

California Department of Public Health

Public Health Solutions: Health and Mental Health Equity

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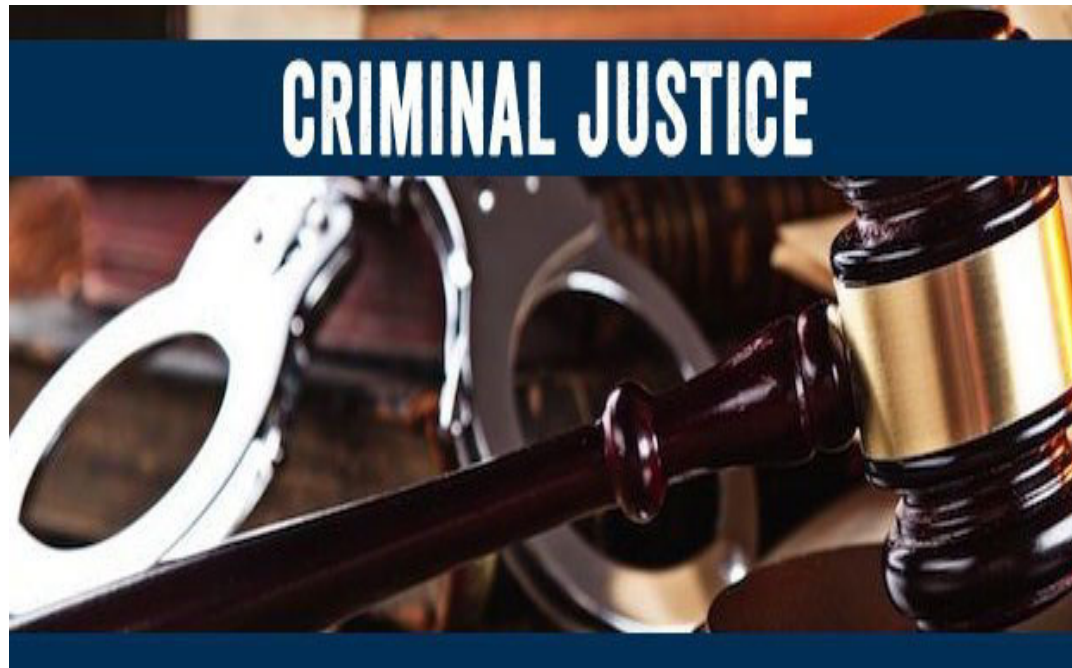
Office of Health Equity

- Established to provide a key leadership role to reduce health and mental health disparities to vulnerable communities.
- Mission: Promote equitable social, economic and environmental conditions to achieve optimal health, mental health and well-being for all Californians.



Health Equity in Criminal Justice Reform

- Social determinants of health
- Overrepresentation of communities of color
- Individual, family & community impacts
- Increase the consideration of health and equity in decision making
- Consider community informed approaches
- Enhance research, advocacy, and capacity-building from a community based participatory framework



COMMUNITY-DRIVEN REFORM EFFORTS

- Authentic community engagement is key
- Prevention & early intervention
- Structural systems change



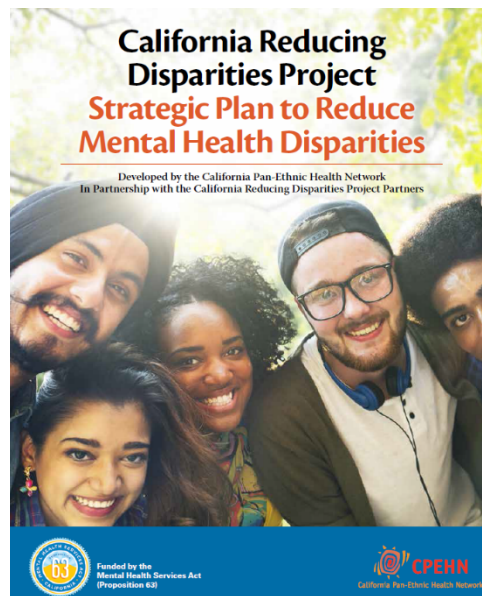
Criminal Justice is a Public Health Matter

