazing and different and unique about CRDP.

What are some accomplishments in CRDP that people should know about?

Number one to me was the procurement process, because hardly any of the CBOs had been funded by the state government. It wasn't that they weren't viable or that they weren't able; the problem was our procurement process. So when we talk about inequities and disparities, we've got to look at it from all levels. It's not just the program. We've got to look at it from resource allocation to our solicitation process. Sometimes we perpetuate the same inequities that we're trying to dismantle. A lot of these CBOs had applied for funding before, but they didn't meet certain criteria. What we did at the state level was reimagine what a state procurement could look like. We got some pushback and criticism, like, "Oh, you're lowering your standard." No, we weren't lowering our standard. We were leveling the playing field, and that's the difference.

Another huge accomplishment was that there were so many interconnections because we wanted to grow capacity. It wasn't like a one-and-done, where the funder says, "We're going to bring you in, you're going to apply, you're going to be funded for three or five years, and then we're just going to move on." No, we wanted to have foundational tenets that would keep CBOs funded, that would teach them and support them to build their capacity.

We offered evaluation and technical assistance. We built infrastructure that would help CBOs specifically because they're at the heart of CRDP. We identified gap areas and then got support for them, whether it was fiscal management, contract oversight, or procurement. In this way, they could build upon their strengths. CRDP was incumbent upon the partnership between identifying what the CBOs needed and how the State could meet that challenge.

What has been your role and your organization's role in CRDP?

I was with CRDP for over 12 years, and I've had many roles and titles. When I first began, I was a Staff Services Manager 1, which is an entry-level managerial supervisory position at the State. There were some realignments, and I became the acting Deputy Director of the Office of Health Equity, and then a Health Program Manager 1 and 2. So I've served in different capacities and roles, but my intention has always been the same: Do what's needed to work with my leadership team to help this initiative pilot become something stable and legacy-building within state government.

What are you most proud of accomplishing through CRDP?

My predecessor, Rachel Guerrero, who's considered the godmother of cultural competence and the CRDP, when she exited and passed the baton, I said, "How the heck am I going to lift all the visionary stuff that you imagined?" She just kept reinforcing to me that the community will help you do this – and they did.

So one thing I'm most proud of is through my trials and tribulations (and believe me, there were many!), pressures and expectations, is that we were able to stay true to the heart of the matter – elevating culturally defined, promising practices. And we were able to provide evidence so that we could get this community knowledge, experience, and wisdom into scholarly publications. That demonstrated that our community practices were just as important as some of our streamlined modalities for behavioral health prevention and early intervention.

What I'm most proud of is that we were able to highlight five racial ethnic communities, the LGBTQ+ community, different thoughts, and different ideas about how we can prevent mental illness from worsening to help people where they're at.

Stacie Hiramoto
Role: Historian/ Executive Director of REMHDCO
Organization: REMHDCO- Racial and Ethnic Mental Health Disparities Coalition
Location: Sacramento

What should people know about CRDP?

I would say that it is a humongous project that tested and evaluated the efficacy of community-defined evidence practices. There were a lot of names before this one stuck – CDEPs, or community-defined evidence practices. They used to say "promising practices," they used to say "community-defined evidence" or "community-defined practices," many things.

While evidence-based practices are evidence, they often do not address or are not conducive to serving racial, ethnic, and LGBTQ+ communities. These CDEPS are the exact opposite; they are totally ground up from the community. They are programs and approaches that are rooted in culture and community.

It's so exciting because we've got a distinguished evaluator and her team to evaluate, so we can prove that these are not only effective, but they are cost-saving.

The one thing I really wish we did more of is to just say those two things: 1)The programs are effective. They actually help people keep the same or improved mental health status. 2) And they save money, at least $5 for every dollar spent. What could be better?

What has been your role and your organization's role in CRDP?

REMHDCO's role has been monitoring and leading the effort at the state level. This project is huge, and it involves state-level funding and policy. REMHDCO specializes in state-level policy, whether that is with the departments or with the Oversight and Accountability Commission or with the legislature, that's where we have put our efforts. That is where our experience and our knowledge are, and that's what we brought to CRDP.

What are some accomplishments in CRDP that stand out to you the most?

CRDP is primarily responsible for the mainstream mental health establishment recognizing that they must start funding CDEPs. There are many other CDEPs around California that are sadly not getting funded by the State or the counties. Oftentimes, the organizations or the communities fund them by themselves or just absorb the cost because they know they are effective.

Due to the support of all the CRDP partners, we were able to get communication through to the Governor's staff who were developing the language for Prop. 1. Our efforts got the Newsom administration to specifically mention CDEPs in the early intervention and population prevention components. We were able to get the administration to write CDEPs into some of the key areas of that proposition. This could be favorable to getting additional funding to sustain the programs in CRDP, and perhaps even expand them.
.
Before that, one of the biggest things that we did was to lead CRDP to secure $63.1 million that extended Phase 2 and provided the funding for the planning for Phase 3. In all my life, I never thought I would be involved with an effort that would be so successful!

It is amazing, and it was not one person, as almost every partner learned how to advocate at the Legislature. At that time, we were just coming out of COVID, and it was extremely difficult to testify at the Legislature. They didn't do it in person, because of COVID, so it provided the opportunity for people to give public testimony over the phone. That's how they came to life. That funding created a pathway for the future of CRDP.

What is the vision for the future of CRDP?

There was a very good planning process for Phase 3 that produced a good report: The CRDP Phase 3 Recommendations Report. It's gone radio silent right now, but that is an excellent report. It should not just be buried and sit on the shelf, because I hate that when the government pays for reports and they just sit on the shelf.

CRDP really has the potential to go beyond what they're doing. There are more communities, more geographic communities, more ethnic and other underserved communities that are out there in the state. Not every county has a pilot project, so they really need Phase 3, and I am not hearing very much, even though they now have a foundation for it.

Dr. R. Bong Vergara
Organization and Role: California Multiethnic Mental Health Coalition - Co Chair (2011-2015), Multi-Ethnic Coalition of Community Agencies (MECCA) - Founding Executive Director
Location: Orange County

If you were to describe CRDP to someone who didn't know what it was, what would you say?

A partnership between the grasstops and the grassroots to reduce racial and ethnic disparities in California's public mental health system. OHE and the California Department of Public Health are the grasstops, and community organizations, practitioners, scholars, activists, and community workers are the grassroots. The partnership revolved around advancing the state's goals in racial health disparity reduction and fleshing that out. The initiative questions what that means specifically to the different constituency groups – the racial, ethnic, and other cultural groups like the Deaf and Hard of Hearing (DHH) and the LGBTQ+ communities that were a big part of the dialogue and inspired Phase 1.

How has the implementation of Community Defined Evidence Programs (CDEPs) impacted mental or behavioral health outcomes in your community?

I believe that since 2011, when we were part of Phase 1, it has had implications for practice and workforce development. For implications to practice, I believe one of the concrete outcomes has been a deeper appreciation, both at the grasstops and the grassroots, that the non-medical, non-clinical, non-Western definitions of illness and wellness are legitimate ways of looking at illness and wellness – especially if we want to reduce access barriers and tackle the stigma that clinical mental health counseling gives people.

From the workforce development perspective, I believe one of the implications has been a more pragmatic way of understanding what interdisciplinary training looks like in mental health. We are unearthing a lot of legitimate healing practices from these constituency groups. As we train frontline workers, including those from social welfare and to some extent public health, we can't continue to just view their training from a medical Western perspective. We should also appreciate community-driven best practices and Indigenous-based healing practices because certain populations respond to those practices, which is kind of the point of CDEPs and the CRDP.

How is California better off now than it was prior to CRDP?

That is the big question. Is it better off now? I'm stumped on that question. If we want to have an intelligent conversation around the answers to that question, we have to really define what the metrics are for what has changed or what has improved in our state's public mental health system. Then we'd need to have been tracking consistently across the different phases, like strategic and policy objectives that we wanted to meet each year, and whether we've met them. And I'm not aware of the metrics for understanding whether the State's public mental health system has changed, much less improved.

