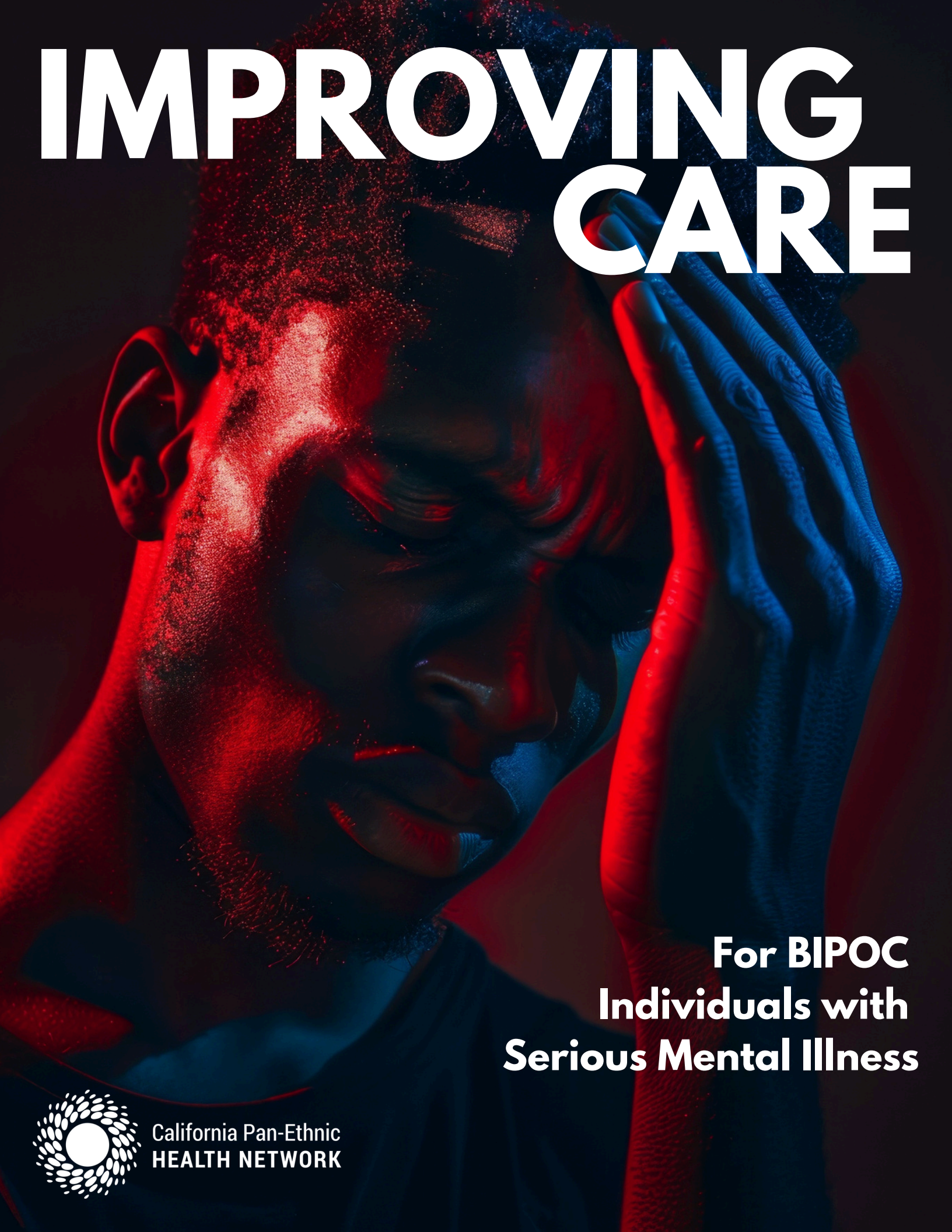
IMPROVING CARE



For BIPOC Individuals with Serious Mental Illness

California Pan-Ethnic
HEALTH NETWORK

CONTENTS

INTRODUCTION

In 2019, 1 in 26 California adults had a serious mental illness (SMI), a diagnosable mental, behavioral, or emotional disorder resulting in functional impairment that interferes with or limits major life activities. [1] Recognizing the urgent need for effective and inclusive care, California has recently made significant investments to expand access to mental health services for people with SMI. However, despite these efforts, much remains to be done to ensure that the treatment provided is not only accessible but also high-quality, culturally relevant, and responsive to the diverse needs of California's population.