- Linking the fields of criminal justice and public health
- Criminal justice, public health, and community systems
- Physical health, mental health, and social health, and their relevancy to the criminal justice system



California Reducing Disparities Project

Community Defined Practices to Address Mental Health Disparities



California Reducing Disparities Project

CRDP aims to:

- Evaluate and support culturally and linguistically competent community-defined evidence practices (CDEPs) as implemented by local community-based organizations
- Foster a culturally and linguistically appropriate public mental health system that is responsive to the needs of diverse and vulnerable populations

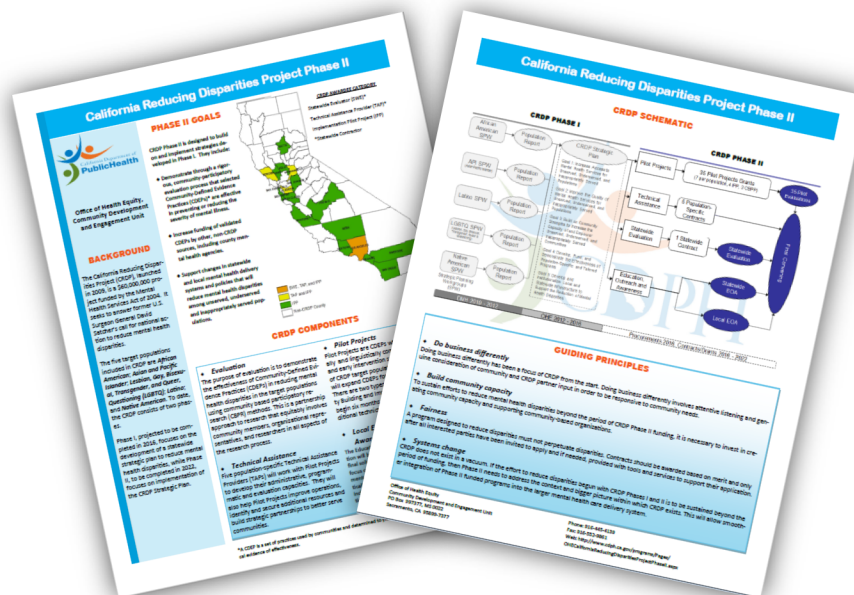


CRDP – Making the Case for CDEPs

CRDP Phase I Reports



CRDP Phase 2 Fact Sheet



Phase 1 – Building a Foundation for Success (2009-2018):

Community assessments of mental illness, needs, and recommendations on how to address them. The Strategic Plan synthesizes recommendations and provides a roadmap.

Phase 2 – Pilot Project Implementation and Evaluation (2016-2022):

Provides \$60 million in grants and contracts to support implementation and evaluation of recommendations through Community Defined Evidence Practices (CDEPs).