What I will tell you is that I believe that the public mental health system is more boldly taking concrete steps to integrate practice innovations from the grassroots. This ensures that access barriers and service delivery failures in the public mental health system can be addressed not only with solutions from Western-trained clinicians but also from grassroots Indigenous healers and community practitioners. This has come about in two ways. Number one is the emergence of CDEP's, this idea, this new construct of CDEP's. I'm sure a big part of why we now have this construct is because we've made the grass tops much more friendly to non-Western practices. And the second way is the openness of Medi-Cal to consider non-Western healing practices for reimbursement.

Depending on where you're coming from, these could either be small or big system changes. I happen to think they're big system changes because we live in a Western worldview that for generations didn't fully appreciate, much less value and integrate, these holistic, culturally rooted non-Western practices.

African America Hub

The African-American Hub's participation in the California Reducing Disparities Project (CRDP) has been essential, not optional. It is critical that African-American voices are present and heard at every table where decisions are made about community health and wellness. Our people have endured centuries of systemic and institutionalized trauma—rooted in racism, slavery, and economic oppression—not only in America but across the global African diaspora. Our hub stands in direct resistance to that history, offering culturally grounded, community-defined practices that reflect the wisdom of our ancestors, our elders, and our spiritual institutions. We serve not because of funding but out of love and ancestral responsibility. Our participation has ensured that African-American solutions are not only included but also uplifted. As reflected in both local and statewide evaluations, the inclusion of our culturally congruent voice has resulted in authentic and effective strategies that meet the needs of our people where systems have failed them.

The African-American Hub is distinct in its legacy of grassroots organizing, cultural resilience, and unwavering leadership. From the earliest days of CRDP, we have been at the forefront, advocating for Phase II extension funding, shaping statewide policy, and modeling sustainability. We are rooted in a history of resistance and love, passed down through oral traditions, community kinship, and generations of Black excellence. Our hub has become a trusted circle—a family—guided by the teachings of our ancestors and animated by a deep love for our people. We embody a rare and enduring unity that transcends competition. As one hub member shared, we work together, share meals, partner on grants, and uplift one another in both personal and professional spaces. The African-American Hub's uniqueness is its spiritual depth, relational strength, and prophetic commitment to the healing and liberation of our people—and through that, the success of the CRDP initiative itself.

Okema Hodge
Role: Mom of 12-year-old
"Winter" program recipient
Organization: The Village Project Inc.
Location: Seaside/Marina

What has been your role and your organization's role in CRDP?

I am with the Village Project. I've been there for about five years now. I'm a mom, and my daughter, Winter (pictured in the photo with Mel Mason), is in the program. My role is to make sure she goes to all of her activities. In the beginning, I would videotape some of the talks they had because I thought the people who came to speak to the kids were amazing.

What do you think has been the impact of your daughters' participation in the Village Project?

She attends the local elementary school and different activities. She does other activities, and she's usually the only Black child. When I found out there was a program like this, I wanted to make sure that she was part of it. I'm from New York, where we have much more diversity, and here it's, I believe, 85% Hispanic. So she doesn't get to be around other Black children very often.

I didn't want her to feel like there was something wrong with her, or to have low self-esteem because she wasn't able to interact with other people who looked like her. Now I've noticed that she has more confidence. She's confident in who she is and is able to interact with all groups of people confidently. I see it. I see that she's grown. She comes back from the program and tells me about different things that she's learned. I think it really has helped her.

How is your daughter better off now than before she participated in the programs through the Village Project?

We've had so many different community leaders share their stories, talk about growing up in this area, and explain how they were able to dream and make those dreams a reality. She has seen Black doctors, met the police chief, and even had Zulu warriors visit from Africa to speak with the children about their lives. It's not just coming from me; it's coming from all these other people she's encountered over the years. She's become very confident. She feels part of a community where she's cared for, loved, and supported. And if there's ever something she wants to know that I can't answer, she has someone she can turn to and talk with.

They also emphasize mental health, which makes a huge difference. Honestly, without this program, I think she would feel much more isolated.

What does it mean that California has made this investment in this project?

It means everything, actually, to so many people like me. A lot of the people like me you don't see, who aren't immediately visible. Struggling moms, working moms, just trying to put one foot in front of the other and figure out what's going to happen the next day.

To have that investment means that there are people like Regina and Mel Mason who come alongside us and say, "We're gonna take an interest in your child, and we're gonna help, we're gonna raise them with you in all the ways that we possibly can – be that mental, emotional, spiritual. We see you. You're important, and your children are important."

Asian and Pacific Islander Hub

The Asian and Pacific Islander (API) hub within CRDP is incredibly diverse and reflects seven organizations or collaboratives across the state, from rural Butte County to urban and suburban Orange County. The hub includes 14 community-based organizations, delivering their community-defined evidence practices (CDEP) and other programs in over a dozen languages, encompassing approximately 17 ethnicities, in eight different California counties. These API organizations and collaboratives are unique, with heterogeneous needs, and reflect widely varying histories and immigration experiences.

Too frequently, however, the diversity across API communities is obscured in research when data is not disaggregated; to address mental health disparities, it is essential to consider the distinct assets and challenges experienced by these communities. Mainstream mental health services rarely have the linguistic capacity or cultural context to engage and serve API communities appropriately. Many API communities experience barriers to accessing mental health services, including cost, location, and stigma, beyond the shortage of linguistically and culturally-responsive services. In addition, many cultures within the API umbrella view health holistically, with physical, mental, spiritual, and social elements that contribute to wellness. These factors are a matter of course for API organizations, and thus, it was critical for API communities to participate in the CRDP to build evidence for CDEPs that reflect these realities.

Asian and Pacific Islander Hub

The table below provides a snapshot of the API hub:

IPP Name	CDEP Name	Location	Population Served	CDEP Description
Asian American Recovery Services, a program of HealthRight360	Essence of MANA	San Mateo County	Samoan, Tongan, and other Pacific Islander adults	Culturally-relevant parent and caregiver workshops and community engagement
Cambodian Association of America (Lead), Khmer Parents Association, Families in Good Health, The Cambodian Family, and United Cambodian Community	Community Wellness Program	Los Angeles and Orange County	Cambodian adults	Strength-based model that uses outreach and engagement, case management, educational workshops, and social & spiritual activities.
East Bay Asian Youth Center	Groundwork	Sacramento County	Southeast Asian youth: Cambodian, Hmong, Mien, Lao, and Vietnamese	Life coaching and case management cohort model up to 18 months
Hmong Cultural Center of Butte County	Zoosiab	Butte County	Hmong older adults	Social and recreational connections, health education, and referral and navigation
Korean Community Services (Lead), Southland Integrated Services	Integrated Care Coordinators	Orange County	Korean and Vietnamese adults	Culturally-responsive navigation services – information and referral, linkages, social support and counseling
Muslim American Society – Social Services Foundation	Shifa for Today	Sacramento County	South Asian Muslim adults initially, then Afghan adults after July 2021	Training of community members as certified peer counselors with specialized training in Muslim behavioral health practices
The Fresno Center (Lead), Lao Family Community Empowerment, Inc., Merced Lao Family Community, Inc.	The Hmong Helping Hands Village Project	Fresno, Merced, and San Joaquin Counties	Hmong adults and older adults	Culturally appropriate and relevant activities, learning opportunities, and experiences

Gulshan Yusufzai
Role: Executive Director
Organization: Muslim American Society-Social Services Foundation (MAS-SSF)
Location: Sacramento

If you were to describe CRDP to someone who didn't know what it was, what would you say?

I would describe it as the most innovative, supportive, and culturally and linguistically relevant way of helping a community heal. Given their intergenerational trauma and all the struggles that communities go through, I would say this is one of the best ways to help a community heal or move towards recovery because most underserved communities have endured some sort of trauma or are going through it, or discrimination or prejudice of some sort.

What are some accomplishments in CRDP that people should know about?