This report focuses on advancing racial equity within California's mental health system, particularly in improving access to and quality of care for Black, Indigenous, and People of Color (BIPOC) communities affected by SMI. These communities often face compounded challenges in accessing mental health care, including disparities in treatment access, stigma, and structural inequities. Addressing these issues is essential to creating a more equitable and effective mental health system that meets the needs of all Californians.

However, we also recognize the importance of intersectionality in understanding the full scope of these issues. Many individuals experience overlapping identities, and LGBTQIA+ individuals within BIPOC communities, in particular, face distinct challenges that compound the barriers to equitable mental health care. While this report does not delve deeply into the specific needs of LGBTQIA+ populations, we encourage further research and discussions, led by LGBTQIA+ community leaders, to more comprehensively address these needs. Acknowledging this limitation is essential in advancing a holistic approach to culturally responsive, inclusive, and effective mental health services for all Californians.

UNDERSTANDING SERIOUS MENTAL ILLNESS

Serious mental illness (SMI) refers to mental health conditions that significantly impair an individual's ability to function in everyday life. While many mental health conditions exist along a spectrum of severity, SMI refers to mental health conditions that significantly impair an individual's ability to function in everyday life, such as major depressive disorder, schizophrenia, bipolar disorder, severe post-traumatic stress disorder, among others.

In contrast, mild to moderate mental health conditions, such as anxiety disorders, mild depression, or stress-related disorders, may cause distress but typically do not impair a person's ability to perform essential life activities to the same extent as SMI.

PREVALENCE AND DISPARITIES IN SERIOUS MENTAL ILLNESS

The prevalence of SMI varies by income, with higher rates reported among those with lower incomes. Nearly 12% of adults in families below 100% of the federal poverty level had a serious mental illness. SMI rates also vary by race/ethnicity, with the highest rates reported among American Indian and Alaska Native Californians (6.8%), Black Californians (5.3%), and multiracial Californians (4.9%). [2] While there is less data available on the impacts of serious mental illness in the LGBTQIA+ population, data on overall mental health challenges and anecdotal evidence suggest that SMI affects many members of this population.

This report highlights the importance of addressing disparities and barriers in mental health care for BIPOC communities, advocating for culturally responsive, community-based practices to ensure California's investments in mental health yield equitable outcomes for all.

RECENT LEGISLATIVE INITIATIVES

Recent California legislation, including Proposition 1 and CARE Court, could have significant impacts on the provision of mental health services for individuals with SMI.

- Proposition 1, approved by California voters in March 2024, amends the 2004 Mental Health Services Act (MHSA), renaming it the Behavioral Health Services Act (BHSA). It requires a set-aside for housing programs and authorizes $6.38 billion in bonds to fund behavioral health treatment and residential facilities, which could result in reduced funding and mental health services for people of color.
- CARE Court, which all counties must participate in by December 2024, is a state program in which individuals with serious mental illness, particularly those experiencing schizophrenia spectrum or other psychotic disorders, who may also have substance use challenges, can be referred by family, friends, or government officials to a court-ordered CARE Agreement treatment plan. Failure to comply with the treatment plan can lead to conservatorship or involuntary hospitalization.

There are concerns that both Prop 1 and CARE Court could shift the focus toward involuntary treatment, potentially compromising the autonomy of individuals in need. In addition, Prop 1 could reduce funding for local mental health programs that have long served BIPOC communities through community-defined evidence practices (CDEPs) and other culturally relevant models of care. [3]

SERIOUS MENTAL ILLNESS ADVISORY GROUP

In late 2023, the California Pan-Ethnic Health Network (CPEHN) convened an Advisory Group of eight organizations and providers serving communities of color with significant behavioral health needs. The Advisory Group specifically focused on care for individuals with serious mental illness. The group pursued three primary goals:

- To learn how organizations are effectively incorporating culturally aligned practices into mental health services for communities with the most severe mental health needs.
- To identify barriers and challenges that limit access to mental health services and the delivery of culturally responsive care for BIPOC communities.
- To develop recommendations for improving access to, and the quality of, behavioral health services for BIPOC communities experiencing serious mental illness.