CRDP & the Justice Involved

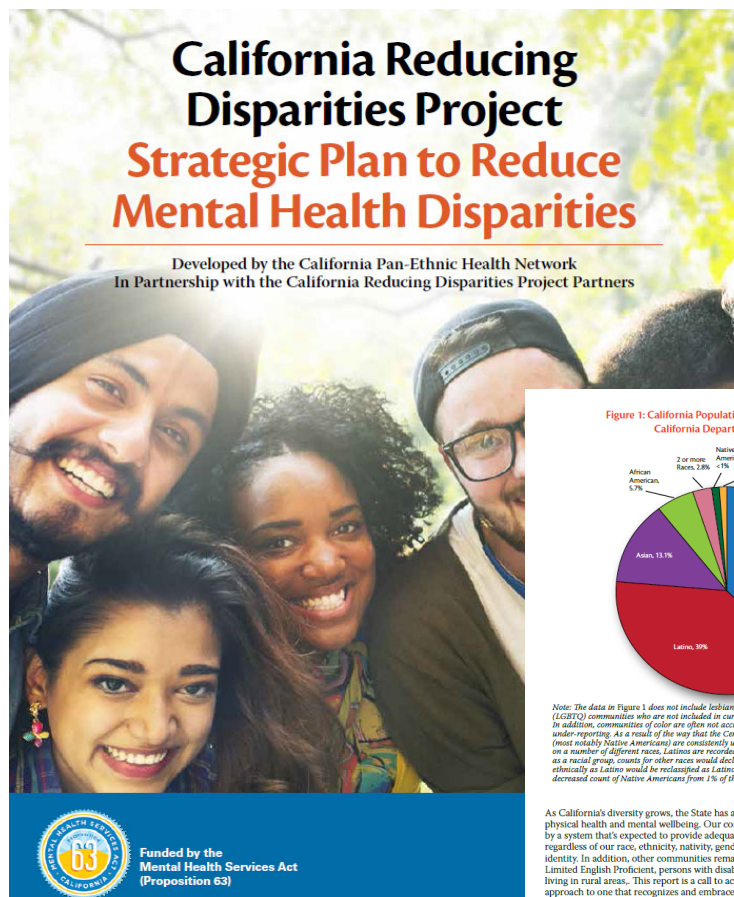
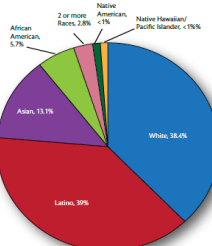


Figure 1: California Population by Race/Ethnicity, 2015
California Department of Finance



Note: The data in Figure 1 does not include Indian, gay, bisexual, transgender, queer, and questioning (LGBTQ) communities who are not included in current statewide or federal data collection systems. In addition, communities of color are often not accurately reported due to racial misclassification and under-reporting. As a result of the way that the Census records race and ethnicity, certain populations (most notably Native Americans) are consistently undercounted. While the Census collects data on a number of different races, Latinos are recorded as an ethnicity. If Latinos were to be included as a racial group, counts for other races would decline. For example, Native Americans identifying ethnically as Latino would be recategorized as Latino rather than Native American. This results in a decreased count of Native Americans from 1% of the population to less than half a percent.

As California's diversity grows, the State has a responsibility to address inequities in both physical health and mental wellbeing. Our communities have long been poorly served by a system that's expected to provide adequate and appropriate services to all persons, regardless of our race, ethnicity, nativity, gender, age, sexual orientation, or gender identity. In addition, other communities remain underserved, such as the homeless, Limited English Proficient, persons with disabilities, immigrants and refugees, and those living in rural areas. This report is a call to action to move us from a one-size-fits-all approach to one that recognizes and embraces our unique characteristics.

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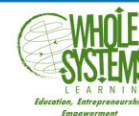
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CRDP Phase 1 Strategic Plan – Recommendations to address mental health and justice involvement



CRDP & the Justice Involved

Project: Turning Resilience into Brilliance for Eternity (T.R.I.B.E. Program) Whole Systems Learning



LOCATION

Riverside, CA
Los Angeles, CA

GROUPS SERVED

- African American Males
- Urban Settings
- Transition-Age Youth (ages 14-24)
- Foster Care / Probation/Parole Experience

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CALIFORNIA REDUCING DISPARITIES PROJECT

OVERVIEW

TRIBE is an African-centered program for African-American youth, ages 14-24 who are or have been in foster care or on probation or parole

TRIBE addresses the root causes of disproportionate African-American representation in prison and homelessness on both individual and structural levels. It does so by focusing on the trauma suffered by our youth, and how to reduce and heal trauma symptoms, both during and after traumatic life experiences. TRIBE techniques include:

HipHopHealing is a trauma therapy that uses treatment approaches for Complex-PTSD, implementing it through culturally relevant storytelling of filmmaking, music production, poetry workshops, and activism.