One of the biggest accomplishments of CRDP is the idea that you go to the communities that have gone through those traumas and ask them how they can help develop a program that can heal them. The most important thing is to ask someone who's been through trauma what can work for their community. And to do that, you need an infrastructure that lifts nonprofits and creates incredible partnerships and connections. When non-profits receive CRDP funding, it is essentially a stamp of approval from a respected statewide entity, signaling that your nonprofit is trustworthy and capable. That kind of endorsement creates a domino effect: once one major funder believes in you, others start to follow, recognizing the impact of your work.

When you look at this from both a systemic and financial perspective, the implications are powerful. If the State of California were to hire professionals with academic backgrounds in these areas, the cost would be immense, and likely still less effective. In contrast, investing in nonprofits, which are already deeply embedded in communities, means supporting organizations with trust, cultural competency, and lived experience. That's where true impact happens.

What does it mean for California that it has made this investment in CRDP?

California, through the Office of Health Equity (OHE), was the first to bring this type of programming to life. Because of that leadership, other organizations are now beginning to explore similar approaches. For example, I was recently on a call with the Oversight and Accountability Commission, where they discussed the possibility of adopting a comparable model to assess how it might work within their own framework.

At its core, this is about truly taking care of underserved communities. It reflects a smart, strategic approach to saving money while delivering essential services. Once again, California is leading the way with a new and innovative model—something that hasn't been done before. More importantly, it shows that they're listening to the people who live here and responding to what works for them.

How do you see this initiative moving forward? What is next?

Looking ahead, I believe this initiative has strong potential to evolve community-defined practices into more sustainable, evidence-based models. I understand that reaching the level of evidence-based practice often takes a decade or more, and we may not be there yet. That said, some efforts may already be moving in that direction, and I might just not be aware of all the progress. Still, advancing toward that next phase is crucial to ensuring these practices can be widely accepted, validated, and utilized in broader systems.

One exciting next step is integrating these practices into university settings, nonprofits, and other institutions that serve similar populations. There's also great promise in adapting the model to other states, particularly those with culturally diverse communities in need of healing and support. If you step back and look at this without emotion, but with strategic intent, it's clear this is a smart and impactful initiative.

By preventing more severe mental health crises, reducing hospitalizations, and addressing related health issues early on, this model can save significant public resources. It's not only compassionate; it's an economically sound policy.

On a personal level, this initiative holds deep meaning for me. We've developed a model tailored to Afghan refugees, and I now see the possibility of adapting it for other communities—Arabs, Pakistanis, Indians—spanning more than 30 countries collectively. The framework is flexible enough to replicate across ethnic and cultural lines.

In the long term, and this is truly a life goal, I envision this model reaching women in Afghanistan and other regions where access to employment, rights, or basic services is severely limited. My hope is that it can empower women to begin healing themselves, then their families, and ultimately their communities. This work could be done virtually, making it highly accessible and scalable. And while my focus begins with women, given the urgent need, it includes men, too. Supporting the whole family unit is essential for sustainable change.

What are some other accomplishments that people should know about?

I think beyond the obvious success of developing a project that is by the community and for the community, there's an even deeper accomplishment—the building of partnerships and alliances across so many different ethnic groups, and even within those communities. That is a powerful achievement. It's becoming a movement in its own right. That unity is incredibly significant—there's now a collective push behind this effort, and it's not going to stop.

Another critical area is program sustainability. Sustainability is key, how we sustain programs, build lasting connections, and make a long-term impact. Alongside that is the need for stronger advocacy. As a collective, I believe CRDP still has room to grow in that area. Advocacy plays a critical role in shifting systems and influencing policy, which in turn helps direct funding to our work. It's a powerful tool that we should leverage more effectively.

Another area that's often discussed but not yet fully realized is cross-cultural collaboration. If we can find ways to connect across different cultural groups, we could become an even stronger force. This kind of solidarity has enormous potential, and it's a strength we need to cultivate intentionally. Also, advocacy needs to be an important consideration for the future of CRDP and our collective impact. I am confident that if countries adopted this model, it would make their services more accessible and their job easier.

Dr. Parichart Sabado
Role: Evaluator
Organization: Cambodian Association of America
Location: Long Beach & Santa Ana

If you were to describe CRDP to someone who didn't know what it was, what would you say?

I might say it's a statewide effort to reduce mental health disparities among populations that have experienced disproportionate rates of mental illness or different mental conditions for various reasons. Some communities experience it because of historical trauma and current trauma.

What sets this effort apart from previous efforts to reduce mental health disparities is that this takes a community-led approach. I can confidently say that all 35 projects across the state have involved the community that they're serving in the design of the projects. We certainly have the Community Wellness Program, and this project serves the Cambodian community. I can say that all of the other 34 projects have done the same in terms of listening to the community and their needs and coming up with strategies and activities that are appropriate for that community that they're serving.

What sets it apart even more is that we're collecting data at the same time. We're creating the evidence that's needed to show that these community-led efforts do work. A lot of these efforts have been practiced over time, but were never empirically tested until CRDP.

What has been your role and your organization's role in CRDP?

We collect data from participants through surveys and focus groups to see whether there have been improvements in their health status. We look at multiple outcomes, not just mental health, but physical and emotional health as well. So that's one thing that sets our program apart from many of the others: we don't only focus on mental health.

Because mental health is very much stigmatized in the Cambodian community (as is true for many other communities, too), we know that if we focus just on the mental health aspect, it may be a barrier to recruitment. People may not want to join our program. So instead, we frame it as an overall health and wellness program, which includes mental, physical, emotional, and even social health.

And that's how we market the program in the community to get people to want to join. How to frame it all came about in discussions with the community. The community members all agreed that because of the stigma that exists, let's not call it a mental health program. That's why it's so important to include the community at the very early stages of the program.

How has the implementation of Community Defined Evidence Programs (CDEPs) impacted mental or behavioral health outcomes in your community?

It's had a huge impact. I say this because we have heard from our community members how much of an impact this has had on them, and not just on our participants directly, but also on their children and grandchildren, whom we've helped as well. Following each cohort of 25 participants per partner organization, we conduct a focus group with a subset of about eight participants total to gather feedback on their program experience, including impacts on their mental and physical health and any behavioral changes since joining.

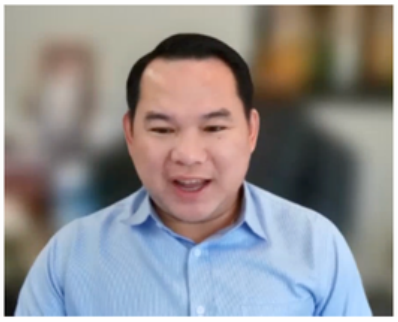
We've heard that this program has contributed to improving their mental health in many ways. Their sleep quality has improved, they are less isolated, they make plans to go out with friends, and they know how to ride public transit to get to where they need to go. Whereas before, they were isolated not just because of their mental health struggles, but because they simply didn't have transportation. They don't know the Metro to get to where they need to go.

However, built into our program are these strength-based approaches where we are not only taking them on field trips, but we're showing them how to get a TAP card, which bus line to take, and what have you. Now they have these skills to use, and it may seem very simple to us, but for someone who doesn't speak English and is afraid of getting lost and not being able to ask for directions, it's huge. So it's been nice to see the impact that we're having in the community, how we have been increasing their skill on how to navigate things on their own, and how we're making a difference in their mental and physical health.

How do you see this initiative moving forward? What is next?

I hope that this program gets re-funded, given the impact that it's had in the community, not just ours, but across the state. We have the data to show that it has had a significant impact. I hope that the data speaks for itself, and we can use that to advocate for more funding.

Vattana Peong
Role: Executive Director
Organization:
The Cambodian Family Community Center
Location: Orange County



What are you most proud of accomplishing through CRDP?

At the individual level, we have been able to achieve significantly in terms of improving the mental health outcomes for our community members. I know that I can share with you some statistics later, but we have found a lot of communities that reported better mental health outcomes, including sleep, being able to access appointments on their own, and being able to be more independent. Those are some of the outcomes that we have been able to notice at the interview level.