The Advisory Group held three meetings, and this report presents the discussions from those sessions, highlighting experiences, identifying challenges, and proposing recommendations.

ADVISORY GROUP MEMBERS

Asian Solidarity Collective provides a range of alternative healing models specifically designed for BIPOC and formerly incarcerated individuals. These include art workshops, music workshops, mindfulness-based stress reduction sessions, and peer community support groups. They focus on building community, offering safe spaces where participants can express themselves and heal through creative and mindfulness practices. Asian Solidarity Collective's programs are funded through grants, which allow them to offer these culturally aligned services.

CommuniCare Health Centers is a federally qualified health center in Yolo County that offers comprehensive, community-based services, including primary care, mental health, and support for social determinants of health (SDOH). They reach individuals with serious mental illness through programs designed to support those transitioning from hospitalization, incarceration, or unstable housing. Their Mobile Medicine Program delivers care to rural communities and agricultural workers on-site, while also serving homeless populations in shelters and temporary housing. CommuniCare integrates mental health and primary care services to address the full range of needs for their community.

Decarcerate Sac is a policy advocacy group focused on reducing the criminalization and incarceration of individuals with mental health challenges. Though not a direct service provider, they advocate for alternatives to incarceration, particularly for individuals with serious mental illness. They advocate for policies that prioritize community-based care over incarceration, and work to ensure that individuals transitioning from correctional settings have access to culturally responsive mental health services.

Painted Brain offers a peer-driven approach to mental health, using creativity and community engagement to support individuals living with mental illness. Their programs include art therapy, community-building activities, and workshops aimed at reducing the stigma surrounding mental illness. Painted Brain employs individuals who have lived experiences of mental health challenges to act as peers to support others in their mental healing journey.

SISTAHFRIENDS focuses on providing trauma-informed care to Black women, including those experiencing domestic violence, substance use, homelessness, or elder care needs. The organization hires staff with culturally responsive expertise and provides ongoing training to ensure that the services offered reflect the lived experiences of the populations they serve. SISTAHFRIENDS also offers reentry support for formerly incarcerated women, creating a comprehensive model of care that includes behavioral health recovery services and support. In addition, their staff receives evidence-based population training to enable them to work effectively with targeted populations.

Sonoma County Black Therapy Fund (SCBTF) is the first Black health program in the history of Sonoma County, and its clients include members of one of the largest unsheltered populations per

capita in the state. SCBTF collaborates with a homeless service provider serving unsheltered women and children to facilitate therapy sessions for those seeking services. The program offers up to 12 no-cost culturally competent therapy sessions, with an emphasis on peer support and healing practices that resonate with the community. Sonoma County's Black residents have the lowest human development index scores, living ten years less than any other ethnic or racial group, with life outcome scores lower than state and national averages. Black residents make up 2% of the population, yet disproportionately represent 9% of the unsheltered community and experience lack of home ownership, high renter burdens, and report food and employment insecurity. Services are offered through both telehealth and in-person sessions, depending on the client's needs and level of access. They collaborate with a network of Black therapists, as well as mental health providers from Latine, Indigenous and AAPI communities to ensure that the mental health care provided is not only accessible, but also reflective of the cultural need of their clients. The provider roster also includes therapists who have a skillset of pastoral counseling or who have a masters in divinity to be inclusive of those who draw strength from spirituality in addressing their mental health struggles.

The Fresno Center offers mental health services specifically focus on reaching unserved and underserved populations who may not typically access traditional Western clinical mental health care. Their team includes Cultural Brokers and multilingual staff proficient in Spanish, Hmong, Lao, Khmer, Hindi, Punjabi, Arabic, and English, providing culturally appropriate education, training, and support. The Fresno Center serves as a one-stop resource for mental health, community resources and crisis services, bridging gaps in access and ensuring that services reflect the cultural needs of the communities they serve.

