

California Reducing Disparities Project Phase II



**Office of Health Equity,
Community Development
and Engagement Unit**

BACKGROUND

The California Reducing Disparities Project (CRDP), launched in 2009, is a \$60,000,000 project funded by the Mental Health Services Act of 2004. It seeks to answer former U.S. Surgeon General David Satcher's call for national action to reduce mental health disparities.

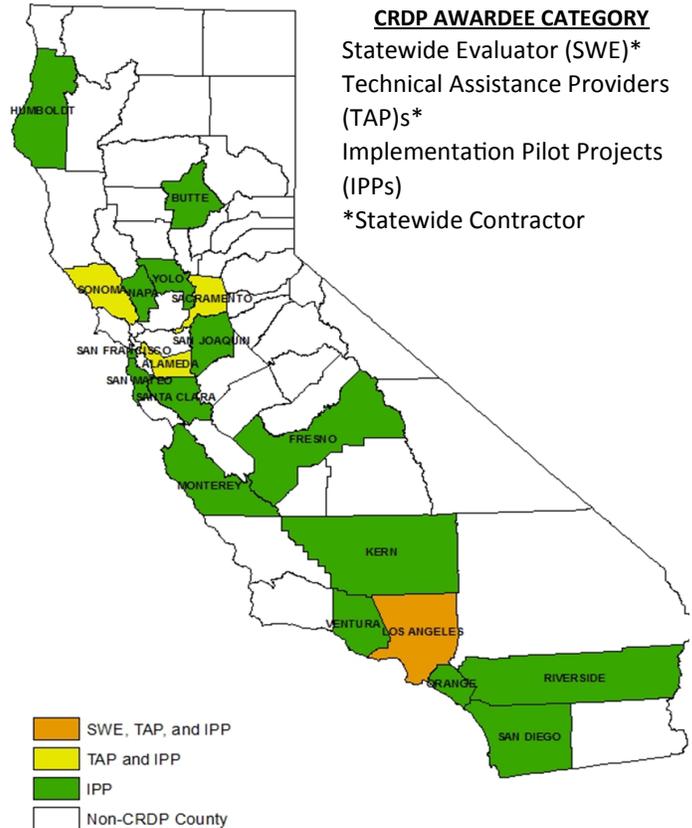
The five target populations included in CRDP are **African American; Asian and Pacific Islander; Lesbian, Gay, Bisexual, Transgender, and Queer, Questioning (LGBTQ); Latino;** and **Native American**. To date, the CRDP consists of two phases.

Phase I, which was completed in April 2018, focused on the development of a statewide strategic plan to reduce mental health disparities, while Phase II, to be completed in 2022, focuses on implementation of the CRDP Strategic Plan.

PHASE II GOALS

CRDP Phase II is designed to build on and implement strategies developed in Phase I. They include:

- ◆ Demonstrate through a rigorous, community-participatory evaluation process that selected Community-Defined Evidence Practices (CDEPs)* are effective in preventing or reducing the severity of mental illness.
- ◆ Increase funding of validated CDEPs by other, non-CRDP sources, including county mental health departments.
- ◆ Support changes in statewide and local mental health delivery systems and policies that will reduce mental health disparities among unserved, underserved and inappropriately served populations.



CRDP COMPONENTS

◆ 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.

◆ Pilot Projects

Pilot Projects 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 for effective evaluation.

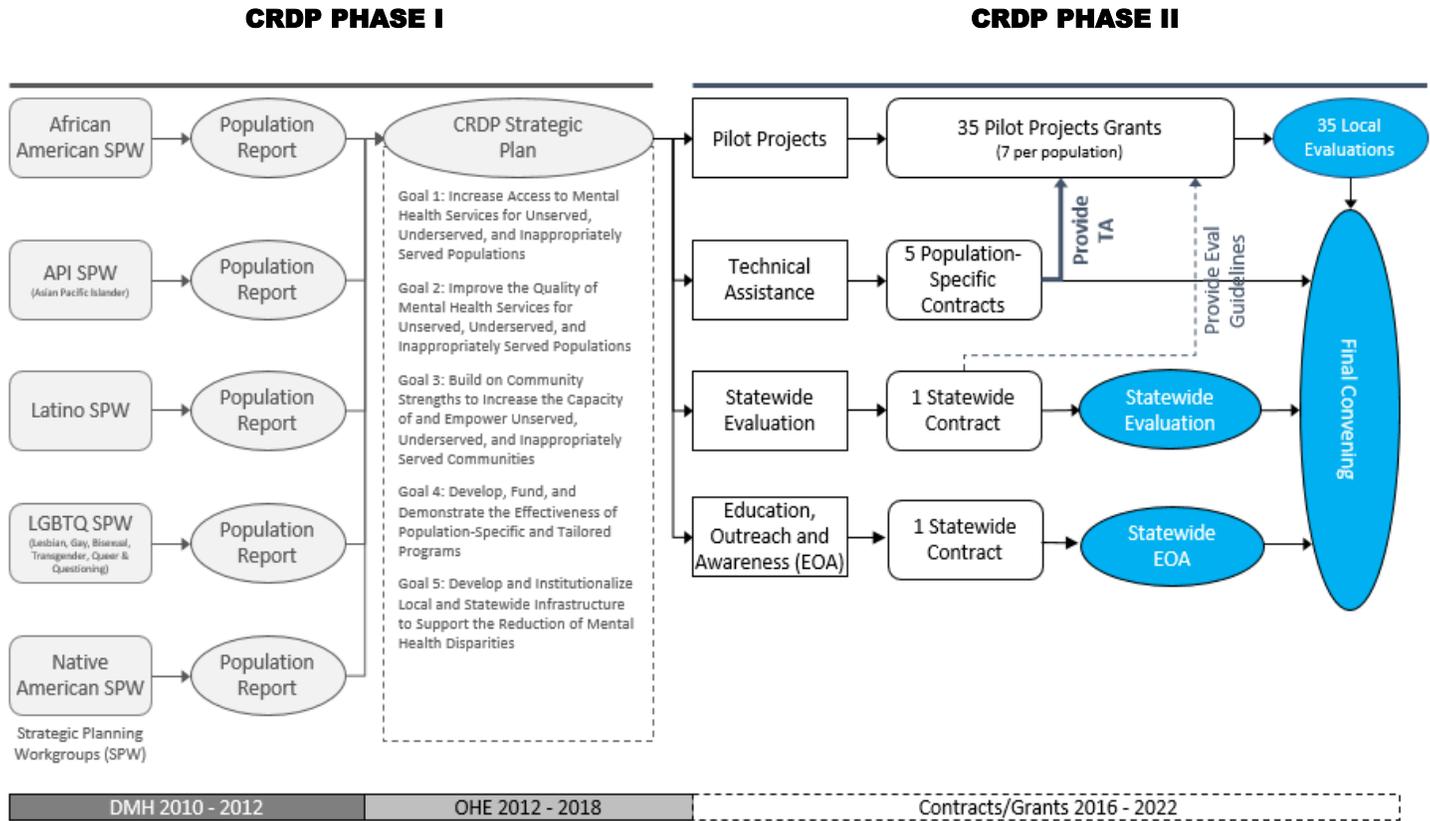
◆ Education, Outreach and Awareness

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.

*A CDEP is a set of practices used by communities and determined to yield positive results that may not have empirical evidence of effectiveness (https://nned.net/docs-general/CDEP_Final_Report_10-7-09.pdf)

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CRDP 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.