Interview outcomes have proven to be significantly higher for those who have been part of our CRDP-funded project, which is called Community Defined Evidence Practices. For example, how do participants access their own trauma symptoms? At the baseline, we have found that about 35% of the community members were not able to really identify their own trauma symptoms. However, at the follow-up three months later, we found that over 45% of the community members were able to identify their own trauma symptoms. That is something that they have learned through the workshop that we've been doing. We feel that is one of the huge outcomes that we've been able to really document.

We love that CRDP has provided different levels of evaluation support, local evaluation, and state evaluation. At the community level, we have found that we built strong community trust within our own community, even within our Cambodian community. We have a Cambodian community in Orange County and in Los Angeles County, and the city of Long Beach has the largest number of Cambodians outside of Cambodia. A lot of times, we do not really have a platform for ourselves to connect those communities together.

Through the CDEP community wellness program that we are implementing right now it allows community members from across geographic areas to be in the same space and share similarities and differences. We saw a huge increase in terms of community trust. Just last Friday, we did what we call a celebration of the success of the CRDP project in Long Beach, where we brought community members from Los Angeles County and Orange County together to have a potluck to talk about successes and introduce them to the data. We printed this board and shared all the outcomes that they provided us, and everyone took a gallery walk to see what the community has gone through and how we've improved.

What does it mean for California that it has made this investment in CRDP?

I think that California has been on the right track to invest in CRDP. It's really impacted the community that has been invisible for many years, to become more visible. It's not a statewide prescribed solution; it's their own community-prescribed solution that is called community-defined evidence practices. We have seen it to be very effective in our community, especially as an ethnic minority community where we are often underserved, underreported, and understudied. Now we have a space to be visible, and that is CRDP.

How do you see this initiative moving forward? What's next?

They still need a lot of investment in this initiative moving forward. I strongly ask that the State and other funders continue supporting CRDP. We have seen results and have built momentum for the past eight years. We would like to move this forward in a sustainable way.

We want this to be incorporated into the budget for the State of California. We have documented successes and data to prove it, and we know that it works for our community. Therefore, a permanent investment from the State in this program is needed.

Dr. Winston Tseng
Role: Director of Research
Organization:
Health Research for Action at UC Berkeley School of Public Health,
External Evaluator for the
Hmong Cultural Center of Butte County's, Zoosiab Mental Health Program
Location: Berkeley

If you were to describe CRDP to someone who didn't know what it was, what would you say?

It's transformative, a game changer. It changed the environment for mental health services delivery across many parts of California.

What has been your role and your organization's role in CRDP?

I think it depends on the phase, but during Phase 1, I was supporting Rocco Cheng, Sandi Galvez, and others on efforts to identify what the priority needs are for mental health for the different underserved populations. I also helped with focus groups for some of the community assessments that Rocco Cheng asked me to assist with, and participated in meetings and discussions to deliberate statewide conversations where different regions from all over the state gave their input. Later in Phase 2, I have served as an external evaluator for the Hmong Cultural Center of Butte County's Community-Defined Evidence Practice (CDEP), the Zoosiab "Happy" Program serving Hmong refugee older adults. I would say as an evaluator, I've been playing different roles to help Hmong Cultural Center and partner organizations build their capacity in rural Butte County.

What are you most proud of accomplishing through CRDP?

I think it was very exciting during the initial part of Phase 2 to really rethink with the State how we collect statewide evaluation surveys in a culturally appropriate way. As part of that work, there was a push to use Likert scales, but that really was not effective in many communities, certainly not just among the Hmong and Native Americans, but also among many other groups. So then we made a decision to let the statewide evaluator know that we need another approach, and we started advocating for evaluation approaches that work and are feasible in the respective communities.

Our initial interviewer-administered, in-language statewide evaluation survey with the Hmong refugee older adults took more than four hours to get an older adult to complete the baseline survey. That just wasn't working. And even if it's translated, it was pretty much useless. So we had to change the terms of how we conducted the evaluation with Hmong older adults. Most of our Hmong older adults were not literate in their native language and never learned the English language. Many of them couldn't count to 10, or more than 10. We had to figure out some other way.

The statewide evaluator and the Hmong Cultural Center met to discuss these challenges, and together, we figured something out. The revised statewide evaluation survey was still aligned with how the statewide evaluators were able to do the integrated data analysis of the data from Hmong Cultural Center, as well as the other community organizations. Thankfully, they worked with us to figure out a way. It was important to our Hmong communities because we had to find a way to ensure every Hmong older adult in the Zoosiab program was able to partake in the statewide data collection using a way that considered the Hmong older adults' literacy level, language competency, and was culturally appropriate for them.

And certainly later on, we were also very excited to work on things that the community really wanted. One of the things I worked on that was part of the evaluative approach is preserving the Hmong cultural history. We worked with Hmong Cultural Center on the first storybook for the Hmong community in Butte County, which is in northern California.

How do you see this initiative moving forward? What is next?

I think there's a fear about what comes next. We hope CRDP can have a Phase 3. We're not hearing for sure whether that'll happen or not, and perhaps not in this difficult climate. So we're having to find other approaches. It'll be very hard to envision staff being cut because of the changing situation. Things feel very unstable in the next year.

There's a need to continue support, and so we're hoping…

Additional Resources and Learning:

Storybook for the Hmong Community

Latinx Hub

There are significant gaps in the mainstream mental health system, particularly for California's rapidly growing Latinx population, which makes up nearly 40% of the state's residents (U.S. Census Bureau, 2020). Latinx communities bring a wealth of culturally rooted practices that promote wellness, healing, and collective care. Yet they continue to face systemic barriers, including limited medical coverage, language access issues, and a lack of culturally competent care. Nearly 1 in 5 Latinx Californians remain uninsured (KFF, 2021), and they are less than half as likely to receive mental health treatment compared to white individuals (NIMH, 2019). Programs like Cultura y Bienestar, Familia Counseling Center, Health Education Council, Humanidad, Integral Community Solutions Institute, Latino Service Providers, and Mixteco Indigena Community Organizing Project address these challenges by employing promotores, traditional healing, and community outreach to engage underserved groups. Grounded in the strengths of community-defined practices (CDEPs) that are culturally relevant, trauma-informed, and linguistically accessible, these approaches foster early intervention, strengthen family resilience, and promote community wellbeing, paving the way for a more equitable mental health system.

Being part of the CRDP Latinx Hub has provided a unique opportunity for these Latinx and Indigenous-based organizations to come together, share experiences, and build collective strength. Under the Hub's leadership, and with the support of the UC Davis Center for Reducing Health Disparities, organizations have worked synergistically to sharpen their strategic direction, enhance sustainability efforts, and expand meaningful partnerships. This collaboration has allowed them to draw from one another's expertise —for example, in developing client advisory councils, diversifying funding streams, and cultivating long-term partnerships grounded in shared values. Through this collective work, Hub organizations have also benefited from tailored technical assistance to co-develop culturally centered curricula and program manuals, helping to ensure continuity, impact, and long-term legacy in their communities.

The Latinx population is not a monolith, but a vibrant tapestry of communities with evolving identities and deep wells of ancestral and contemporary knowledge. Their experiences of health, healing, and well-being are shaped by distinct yet interconnected histories that must be understood to meaningfully address their mental health needs. What sets the Latinx Hub apart is its commitment to honoring this diversity. By centering cultural strengths and lived experience, the Hub supports programs that are organically rooted in community knowledge, ensuring services that are relevant, trauma-informed, and responsive to the gaps left by conventional systems.

Irisela Contreras
Role: Evaluation Coordinator Organization: Mixteco Indigena Community Organizing Project (MICOP)
Location: Ventura County (Oxnard)

If you were to describe CRDP to someone who didn't know what it was, what would you say?

CRDP is a multicultural initiative that brings together multiple communities into one space to rescue the traditions and healing methods that connect to our communities, that feel appropriate for us. So I'll say that CRDP is a historical project statewide that really has opened the doors for our communities to elevate the value and wisdom of our ancestors to heal in culturally and linguistically appropriate ways. It has been a great opportunity to reconnect our communities to ancestral ways of healing without being judged. It is a space for collective healing, where we have seen the community talk about things that they have never talked about before. It has been a great experience for all of us here in the organization to be part of this project. In fact, you know, for our organization, CRDP was the first big grant that we received as an organization and the first research project as well.