Transition Clinic Network (TCN) is an evidence-based program aimed at addressing health inequities faced by individuals transitioning out of incarceration. The program centers around community health workers (CHWs) with lived experience of incarceration, who engage and support returning community members in navigating complex healthcare and social services. TCN also partners with community health clinics to provide training and technical assistance, equipping healthcare systems to deliver compassionate, patient-centered care in communities most impacted by incarceration.

CULTURALLY RESPONSIVE AND COMMUNITY-DRIVEN APPROACHES

During the Advisory Group meetings, members shared successful strategies and programs they have implemented to improve the behavioral health experiences of BIPOC Californians with serious mental illness. While the eight Advisory Group members represent different types of organizations and experiences, they all emphasized the importance of community-defined evidence practices (CDEPs) as a cornerstone of effective and equitable mental health care, because CDEPs reflect the unique cultural, spiritual, and holistic needs of their communities, often going beyond traditional medical models. Organizations shared specific approaches they have taken to provide culturally responsive mental health care and address disparities:

- **CommuniCare Health Centers** offers a range of community-based programs supporting individuals with serious mental illness. Their Mobile Medicine Program brings medical care to those experiencing homelessness and housing instability. Traveling to shelters, respite centers, and temporary housing locations, the mobile team provides physical health services and psychiatric prescriptions as an interim mental health support. Additionally, the Transitions of Care (TOC) program, which ended in 2023, supported individuals with moderate to severe mental health conditions, particularly those with histories of incarceration. TOC provided intensive case management and community-based outreach, meeting clients wherever they were, whether in shelters or encampments, and offering therapy, system navigation, and other vital services. CommuniCare also runs a Diversion Program for individuals with mental health or substance use challenges, offering housing support, case management, and addressing various SDOH. This program operates similarly to TOC by addressing essential needs like food security, transportation, and connection to long-term support. Through these different programs, CommuniCare serves as a critical resource for marginalized populations.

- **Painted Brain** integrates arts, advocacy, and peer-led initiatives to create culturally inclusive mental health solutions for Los Angeles' diverse communities, including LGBTQ+, BIPOC, justice-involved, and low-income populations. In addition to offering a variety of peer-led mental health services, Painted Brain offers a Medi-Cal Peer Support Specialist Certification Training, equipping individuals with lived behavioral health experiences to become certified peer support specialists who deliver valuable support services. Through targeted outreach, the program reaches diverse and underserved communities, resulting in high representation of Hispanic, Black, Native American, LGBTQ+, and disabled trainees – reflecting the organization's commitment to diversifying the behavioral health workforce. Painted Brain's Community Center further strengthens this commitment by providing a welcoming space where Angelenos can access arts programs, clinical and peer services, and skills-building opportunities that promote mental health, recovery, and social connection.

- **The Sonoma County Black Therapy Fund** is an essential resource designed to address the unique mental health needs of Black and Indigenous residents, who are significantly underrepresented and underserved in Sonoma County's behavioral health system. SCBTF faces ongoing challenges due to historical distrust in county services and a lack of culturally competent programs for individuals with serious mental illness within Black, Indigenous, and other communities of color. SCBTF's outreach strategy is robust and culturally targeted, leveraging partnerships with local faith-based organizations, schools, and cultural centers. Recognizing the importance of wraparound services for SMI clients, SCBTF collaborates with local homeless service providers to bridge service gaps for individuals who are unable to access in-person or telehealth therapy due to housing instability. SCBTF is ultimately working to provide marginalized community members with a trusted pathway to mental health care that values cultural competency and client autonomy.

- **The Fresno Center** offers individual and group therapy, psychiatry, and medication support. They provide culturally and linguistically appropriate mental health services for Southeast Asian communities, integrating spiritual healing practices with traditional medical care. In the Southeast Asian community, taking medication or going to the hospital can be a last resort, so the Fresno Center offers a key practice, the soul calling ritual, to meet their members' needs. This ritual requires working with shamans who offer the spiritual soul calling ritual to help members who are experiencing mental health concerns reconnect or reunite with their spirit. This is an important ritual within the community that is not covered under Medi-Cal, requiring the center to rely on alternative funding sources like MHSA grants to support these services.

