

# California Reducing Disparities Project



## Office of Health Equity

### Community Development and Engagement Section

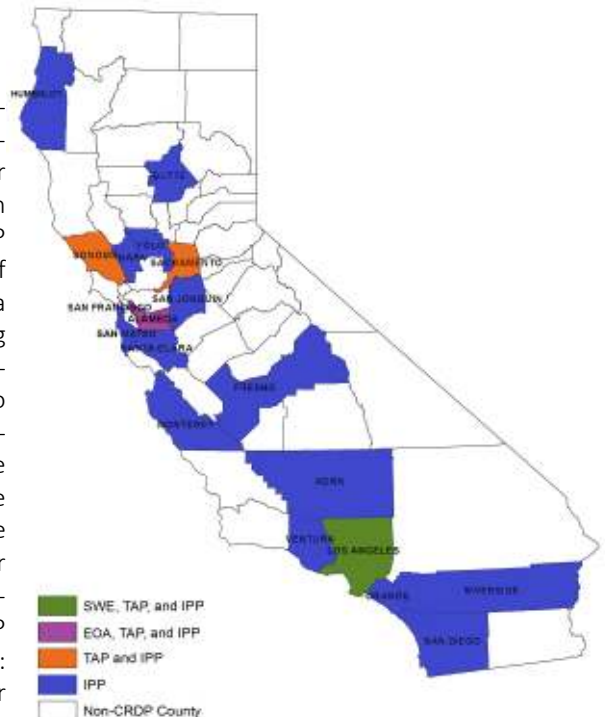
### CRDP Background

Initiated in 2009 and initially funded by the Mental Health Services Act (Proposition 63), the California Reducing Disparities Project (CRDP) is a statewide mental health prevention and early intervention initiative to improve mental health access and outcomes among 5 historically unserved, underserved, and/or inappropriately served communities: African American/ Black, Asian Pacific Islander, Latinx, Native American, and Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+) communities. Currently in its second phase, the CRDP Phase 2 is administered by California Department of Public Health-Office of Health Equity (CDPH-OHE) and aims to implement and validate community driven mental health solutions.

The CRDP Phase 2 was initially funded with \$60 Million from the Mental Health Services Act, Prevention and Early Intervention Funds to be implemented from 2016-2022, however due to the success of the project, the project was renewed in 2021 with \$63.1 Million from the state general fund.

## Implementing Community-Defined Solutions to Reduce Mental Health Disparities

At the heart of CRDP Phase 2 is the implementation and validation of community defined evidence practices, or CDEPs, to address the mental health disparities experienced by the five CRDP priority populations. CDEPs are a set of bottom-up practices derived from a community’s ideas of illness and healing or positive attributes of cultural or traditional practices and determined to yield positive results by community consensus over time. These services are often culture-specific practices that are supported by community experience but generally not yet recognized or funded by the public mental health system. CDEPs implemented in CRDP Phase 2 include but are not limited to: Traditional Healers; Life Coaching; Sister Circles; Mindfulness, Radical Inclusivity, and Bilingual/Bicultural Outreach Workers.



## CRDP Components

### Community-Based Organizations

35 community-based organizations implement CDEPs which provide culturally and linguistically competent prevention and early intervention services to members of CRDP priority populations. Efforts in Phase II will expand CDEPs scale to allow for further evaluation of effectiveness. The extension of Phase II will focus on scalability and expansion for CDEPs into the public mental health system.

### Evaluation

The purpose of evaluation is to demonstrate the effectiveness of CDEPs in reducing mental health disparities in the five priority populations using community based participatory research methods. This is a partnership approach to research that equitably involves community members, organizational representatives, and researchers in all aspects of the research process.