What are you most proud of accomplishing through CRDP?

Being able to provide those services in the language of our migrant Indigenous community (Mixteco) has made a great impact on this population. The lack of language access, coupled with cultural mistrust, inconvenient service hours, transportation barriers, the limited understanding of the U.S. mental health system, and stigmatizing beliefs regarding mental health, often alienates our population from seeking support services. So, our Living with Love Program has offered a safe and culturally appropriate space for our Indigenous migrant communities where they can speak freely, heal their wounds, and find peace, which has been the greatest achievement for our team. Also, I feel very proud to see the growth of my fellow promotoras/community health workers and how they have developed throughout all these years. They are direct members of the community who started with us eight years ago, with basic professional expertise, and now seeing their growth and their development and how they have become leaders in the community is very, very powerful. They have become leaders and beyond that. I often hear the community call them, “my therapist, my teacher, my counselor.” That speaks to the tremendous impact that they have on the lives of each of those participants who have come through the program. That's something that I feel proud of, just seeing how they are taking on this project and sharing and presenting in multiple capacities and spaces. They have traveled to Boston, they were recently in Massachusetts, and have presented in conferences such as the American Public Health Association and Visión y Compromiso, and so many other platforms. So I am really proud of them and how they have done such tremendous work in the community.

Also, just seeing the community talking about health – that's huge, something that, you know, we didn't see before. When we started this project eight years back, the community didn't talk about mental health. There was such a big stigma around these topics that whenever we would go out and ask them to come to the program, whenever we would say the word mental health, the community would refuse to participate.

So we would have to use other strategies to get the community involved in the program. But now, that has changed; now the community is coming to us without us going to the community. That's a big change. Our community is talking about mental health.

Additionally, I would say that an accomplishment for our organization as a whole is when CRDP started; we were about 50 staff members within the organization, and just one office. Now we are in three counties with three offices here in Ventura County, with over 130 staff members. Our growth and expansion as an organization have been a great accomplishment that CRDP was a part of. Just having this important initiative being part of the organization was huge for us to be able to continue moving forward and opening the door for other programs that also serve the community.

What's next for CRDP, maybe even as it applies to you and your program?

As a collective, I see this initiative as something that must continue, that must be replicated in other states and with other communities, but without just forgetting about these projects. We continue to operate with the support of the CRDP initiative. So I think for me, it's important that moving forward, we don't let this initiative slow down, but that we can continue expanding it and providing these services to our communities, because that's something that we're worried about. We're worried that after this initiative is over, after funding is over, what's going to happen to all these projects that have come all this way? Our communities rely a lot on this. So I hope that we can continue with this project for many, many years and that we can replicate it in other communities.

Additional Resources and Learning:

Mixteco Indigena Community Organizing Project

Dr. Richard Cervantes
Role: Evaluator
Organization: Cultura y Bienestar
Location: Oakland

If you were to describe CRDP to someone who didn't know what it was, what would you say?

I would tell them that it's a state of California initiative to expand what we know about mental health in a very diverse set of communities.

What are some accomplishments in CRDP that people should know about?

I try to talk about things that have happened for the first time. Having been in the mental health area in California for most of my adult life, I can say that CRDP has allowed, for the first time, a group of grassroots organizations that represent underserved communities to come together and to be part of one large mental health expansion initiative. The increased use of mental health services by underserved communities and the statewide and local evaluations showing reduced levels of psychological symptoms among those served are significant accomplishments. The program has been shown to improve mental health for those who are at a higher mental health risk category.

It has also helped what I would call grantee organizations to learn about each other and about their specific needs, their mental health issues and concerns, and culturally responsive approaches to serving these communities. So, by virtue of having what we call the hub, these different ethnic and racial population hubs allowed us to come together and learn from each other.

What has been your role and your organization's role in CRDP?

My role has been as a local evaluator, and to some extent, I've been able to help guide some of the service components at the clinic. It's called Cultura y Bienestar, and it’s a program in Oakland.

What are you most proud of accomplishing through CRDP?

I'm most proud of being on the Cultura y Bienestar team to be part of that group of Latino-serving professionals and paraprofessionals who are doing a wonderful job at expanding services for the Latino population in Oakland and Alameda County. So I'm proud about that, and proud to be able to bring my expertise as a researcher in, to build capacity in the agency to understand evaluation, data collection, program outcomes, and theories of change between research and practice.

I'm also very proud of the data that we collected in Phase 2, the original grant period. We demonstrated very positive outcomes on adult mental health and adult functioning among mostly Spanish-speaking Latinos.

How is California better off now than it was prior to CRDP?

Well, I would say for sure in the mental health arena, as far as the state's mental health. I think there's been an increased awareness of mental health in what were underserved communities or communities that had some stigma around mental illness. We're finding that stigma is still there, but at least there has been an inroad in communities that really were hard to reach, that didn't really bring their problems out to a professional or paraprofessional. So that really has helped a lot. I think that has helped change the conversation throughout the state.

There's much more of an awareness of the trauma, especially in communities of color, a much greater awareness of historical trauma, a much greater awareness of the trauma associated with immigration, and immigration in general. So yes, it's had an impact on the state.

Alberto Pérez-Rendón
Role: Program: Manager
Organization: Cultura y Bienestar, La Clínica de La Raza
Location: Oakland, CA

If you were to describe CRDP to someone who didn't know what it was, what would you say?

That's a great question. I will start by saying it is an initiative that brings to the forefront issues of equity, inclusion, and reducing disparities among our communities in California. They have supported us with some of the elements that other grants won't often provide us with, things like infrastructure and evaluation. CRDP has been very instrumental for us to gather, organize, analyze, and present evidence that what we do is actually effective and meaningful to our communities.

What are some accomplishments in CRDP that people should know about?

One is this idea that now we have a report that can prove what we've known for generations, that we now translate into a more Western understanding of knowledge. We prepared an evaluation report that speaks to statistics and analysis demonstrating that traditional healing practices are a core component of our program.

Now we have the ability to go back and show with evidence that what we're doing is truly effective, especially to those who question our practices or provide funding. Without CRDP, I don't think we would have been able to have that, at least not easily. It would have taken us a long time to gather the resources, the information, and the expertise to do something like that. I think that's very important.

And then the other big picture accomplishment is this family of other people who are doing similar work with different stories, different backgrounds, different languages, and different cultures. I think having that network and those connections, even if we don't talk to each other often because we're so busy, just knowing that those individuals are out there and that you can look them up when you need to get a resource or something like that, it's very important for us.

What has been a core memory of your partnership with CRDP?

We have the Annual Convenings that have been incredibly well organized, put together with good information. For some of us, it's part of the work to be able to rub shoulders with the movers and shakers at the state level. I appreciate that they brought some of those leaders in the California Department of Public Health, OHE and CRDP to our meetings so that our team, those who come to the meetings can approach them and talk to them, and we can hear them and just have this more human-level interaction with all of those folks.

I think it's very important for programs like ours that rely on that personal connection to stay afloat, both in terms of financial support, but also having somebody who's our advocate who understands what we're doing and knows that it's important. I think CRDP has done a pretty good job of connecting us with some of those folks.

The pandemic was memorable for all the wrong reasons. But I think at times, CRDP was that beacon of light we were all looking up to. And to me, being in those circles is memorable because it's healing when we feel under attack.

To have an institution that is explicitly dedicated in its name and in its values and everything to reducing health disparities among minorities and linguistic minorities, reminds us there is still hope, you know? It's incredible to have CRDP at this point, historically speaking, and I think it's a very important element to continue to have.