- **Transitions Clinic Network** integrates community health workers (CHWs) with lived experience of incarceration into healthcare teams, fostering shared history, deep understanding, and trust between CHWs and patients. These CHWs play a critical role in supporting formerly incarcerated individuals, who often encounter stigma, complex healthcare systems, and hesitation about accessing mental health services. Through outreach and case management, CHWs provide culturally sensitive guidance and help clients navigate health and social services. By employing CHWs with similar life experiences, TCN builds trust and reduces barriers to care – a model that has been shown to cut emergency department visits and hospitalizations by half. [4] Additionally, TCN provides training and technical assistance to member clinics, equipping other community health sites to support, hire, and train formerly incarcerated individuals as CHWs, thereby strengthening culturally supportive practices in addressing medical, mental health, and social needs.

CHALLENGES AND BARRIERS TO PROVIDING CULTURALLY RESPONSIVE CARE

Advisory Group members identified several systemic barriers that prevent BIPOC communities from accessing and receiving culturally responsive mental health care. These barriers include:

- **Lack of funding for community-based programs.** Many community-based organizations (CBOs) serving BIPOC individuals rely on a range of culturally aligned services, including CDEPs – such as spiritual healers, shamans, and other alternative healing models – as well as other community-based programs grounded in evidence-based practices. These services are essential for providing accessible, effective care to individuals with serious mental illness within their communities. While CDEPs are especially valuable for certain groups, they often fall outside traditional funding models like Medi-Cal or commercial health insurance. For instance, soul-calling rituals performed by shamans at The Fresno Center are not reimbursable through Medi-Cal, requiring alternative funding sources like MHSA grants. Similarly, many evidence-based community programs addressing serious mental illness remain underfunded, limiting access to care outside of institutional settings. This funding gap restricts the availability of culturally aligned services within communities, forcing individuals to seek care in institutional settings rather than in community environments where services would be more accessible and responsive to their cultural needs.
- **Administrative burdens and complexity in billing.** Managing multiple funding streams, including Medi-Cal, Medicare, and various grants, presents a significant administrative burden for CBOs providing care for individuals with serious mental illness. Some individuals with SMI are dual-eligible, qualifying for

both Medi-Cal and Medicare. Organizations like The Fresno Center, which serve dual-eligible clients, often experience delays in reimbursement due to the intricacies of navigating two separate billing systems with different requirements. For many CBOs, this challenge is compounded by the need to secure funding from multiple sources to support the comprehensive services required for individuals with SMI, which often extend beyond mental health treatment to include housing, case management, and other social supports. While grant funding is essential to filling these gaps, it is unsustainable in the long-term, and adds further administrative strain, as each grant has its own reporting requirements and limitations. Smaller organizations, in particular, face disproportionate scrutiny compared to larger counterparts, making it challenging to meet administrative demands and hindering their ability to deliver culturally responsive, community-centered care for those with SMI.

- **Lack of care coordination and hospital discharge planning.** According to Advisory Group members, individuals with SMI often experience inadequate care coordination when discharged from hospitals, leading to a lack of follow-up care. This gap in continuity creates a revolving door effect, where individuals are frequently re-hospitalized due to unmet post-discharge needs, exacerbating their mental health conditions. Data highlights the extent of this issue: in 2022, most Qualified Health Plans (QHPs) within Covered California, which account for over 50% of all members, performed below the national 50th percentile for follow-up after hospitalization for mental illness within 7 days. [5] Additionally, just over half of adults enrolled in Medi-Cal who had an emergency department visit for mental illness, and 41% of those hospitalized for mental illness, did not receive a mental health visit within 7 days of discharge. [6]