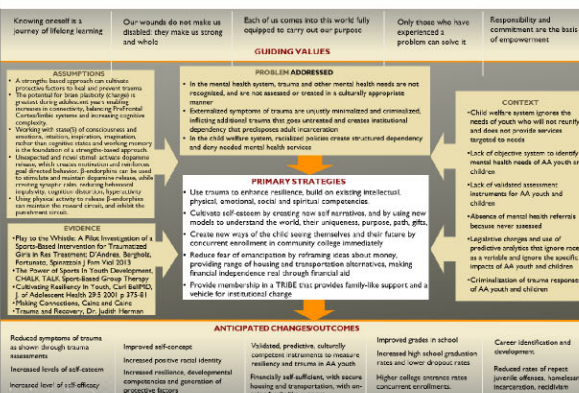
Know Thyself is a brain-based behavior change model that increases resilience by enhancing protective factors.

Know Self-Sufficiency through Employment: Career training/College, work experience, and career employment and entrepreneurship.

Know Self-Determination Housing, Transportation, Life Skills and Legal services and skill-building.



THEORY OF CHANGE



PROGRAM ROLLOUT HIGHLIGHTS



- Enrollment in 3 12-week workshop series: HipHopHeals, Know Thyself Cultural Identity, Entrepreneurship in cohorts of 10 2x/year
- TRIBE members are trained as program facilitators
- Life Skills and MindShift



TURNING RESILIENCE INTO BRILLIANCE FOR ETERNITY

I AM TRUTH: I am here for a purpose. My life experiences are preparing me for greatness, and this is only the beginning. My actions may have hurt others and myself, but every experience has served a good and right purpose. I am not a mistake. I am worthy.

I AM RESPECT: I am a genius. I am respecting my brilliance, dreams and emotions.

I AM SEEING: the gifts in my wounds. My rage leads me to transform as I understand that people are who they are and not who I want them to be. I can ask: what's good about it?

I AM COMMITMENT: I am where I should be. I commit to stand and face my fears here, and run toward the roar.

I AM POWER: I will not give up my power to others by blaming or following. I look over ALL, observation, and take ALL responsibility to get what I want.

I AM RICH: Abundance is within me, in the creative ideas that pour out of me every second. I will invest in my dreams and in my own idea of success.



OUTCOMES

- Youth who started the program on probation are no longer on probation
- Emancipated students and probationers living independently in their chosen housing, attending college or working in careers



FUTURE DIRECTIONS

Long-term goals of the project include:

- Institutional partnerships to identify and work with juvenile/adult probation, parolees
- Community partnerships to promote policy change
- New culturally competent instruments to assess trauma, resilience, protective factors for nationwide use
- EBP on BBR-T and effectiveness of physical activity for AA program to reduce trauma responses (for example: fight/flight/freeze) through somatic feedback and resiliency reinforcement

CRDP Phase 2 Pilot Projects – Implementing community driven programming addressing mental health & justice involvement





Community Mental Health Equity Project

Investing in Our Own



Why Community Mental Health Equity Project (CMHEP)?