Additional Resources and Learning:

Cultura y Bienestar

LGBTQ+ Hub

LGBTQ+ individuals are more than twice as likely as heterosexual, cisgender men and women to have a mental health disorder in their lifetime and are 2.5 times more likely to experience depression, anxiety, and substance misuse. LGBTQ+ individuals who turn to mainstream mental health service providers all too often receive assistance that fails to fully value, understand, and support their needs. As a result of these factors, LGBTQ+ community-based organizations have designed models of service that hold validity as the community defines it. What has evolved over time are a myriad of community-driven programs and services: LGBTQ+ community centers and clinics, social and emotional support groups, LGBTQ-inclusive spiritual and religious organizations, youth empowerment programs, school-based anti-bullying and anti-suicide campaigns, gender-affirming mental health workforce development programs, and so forth. LGBTQ+ community-based programs provide an array of services across multiple sectors such as public health, social services, mental health, education, and housing. These LGBTQ+ CDEPs represent grassroots responses to community problems that are otherwise not effectively addressed by existing programs and practices.

People of diverse genders and sexualities have always existed across time, space, and cultural contexts, and gender and sexuality are concepts that vary considerably across cultures. The LGBTQ+ hub is composed of people from each CRDP priority population and more. LGBTQ+ communities are regularly clumped together despite incredible diversity among us. Furthermore, like their cisgender and straight counterparts, LGBTQ+ people first learn culture from their families, religious or spiritual, and geographic communities. As LGBTQ+ people become immersed in the LGBTQ+ community, we then learn our LGBTQ+ history, traditions, and culture. The diversity within our hub and varied understandings of the role culture has in our lives and health present unique opportunities for LGBTQ+ people of all ages and backgrounds to learn and grow together. Additionally, due to the inclusion of our hub, this presented an opportunity to collect robust data on sexual orientation and gender identity project-wide; this would not have happened if the LGBTQ+ hub weren't a part of CRDP.

Between the five hubs, the relationships have evolved and deepened over time. There have been collaborations at the project level that have led to significant outcomes, such as the implementation of SOGIE data collection in the statewide evaluation, advocating for additional extension funding during COVID-19, and again when the project was slated to be terminated early in the May 2025 budget revise. TA teams have partnered to host cross-population learning events, and there have also been sustainability collaborations among grantees from different hubs, such as those in Fresno County and Sonoma County. At this moment in time, cross-hub relationship-building and partnership development is growing and its potential remains underexplored.

Jonathan López
Role: Sr. Youth Outreach Coordinator
Organization: San Joaquin Pride Center
Location: San Joaquin County

If you were to describe CRDP to someone who didn't know what it was, what would you say?

I'm going to explain it the way I explain it to our youth, that we try to get involved. California Reducing Disparities Project is a grant that was awarded to a variety of community-based organizations to create a module and an action plan about how they could make change in their communities from within. For us at the San Joaquin Pride Center, CRDP has been that leg up in a world where funding can be competitive. For our LGBTQ+ community specifically, it gives us opportunities that we wouldn't normally have to have funding to get projects off the ground. Our projects and initiatives are mostly youth-focused. In that way, everything that we do with our youth is being documented so that we can help out other cities like ours, other organizations like ours, and other communities like ours in the future, knowing that we've created a template and a foundation for them.

What are you most proud of accomplishing through CRDP?

My personal pride comes from the fact that our area has always been a very richly diverse community. The access that we often lack is being able to get a presence inside of our school districts or have our school communities be able to contact us and get resources and information. Expanding our outreach to five different cities and multiple school districts is probably the proudest thing we've done, because now we not only have a presence on campus, but we are interacting with psychologists, counselors, administration, secondary staff, and parents. We're doing parent cafés so that all of the programming we have that helps our youth from within at a very early age (before they even get out of high school) gives access to resources to help with the transitioning process, the coming out process, or even just being a great ally within their communities.

We're very proud of being organic in these spaces and not having to handhold everything, and the programs are flourishing all on their own.

Is there a story you can share that exemplifies the impact of CRDP?

I've got a great one. Through our CRDP program, we were able to go into a high school that did not have a Gay Straight Alliance (GSA). We were able to start a GSA and get them set up not only with their students but also with their student officers. Those kids would come to our space and do volunteer work, they'd organize and help us put on summits, and they were part of our stakeholder groups. There was one specific young lady who was such a strong advocate and voice in her coming out process. She was also one of our spotlight students, one of my all-star kids who, whenever we would have demonstrations or projects, always led. She was always the one on the microphone and in pictures. She was able to apply all of that to her application for college. She was accepted, got a full ride to an East Coast College, graduated, came back to Stockton with her degree, and one of the first things she did was apply for our open youth outreach position. She got the position and is now a staff member who is going back into rural schools and communities, and starting that same process from the other side.

How do you see this initiative moving forward? What is next?

The next steps are now seeing how the project lives on its own. I like using the word "organically" because I like to see how the work creates its own system. What we did on the ground is plant the seeds, now we want to watch the tree grow, see how it's flourishing, see where it needs more care, and if we need to be there to help space pivot. Here at the Pride Center, we love talking about barriers, we love talking about obstacles, because not everything works all the time. I don't think the pride centers or the LGBTQ+ places are going to become obsolete anytime soon, but we'd love to be in a position someday where we get to say that everything that we helped to create is working on its own. These systems and places are doing the work for themselves.

To see photos from San Joaquin Pride Center, check out the resource below:

San Joaquin Pride Center Photos

Ken Einhaus
Role: Former Co- Director
Organization: LBGTQ Technical Assistance Center at Center for Applied Research Solutions
Location: Santa Rosa

If you were to describe CRDP to someone who didn't know what it was, what would you say?

I would say it is an extended opportunity for historically underfunded programs, serving people who generally don't get served. It provides funds for programming and also technical assistance to help with organizational development skills that community-based organizations don't necessarily receive. CRDP is big on evaluation, and we help people with this process. The cross-site evaluation has done wonders in proving that the CDEP model is documented as being effective.

Additionally, we are able to participate in a larger community of like-minded folks, which can be very invigorating. The CRDP community is lively, and a lot of friendships have been built over time.

What has been your role and your organization's role in CRDP?

Well, besides being the Technical Assistance Provider (TAP) for the LGBT hub, we've also participated in the Cross-Population Sustainability Subcommittee (CPSSC). There's a small subgroup there, and it's the activist wing of the CPSSC. We've also been active with the other TAPs as we meet regularly once a month. There's a lot of collaboration between our organization and the TAPs.

What are you most proud of accomplishing through CRDP?

The thing I am proud of is getting a Community of Practice written in as a deliverable, as a cross-population deliverable for all the TAPs to work on together, if we were to receive funding for Phase 3.

How has the implementation of Community Defined Evidence Programs (CDEPs) impacted mental or behavioral health outcomes in your community?

The biggest change we saw was that people's quality of life improved. They began to care about themselves more, taking more precautions with drugs, alcohol, and HIV. They stayed in school and were more engaged. The older people were less isolated and more engaged in the community. Not only that, but they were more likely to go to medical appointments, participate in activities offered, and have more friends. People who were transitioning their gender would blossom. They have assistance with all their identification documents and understand that they're not the crazy ones.

Additional Resources and Learning:

The LGBTQIA Evaluator Guide

Alex Filippelli
Role: Co-Project Director
Organization: Center for Applied Research Solutions
Location: Santa Cruz County

If you were to describe CRDP to someone who didn't know what it was, what would you say?

I would say that it's a really cool and complicated initiative. A couple of decades ago, the State of California recognized that the mental health service system in the state was not meeting the needs of communities of color and LGBTQ+ communities. They set out to study that problem in order to address the disparities. The overall findings from each community's needs survey of the population groups identified that we know how to care for our own people, and others should get out of our way and let us do that.

This is an initiative to fund community organizations that are serving the communities that the State was unable to serve appropriately, if they were being served at all. It provided an opportunity for a lot of these organizations, like really small grassroots organizations. It was an opportunity for them to qualify for state funding that they wouldn't normally qualify for because of the size and capacity of their organization.

Additionally, it enabled them to evaluate their work in a comprehensive way that would not have been possible otherwise. To generate the evidence, to demonstrate what Phase 1 found in those community needs assessments, which was essentially, we know how to do this work, let us do it. It has been great to see the findings of the evaluation from Phase 2, that CDEPs are community-defined, community-led approaches to preventing and intervening in mental health challenges for our communities, and we know how to do that, and our projects and approaches work.