- **Criminalization and incarceration of individuals with serious mental illness.** The criminalization of mental illness remains a major issue, with many individuals with SMI ending up in jails or prisons due to the lack of community-based care options. Shockingly the United States' three largest psychiatric facilities are county jails, not hospitals or clinics. [7] This issue disproportionately impacts Black adults, who are more likely than white adults to be arrested and incarcerated for behaviors associated with untreated mental health conditions such as emotional dysregulation or other psychological disorders. [8] This trend is rooted in systemic biases, including historical over-policing of Black communities and policies that continue to fuel racial disparities in the criminal justice system, compounded with a lack of access to culturally responsive community care. Additionally, mental health care within the criminal justice system is often inadequate, focusing on punitive rather than therapeutic interventions. Individuals in these settings frequently endure limited access to comprehensive treatment, and reports of human rights abuses are common. These conditions exacerbate the challenges faced by individuals with SMI, making recovery and rehabilitation increasingly difficult. The cycle of criminalization and inadequate care not only affects those incarcerated but also contributes to broader social and

economic disparities within BIPOC communities, as the arrest and incarceration of individuals with SMI disrupts families, affects community well-being, and limits economic opportunities.

- **Inconsistent access to services based on county.** Access to, and the quality of, mental health services vary greatly depending on the county in which an individual resides. Smaller, rural counties often lack the resources needed to provide adequate care, leaving individuals without essential services. Long wait times for mental health beds, limited intensive outpatient programs, and a shortage of specialty mental health services create stark disparities between rural and urban areas. The 2022 Mental Health in California report by the California Health Care Foundation highlights that while some counties have above-average availability of mental health professionals, many small and rural counties fall below the state average, struggling to meet the demand for services. [9] Additionally, the report shows significant geographic variation in the availability of beds for psychiatric inpatient care, with many small and rural counties having no acute psychiatric beds at all. [10] This county-by-county inconsistency in resources leads to unequal access to care and perpetuates systemic inequities in the mental health system.

- **Insufficient psychiatric services.** A shortage of psychiatric services leads to long waitlists for evaluations and medications, further delaying care for individuals with SMI. Clinicians also often manage high caseloads, making mental health treatment inaccessible for many. This shortage not only limits the availability of timely psychiatric care, but also exacerbates challenges related to language access and cultural competency. Many individuals, particularly those from BIPOC communities, struggle to find providers who understand their cultural backgrounds or can communicate effectively in their preferred languages. These gaps in culturally and linguistically competent care create additional barriers, leaving diverse communities with SMI underserved or unserved, and compounding the system's failure to meet the urgent needs of vulnerable populations.

- **Economic and societal issues.** Broader societal challenges such as unemployment, housing instability, and other social determinants of health significantly contribute to the failures of the mental health system. Many individuals struggle to maintain secure jobs that pay a living wage, which can lead to chronic financial instability and impede access to and continuation of mental health care. The lack of affordable housing is another major barrier. Many people with SMI find themselves homeless or in unstable living conditions, making it nearly impossible to consistently access care, adhere to treatment plans, or benefit from ongoing support. Housing challenges are particularly acute for BIPOC and LGBTQIA+ populations, who face additional barriers due to systemic discrimination and inequities in housing policies. [11] Additionally, issues like the lack of accessible transportation and affordable childcare further prevent individuals from engaging with the mental health system, leading many to fall through the cracks. These societal

barriers create a cycle of unmet mental health needs, which exacerbates mental illness and disproportionately impacts vulnerable populations.

- **Concerns about Proposition 1 and CARE Court undermining voluntary care.** Many community-based organizations rely on funding sources like MHSA to deliver CDEPs and other culturally relevant services that are essential for BIPOC communities. Proposition 1 reallocates significant funds from direct mental health services to housing interventions, which could reduce the availability of resources to sustain these programs. This shift raises concerns that organizations will no longer have the financial support necessary to provide services that fall outside traditional Western medical models, such as spiritual healing and other culturally specific interventions. Members also raised concerns that Proposition 1 and CARE Court could shift mental health care toward more coercive, institutional models, undermining voluntary care and community-based treatment principles. Proposition 1's emphasis on residential treatment facilities could expand the use of coercive treatment, such as involuntary hospitalization and court-ordered care, under the guise of solving homelessness. Similarly, CARE Court's focus on judicial involvement and court-ordered treatment may lead to forced treatment, raising questions about the potential infringement on individuals' autonomy and their right to choose voluntary treatment options that align with their cultural beliefs and preferences. Members fear these policy shifts could reduce individuals' autonomy in their treatment and prioritize more restrictive interventions over holistic, voluntary approaches that have proven successful in culturally diverse communities.