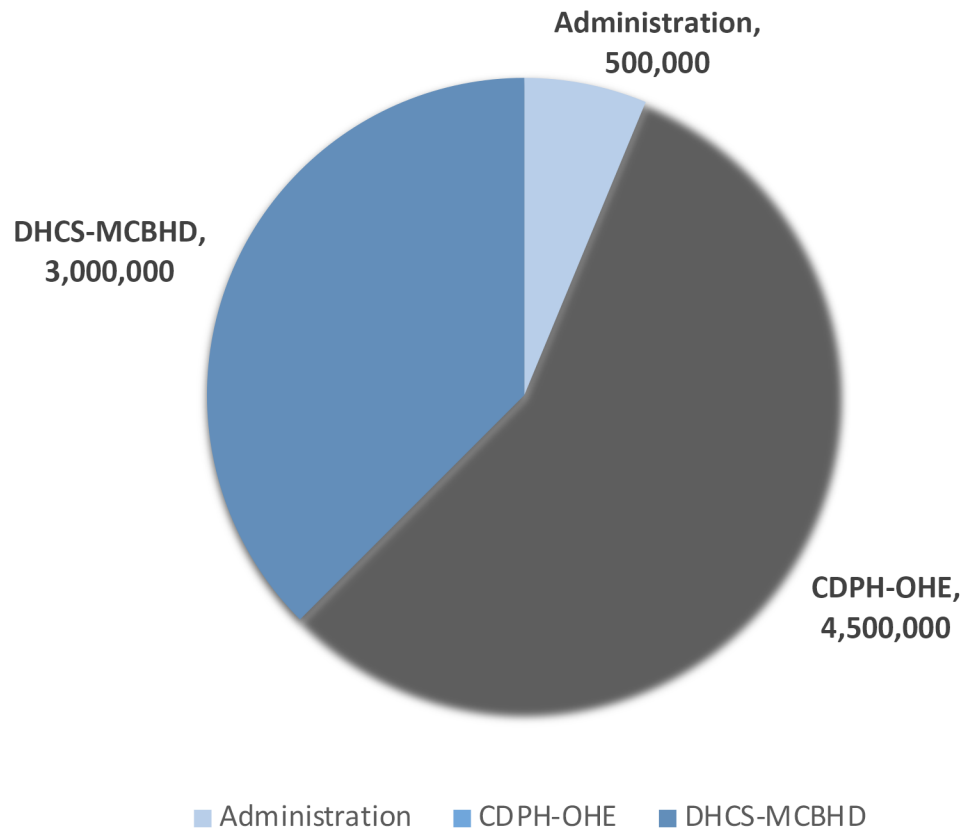
At the Office of Health Equity, we believe Culture catalyzes change and gives hope to every community. A reimagined culturally inclusive mental health system acknowledges and respects the beliefs and behaviors of underserved consumers and subsequently heals from the roots.

-Our Ancestors

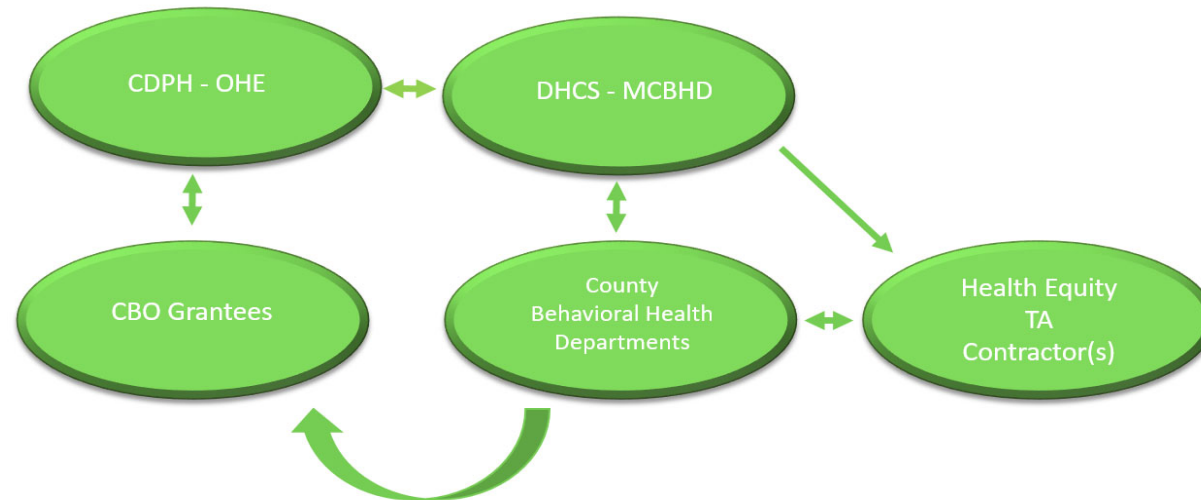


Community Mental Health Equity Project

Funded by one time General Funds under Assembly Bill (AB) 74 (Chapter 23, Statutes of 2019) authorizing \$8,000,000 to fund mental health equity programs. Project Timeline is from March 2020 – June 2022.