### Technical Assistance

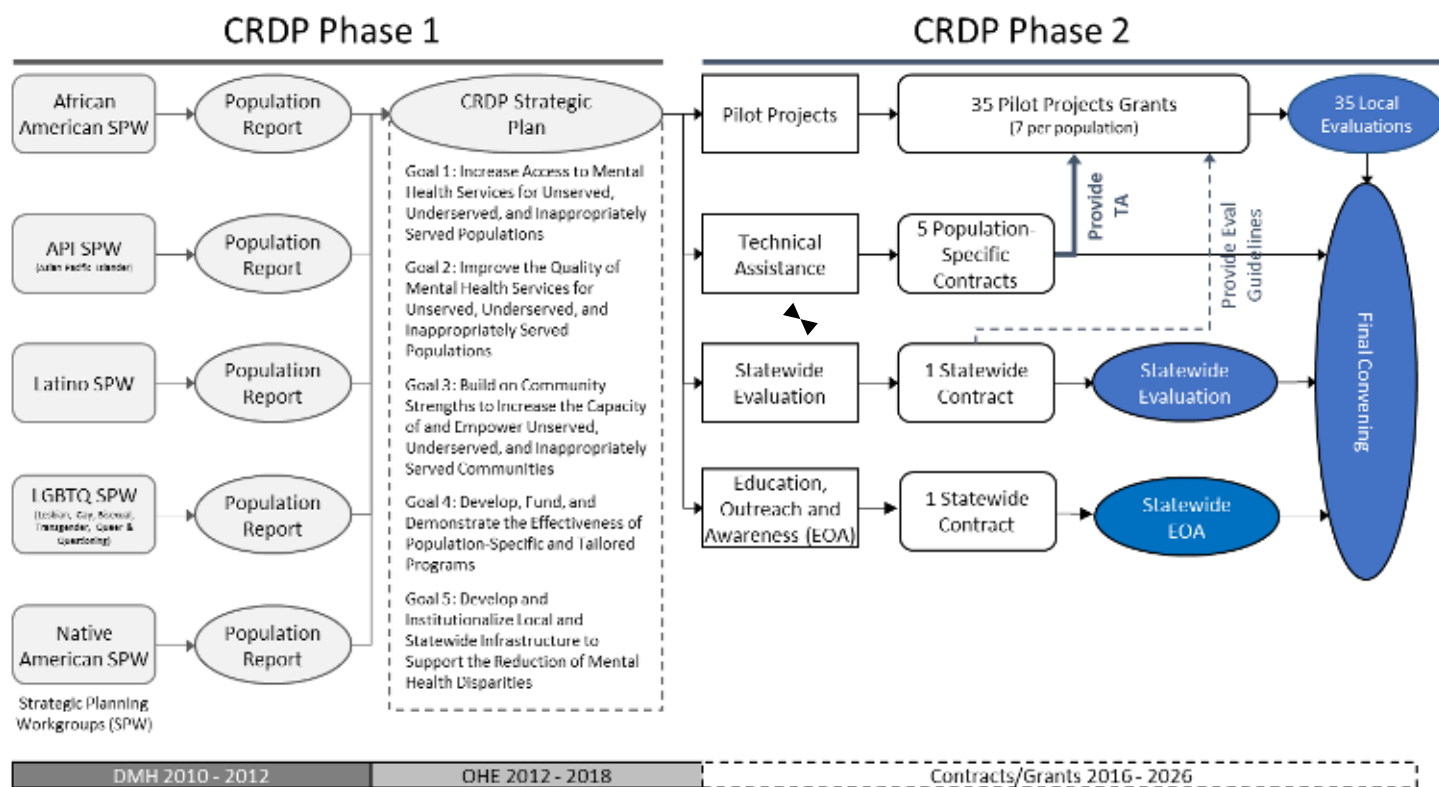
Five population-specific Technical Assistance Providers work with Pilot Projects to develop their administrative, programmatic and evaluation capacities. They also help Pilot Projects improve operations, identify and secure additional resources and build strategic partnerships to better serve communities.

### Education, Outreach & Awareness

This contractor implements components of the CRDP Strategic Plan and demonstrates how CRDP is designed to better address the needs of unserved, underserved, and inappropriately served communities through storytelling, media training, media consulting services, and partnership development.

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## CRDP Phase 1 & 2 Schematic



## GUIDING PRINCIPLES

### ◆ Do business differently

Doing business differently has been a focus of CRDP from the start. Doing business differently involves attentive listening and genuine consideration of community and CRDP partner input in order to be responsive to community needs.

### ◆ Build community capacity

To sustain efforts to reduce mental health disparities beyond the period of CRDP Phase II funding, it is necessary to invest in creating community capacity and supporting community-based organizations.

### ◆ Fairness

A program designed to reduce disparities must not perpetuate disparities. Contracts should be awarded based on merit and only after all interested parties have been invited to apply and if needed, provided with tools and services to support their application.

### ◆ Systems change

CRDP does not exist in a vacuum. If the effort to reduce disparities begun with CRDP Phases I and II is to be sustained beyond the period of funding, then Phase II needs to address the context and bigger picture within which CRDP exists. This will allow smoother integration of Phase II funded programs into the larger mental health care delivery system.