RECOMMENDATIONS

To make meaningful progress in improving access to culturally responsive care for BIPOC individuals with serious mental illness, California must address a range of systemic challenges. This includes investing in sustainable funding for culturally relevant programs, improving administrative processes for community-based organizations, and supporting non-coercive, community-driven care models. Additionally, enhancing care coordination, expanding peer support and CHWPR services, and ensuring that providers are equipped with the tools necessary to offer culturally relevant care are critical steps toward creating an equitable mental health system that better serves these populations. Specific recommendations include:

- **Support and fund culturally aligned practices and evidence-building efforts.** CDEPs and alternative healing models, such as those offered by the Fresno Center, are essential for meeting the mental health needs of many communities. CBOs often provide wraparound services, such as transportation and childcare, to ensure community members can access care. However, these culturally aligned practices are frequently not reimbursable through traditional funding streams like Medi-Cal. To sustain and grow these practices, it is crucial to establish dedicated funding streams that allow CBOs to bill for these services. Expanding grant opportunities through the new Proposition 1/BHSA and increasing flexibility in Medi-Cal reimbursement to cover CDEPs would ensure that culturally aligned models of care remain accessible and integrated into the mental health system for communities most in need. Moreover, the state should fund pilot programs specifically focused on addressing SMI, similar to the California Reducing Disparities Project (CRDP) model but targeted at higher levels of need. This funding should support research, evaluation, and innovation, helping to build the evidence base for culturally aligned practices that address SMI and encourage new, community-defined approaches.

- **Reduce administrative burdens for community-based organizations.** With changes related to the CalAIM initiative, some CBOs can now bill for services they provide, but many lack the infrastructure, knowledge, or capacity to do so effectively. Smaller CBOs face significant administrative challenges in managing multiple funding streams and navigating the complex Medi-Cal and Medicare billing processes. Simplifying these billing systems and providing more county-level support would allow organizations to focus more on care delivery. Additionally, offering capacity-building support to help CBOs manage grants and contracts more efficiently would reduce the administrative strain they currently face. Administrative hubs, also referred to as Medi-Cal Community Care hubs, can also help to centralize administrative functions and level the playing field for smaller CBOs who lack the necessary infrastructure to contract directly with MCPs, but greater clarification of their role and thoughtful oversight is important to ensure they do not inadvertently increase the very inefficiencies they hope to address. [12]

- **Enhance care coordination and discharge planning.** A major barrier to effective mental health care is the lack of coordination between hospitals and community providers, particularly when individuals with serious mental illness are discharged. Establishing stronger partnerships between hospitals and community mental health providers would improve care transitions, reduce the risk of rehospitalizations, and promote long-term recovery. Several new initiatives under Cal-AIM such as Enhanced Care Management (ECM), which provides targeted care management to individuals with complex health needs and the Justice-Involved Reentry Initiative, which provides enrollment assistance for youth and eligible adults in state prisons, county jails, and youth correctional facilities for up to 90 days prior to release, could help to address these challenges. However, implementation has been slow, with patients expressing dissatisfaction over limited access to services. In some cases, comprehensive histories and physical exams were not completed, which could lead to missed behavioral and medical health screenings essential for identifying and preventing illnesses. [13] For those providing services, important challenges such as recruiting and retention of community health workers, data exchange and the ability to contract with Managed Care Plans and county jails and correctional facilities to provide these services remain and must be addressed to ensure successful implementation.

- **Ensure statewide implementation of community-based and culturally aligned services under Medi-Cal.** When California implements new behavioral health policies, especially those aimed at community-based services or services designed to prevent institutional care, improve outcomes, or increase access to culturally aligned services, these should be required for all counties. Allowing counties to opt in or out of such services creates significant disparities in access. DHCS should ensure that any new community-based or culturally aligned services are implemented statewide, so individuals with serious mental illness receive consistent, culturally relevant care regardless of their zip code. This would prevent disruptions in care for Medi-Cal members moving between counties and promote equitable access to services.