High-level Points



- CDPH-OHE will fund up to **35** community-based organizations to expand or enhance culturally informed mental health approaches
- CDPH-OHE will oversee county to community linkages
- DHCS-MCBHD will hire health equity expert contractor(s) to provide virtual training and technical assistance to counties
- DHCS-MCBHD will convene virtual collaboratives for counties and mental health providers

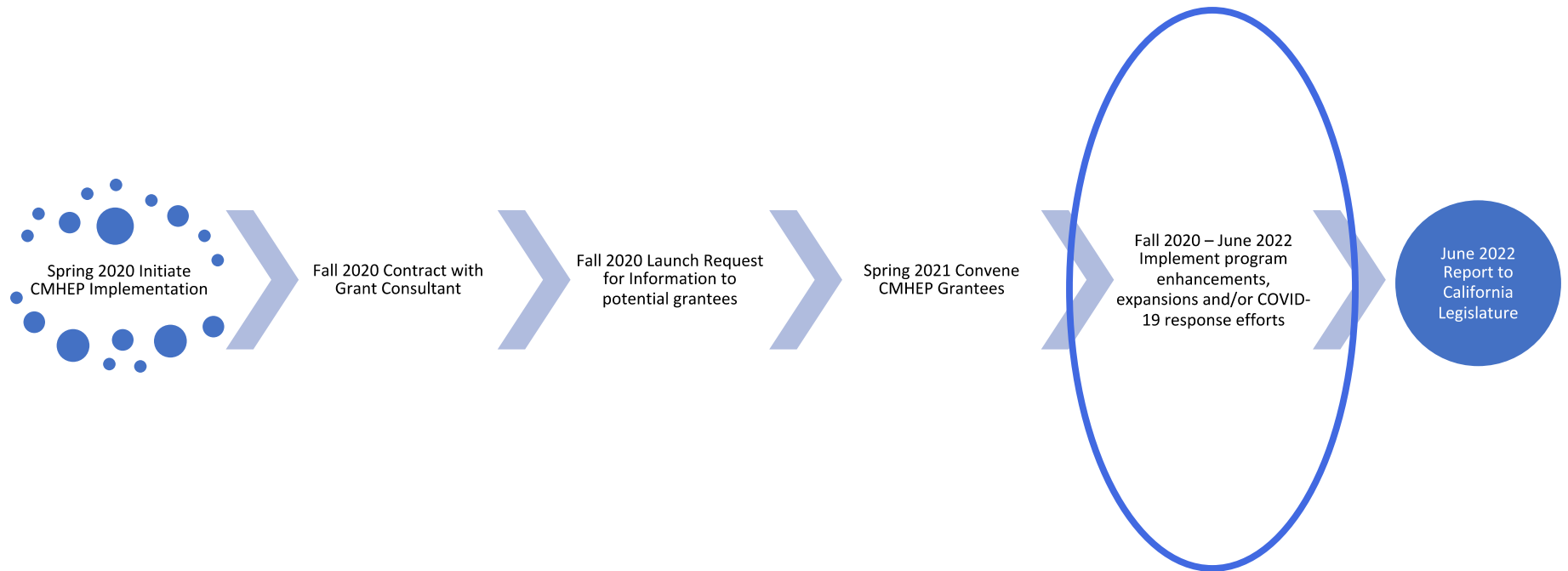


Project Domains

- **Improving Communication and Outreach Efforts:** Increase outreach for their culturally tailored interventions by a self-selected percentage
- **Support Workforce Development:** CBOs will increase culturally congruent on the ground staff support for mental health initiatives
- **Increased Access and Case Management:** Strengthen or partially support a case management system/centralized patient intake system for the purpose of increasing access to underserved families
- **Technology Access and Enhancement:** To provide for additional technology needs, including as a result of COVID surge
- **Mental Health Direct Services:** Fund direct service training for CBO's and staff to offer culturally informed direct services on grief and loss, post-traumatic stress, and other mental health concerns such as anxiety



CDPH Timeline



End of Project Goals

- Ensure local mental health services are culturally and linguistically responsive to the communities they serve
- Support the linkages incorporation of community defined evidence practices with county behavioral health structures
- Reduce mental health disparities through population specific and community driven training and technical assistance



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