How has the implementation of Community Defined Evidence Programs (CDEPs) impacted mental or behavioral health outcomes in your community?

I'm not in direct service anymore, but on a bigger level, I can definitely say that trans people are under attack, trans people of color have always been under attack in our community and our cultures, and the persecution of LGBTQ+ folks and trans folks in particular – and especially immigrants – makes this is a terrible time.

Also, young people are having their medical care threatened. We are somewhat protected in a legal sense in California, but even so, with the executive orders, there have been health systems that have stopped providing care or changed how they've provided care. What CDEPs provide, at the most base level, is a safe space, somewhere that people can relax and release the anxiety and tension and the need for survival that they're experiencing – real or perceived, right? Even if it's perceived attacks or cultural attacks, they still impact people's mental health.

Our CDEPs provide refuge from all of that, and more, as many of our grantees are going out of their way to take it further: To say, no, we're cultivating joy, we're creating and cultivating spaces that are not just a safe harbor, they're somewhere where people can thrive and flourish. Where they can be in community with one another, look their best, really have confidence in who they are, get access to things that they need to be well, and to thrive.

A lot of our CDEPs work with family members and with schools. What's happening at the local level matters so much in our movement now. So, having influence over families, over school sites, administration, and districts is extremely critical. These are critical sites of intervention for the folks who are swimming in this every single day.

I want to name that our service providers, our grantee organizations, are doing double duty. Their experiences, as I'm sure you know, are on both sides. And it's exhausting.

How do you see this initiative moving forward? What is next?

I'd love to see the concept be mainstreamed as a fundable alternative to evidence-based practices or to be given the same level of recognition and openness to opportunity for funding. I'd love to see CRDP move from being a project to a program that is funded consistently by the State of California. I'd love to see it replicated in other states.

Our grantees deserve to have their work continue to be funded, and I think there's an additional opportunity for folks to support other IPPs or other community groups trying to create evidence to support their work in the way that I've been able to make the transition from a grantee organization to providing TA across the hub. I'd love to see that. All of our grantees are qualified and have skills that are not even fully recognized through the channels of this project. And I'd love to see them be uplifted.

Native American Hub

The Native American Hub is unique in its approach to integrating spirituality in all aspects of programming. While this is present in our direct services provided, it is not the only time spirituality is present within our programs. Our meetings may open with a prayer, and the way we facilitate feedback for our organizations will be based on our community's cultural norms. We are also able to bring each of our hubs' unique sense of spirituality through a shared experience in a Gathering of Native Americans (GONA).

This experience brought our hub together through a three-day, community-led event designed to promote healing, wellness, and cultural connection amongst Native communities. Our GONA was hosted by two trained individuals who followed a four-phase curriculum of Belonging, Mastery, Interdependence, and Generosity to address historical trauma, mental health, and substance use issues while strengthening community resilience. It included ceremonies, group activities, storytelling, and planning sessions, all grounded in Indigenous values and traditions. This experience allowed us to connect with one another in a deeper way than ever before.

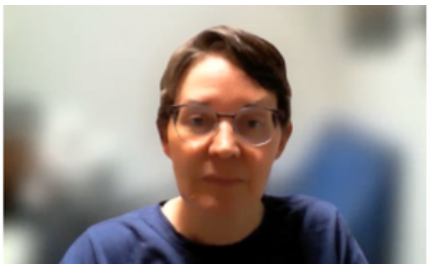
The nature of the hubs is that we synergize over a shared celebration of diversity and care. Each stakeholder comes from a place of wanting to address the inequalities of care throughout mental health care, and that allows people with different experiences and skills to truly connect with one another. Each hub focuses on the needs of its priority population; However, we are all doing work that benefits the entirety of California. It is that shared mission that makes all the hubs one unity.

Often, it has been a slight struggle to properly connect across hubs. The most effective methods of connecting with one another have been at the CRDP Quarterly Meetings, Sustainability Meetings and at Annual Convenings. These spaces added regularity to our interactions with one another; however, the time to co-create and collaborate was still limited in these spaces. Outside of those spaces, connections were fostered amongst grantees that shared locales, like in the Fresno Area.

By connecting over a shared community, grantees were able to unite behind the shared struggles of their community and collaborate on addressing issues facing them.

REZolution- Pala PSA
Indian Health Council
"Changing the Youth to Change the Future"

Dr. Emily Haozous
Role: Technical Assistance Provider
Organization: Pacific Institute for Research and Evaluation (PIRE)
Location: New Mexico



If you were to describe CRDP to someone who didn't know what it was, what would you say?

I live in New Mexico, and so I have to start from the beginning with people when I talk about this particular project. I say that the State of California funds community-based behavioral health organizations to do culturally focused mental health interventions that often don't look like what you think mental health interventions would look like. Culture is prevention.

What are you most proud of accomplishing through CRDP?

I feel like we [as TAPs] have not done a lot, but I'm really proud of the work that the Implementation Pilot Projects (IPPs) have done. They're building confidence in meeting the goals they set out for themselves. In the beginning, we were helping them a lot and doing a lot of technical assistance, and they had questions about how we recruit, retain, meet their needs, find the people, etc. Now, we have these meetings, and we ask them, Do you have any TA needs?

We're brainstorming things to offer them, and they just don't need it. But that's cool! Most recently, we did a retreat for the IPPs to bring them together to give them support for the work that they're doing because they don't get that very often.

The last thing that I want to celebrate is the Annual Convenings. I've been doing this for a long time, and I've been to a lot of conferences, but I've not been to a conference that had the sense of celebration of culture the way that those Annual Convenings have. There is a joy to people meeting in their priority populations, also the joy of learning from each other, and celebrating with each other for who we are. Everybody's learning and loving what everybody else is doing, and asking, "How did you do that?" That's really cool, and I love that. But also, just being together, and that it's such a rich thing. I think right now we're in a time when there are forces that are trying to divide us and tell us that what we're doing is bad by celebrating our individuality. But it's very clear from our last Annual Convening that we can be unique and different, but also celebrate together.

What has been your role and your organization's role in CRDP?

We support all the Native American community-based organizations and whatever needs they have, whether it's data collection or helping them to make sure that they do the projects that they want to do in a way that is ethical and scientifically rigorous and meets the needs of their communities. I am a nurse. I am Chiricahua, Fort Sill Apache, and I have a PhD. I travel to cover multiple areas to support these communities.

Is there a story you can share that exemplifies the impact of CRDP?

I work closely with two of the IPPs, the Sonoma County Health Indian Project (SCIHP) and Two Feathers in Humboldt County. SCIHP has had the unfortunate problem that a lot of these different organizations have, which is high turnover. In the time that I've been working with them, they've had a total staff turnover of maybe three generations. Each time the staff turns over, it feels to them like a huge disruption. They walk in, and they have this program that they're supposed to implement, and they feel like they don't know what they're doing.

Throughout CRDP, I've seen them go from everybody being totally green and not knowing what they're doing, to the most recent turnover, where people left, and they were able to do it in a way where they had a system in place. So when the turnover happened, the new people came in, and although they felt like they didn't know what was going on, the new folks assumed the responsibilities and took on the roles, and ran.

It was pretty seamless, and so that's really cool for me because when we're talking about structural stuff, that's what we want. Right? We don't want programs to just disappear because there's one person who carries it all. That's the way it often happens in our minority communities. You have one person who carries the load, and when that person goes, or they die, or they have a family thing and they're gone, everything just falls apart. For SCHP, that's not the case anymore.

How do you see this initiative moving forward? What is next?

It's a shame that it's not a continuous budget line item for the State, that this has to be a grant. It really should just be funded, not just for these priority populations, but for any population that needs funding for a culturally based intervention. I wish that we didn't have to talk about it that way, because we know that it works. And if you talk to any community, they'll tell you that culture is medicine, culture is prevention. So that's how I would like to see it move forward. I don't think that people should have to pay for programs that work.