- **Fund and support non-coercive, community-based models.** Advisory Group members emphasized the need for increased support and funding for non-coercive, community-based care models, such as peer services and respite care. Additionally, there should be increased education on transformative restorative justice practices and harm reduction strategies. Concerns around Proposition 1 and CARE Court highlight the risk of shifting toward forced treatment and institutional care, which may undermine voluntary, community-based care. It is essential to prioritize policies that preserve individuals' autonomy in their mental health treatment and promote non-coercive care approaches.

- **Expand funding for Peer Support Specialists (Peers) and Community Health Workers, Promotoras, and Representatives (CHWPRs).** Peers and CHWPRs play critical roles in supporting individuals with serious mental illness as they navigate their mental health

journeys. These services are especially valuable for populations such as formerly incarcerated individuals and BIPOC communities. By providing culturally responsive, community-based care, peers and CHWPRs offer unique perspectives and lived experiences that help bridge gaps in traditional mental health services. However, these programs are often underfunded and vulnerable to budget cuts. California should expand funding for Peers and CHWPRs, especially for programs serving BIPOC and LGBTQIA+ communities.

- **Improve data collection and sharing.** To better serve BIPOC and LGBTQIA+ individuals with serious mental illness, California must enhance the collection and sharing of disaggregated data for both mental health access and outcomes. Additionally, there should be a greater emphasis on collecting qualitative and narrative-driven data to capture the lived experiences of diverse communities. This information can help inform more equitable policies and programs that are responsive to the unique needs of various populations.

- **Develop an easily accessible directory of community resources.** California should create a comprehensive, easily accessible directory of community resources, including peer-run organizations, safety resources, social determinants of health resources, and other community organizations across the state that assist individuals with mental health concerns. The directory should provide information on organizational leadership and the demographics of staff, including the percentage of BIPOC, LGBTQIA+, women, people with disabilities, and peers.

CONCLUSION

Integrating culturally aligned practices into mental health services is essential for providing equitable, effective care to the millions of BIPOC and LGBTQIA+ Californians. Currently, many individuals within these populations do not receive the care they need due to the lack of culturally competent services in their communities. California must do more to uplift community-based organizations, mental health workers with lived experience, and traditional and spiritual healers, whose services are critical for BIPOC individuals with serious mental illness. These efforts should include sustained funding for CDEPs, peer support, CHWPRs, and non-coercive, community-driven care models.

In addition, California needs to ensure that all mental health providers throughout the state are capable of, and held accountable for, delivering culturally compassionate care. This includes expanding training, improving care coordination, and reducing the administrative burdens that hinder smaller organizations from fully serving their communities. At the same time, addressing societal issues like housing instability and unemployment is crucial for removing the broader barriers that prevent people from engaging with the mental health system.

As new policies like Proposition 1 and CARE Court are implemented, California must ensure they do not compromise individuals' autonomy or reduce resources for culturally responsive, community-based care. Instead, the state must take a proactive approach to guarantee that these policy changes enhance, rather than undermine, voluntary and holistic care options.

By prioritizing culturally aligned practices, investing in sustainable funding, and promoting accountability across the mental health system, California can pave the way toward a more inclusive and equitable approach to mental health care for BIPOC and LGBTQIA+ individuals. These steps are necessary to close gaps in care, improve outcomes, and ensure that all Californians have access to the mental health services they deserve.

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ABOUT CPEHN

The California Pan-Ethnic Health Network (CPEHN) is a BIPOC-led, multicultural, state policy organization, which seeks to advance health equity by dismantling structural racism and ensuring opportunity and health for all Californians. For 30 years, CPEHN has worked with a diverse network of community-based organizations across the state to identify and elevate community priorities to state policymakers. CPEHN is dedicated to building power with communities of color through policy advocacy, research, network and leadership building, and storytelling.

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