Dr. Roland Moore
Role: TA Provider for the Native American Hub
Organization: Pacific Institute for Research and Evaluation (PIRE)
Location: Oakland

What's been your role in CRDP, and your organization's role in CRDP?

At PIRE, I'm a TA provider myself, and I am fortunate to have a group of tight collaborators. They include Drs. Juliet Lee, Elizabeth Waiters, Claradina Soto, and Emily Haozous. A couple of our members (Drs. Soto and Haozous) are indigenous themselves, and others have experience working with Tribal groups, so we're lucky that we have a lot of experience to draw on, and then we co-learn with our partners from up and down the state. It's been deeply satisfying. It's one of the things that was built into CRDP – we have been able to make a solid contribution to strengthening the evaluation capacity of the grantees, as well as supporting them in a variety of ways as they see fit.

I'm trained as an anthropologist; anthropology gets a lot of flak, some of it deserved, for being extractive and not giving back to the community. So the opportunity for us to be in a technical assistance and training position and do whatever it is the grantees ask us to do is very satisfying. It's counter to that colonial and extractive tradition and offers us the chance to share what we've learned along the way.

Is there a story that highlights how you and your team supported CRDP to meet an unanticipated need?

At one point, we thought the hubs were getting kind of siloed just by everyone being super busy and the way things were set up. A lot of the people in the LGBTQ+ hub didn't necessarily know what the Asian and Pacific Island hub grantees were doing, and so on. And we had an idea, which was, how about if we provide a very basic template for a poster, like you would see at a scientific conference, with background methods and findings, and takeaway points? We'll make it kind of colorful and will leave open the option that they can modify it however they want. But at least it's a starting point.

And oh, how the IPPs took it and ran with it! Such beautiful colors, such beautiful imagery. Some emphasized community involvement. Others emphasized their evaluation efforts. But each one was gripping in its own way. Each IPP had the chance to stand in front of its poster and share with the other IPPs what they were doing.

It was a chance to take pride in their efforts, and it was a chance for meaningful interaction. I think it was a pivotal point for CRDP and everyone wrapping their heads around what others were doing and being able to talk each other's work up. And for me personally, it was a great opportunity because some IPPs didn't have experience with posters. And so I said, well, I'll work with you – let's make it happen.

How do you see this initiative moving forward?

I would point to a very mindful approach of harnessing the many, many strengths of the individual and collective IPPs to take advantage of new opportunities that may present themselves within the context of Proposition 1. The hope, as expressed in the Phase 3 exploration, is that what is now a project could become institutionalized as a program – expanding IPP and CDEP opportunities for additional partners within each of the five priority populations and then expanding to some other potential populations like migrants from other parts of the world, especially the Middle East, war-torn areas, and the disability community.

What would CRDP look like for people who are Deaf or blind, or mobility-impaired? And what would true community-based participatory actions to create healthier contexts and situations, and connections be for those populations? So that's at least my vision of where it could and should go. And I realize that it's a stretch and a strain for the California Department of Public Health to operate in such an out-of-the-box, non-conventional, unconventional, non-standard sort of way of operating, but it does have so many potential rewards that it's worth pursuing.

What has been the most unexpected thing for you personally about this project?

The emotional side of this lengthy journey is something that should not be brushed under the rug. That is the joy that I've witnessed as people share their incredible work that they do within the context of their CDEP and how they serve their community. That's infectious, and it helps justify a lot of the bureaucratic hassles that everyone has had to go through. And we as TA providers vicariously get to share in that thrill – so the emotional ups and downs of this project are not anything that I expected, but definitely have been life changing for the better. And I'm deeply appreciative of that.

Additional Resources and Learning:

Posters from the CRDP 2019 Annual Convening

From the Culture is Prevention Project

ADAPTING THE CULTURAL CONNECTEDNESS SCALE FOR MULTI-TRIBAL COMMUNITIES
MEASURING CULTURE AS A SOCIAL DETERMINANT OF MENTAL HEALTH FOR NATIVE/INDIGENOUS PEOPLES
MEASURING CULTURAL CONNECTEDNESS AND PROVIDING EVIDENCE THAT CULTURE IS A SOCIAL DETERMINANT OF HEALTH FOR NATIVE AMERICANS

A Final Note

When asked about what the future holds for CRDP, a number of the individuals interviewed for this report referenced another report: The CRDP Phase 3 Recommendations Report.

As this Historical Storytelling Report was being finalized, the California Governor's May Revision to the 2025-26 budget was released, proposing significant cuts to CRDP. The "May Revise" proposed eliminating all remaining funding for CRDP, a reduction of $15.8 million in FY 2025-26, reverting the funds to the General Fund. All of the organizations providing services through CRDP received "stop work" notices, telling them their contracts would be invalid after June 30, 2025.

What took place in the weeks following the release of the May Revise was a catalyst of activity from the CRDP providers and their communities, who took a stand with their elected officials to clearly state the importance of CRDP and the devastating impact of cutting the work short. The education included press releases and press conferences, visits to legislative offices, a letter campaign, and testifying at hearings. This was a powerful representation of the capacity building and cross-community collaboration that CRDP has been fostering since its inception.

On June 13, 2025, the State Senate passed a Budget Bill that included restoration of the CRDP funds that were proposed to be cut from the Governor's May Revise. On June 30, 2025, the Governor signed off on this bill and all of the CRDP contractors received emails rescinding their "stop work" orders.

This is an important and triumphant milestone in the story of CRDP. We look forward to there being many more.

We close with Rachel Guerrero's remark to Dr. Sergio Aguilar-Gaxiola:

At this week's hearing, the legislators kept saying, "This project has evidence, it has an evaluation, it shows that it works. Why are you, the California Department of Public Health, not funding it?" Over and over. We had people reporting on the evidence. It makes a big difference, an incredible difference, over not being able to say that it works or that we just don't know if it works.

And don't forget, Sergio, before all these cuts years ago, as this project was rolling out, we were talking about how the California Department of Public Health should be funding this project unto itself as not a project, but this should be a program, especially in California. I was very concerned that the testimony [following the 2025 May Revise] was focused on not cutting our funding between now and next June, but really the vision should be to create a specific funding source and expand it – a separate designated funding source, like how full-service partnerships are funded. That really is what needs to happen to grow CRDP.

ACKNOWLEDGEMENTS

We would like to acknowledge the contributions of the following individuals and groups who made this project possible:

Profile Participants

- Dr. Sergio Aguilar-Gaxiola
- Marina Augusto
- Dr. Richard Cervantes
- Irisela Contreras
- Ken Einhaus
- Alex Filippelli
- Rachel Guerrero
- Dr. Emily Haozous
- Stacie Hiramoto
- Okema Hodge
- Jonathan Lopez
- Dr. Roland Moore
- Vattana Peong
- Alberto Perez-Rendon
- Dr. Parichart Sabado
- Dr. Winston Tseng
- Dr. R. Bong Vergara
- Gulshan Yusufzai

CRDP Report Committee Members

- Sonya Aadams
- Josefina Alvarado Mena
- Joel Baum
- Phillip Britton
- Ladine Chan
- Jesse Damon
- Alex Filippelli
- Cullen Fowler-Riggs
- Stacie Hiramoto
- Sarah Illing
- Regina Mason
- Joseph Ravago
- Rachel Rios
- Ishani Shah
- Hurjessica Virk
- Clery Villacrez Vasquez
- Karen Waukazoo
- Nani Wilson

This report is made possible by funds received from the California Department of Public Health, Office of Health Equity's California Reducing Disparities Project, Contract # 15-10603.

This work would not have been possible without the contributions of many individuals and organizations. We thank you for your commitment, advice, support, and wisdom.

The Equity and Wellness Institute kindly thanks the CRDP community for putting its trust in us to write this Historical Storytelling Report. Dr. Tamu Green served as the Project Director, along with Danielle Hawthorne as the Senior Strategist and Data Analyst, Jillyan McKinney as the Senior Director of Projects and Operations, and Sarah Cabrera-Saunders as the Graphic Designer.

Equity and Wellness Institute

Cultivating Well-Being in Communities

*Map design insprired by the work of Timara Lotak Link, a Chumash artist