



# ELEVATING THE COMMISSION'S VOICE ON RACIAL EQUITY

Mental Health Services Oversight and  
Accountability Commission

Racial Equity Plan

## ABOUT THE COMMISSION

The Mental Health Services Oversight and Accountability Commission was created in 2004 by voter-approved Proposition 63, the Mental Health Services Act (MHSA). The Commission provides oversight, accountability, and leadership to guide the transformation of California's mental health system. The 16-member Commission includes one Senator, one Assembly member, the State Attorney General (or a designee), the State Superintendent of Public Instruction (or a designee), and 12 public members appointed by the Governor. By law, the Governor's appointees are people who represent different sectors of society, including mental health peers, family members of people with mental health needs, law enforcement, education, labor, business, and the mental health profession.

## COMMISSIONERS

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## ACKNOWLEDGEMENTS

The Commission wants to thank those who dedicated their time and creative energy to this Racial Equity Plan. Thank you to Vice Chair Mayra E. Alvarez and Executive Director Toby Ewing who championed this work. Without their support this plan would not have been possible. Meaningful discussions on race can be challenging in the current social environment. We appreciate the efforts of many to develop this plan including:

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Lauren Quintero (co-lead)	Tom Orrock
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Marcus Galeste	Grace Reedy
Latonya Harris	Lester Robancho
Vicque Kimmel	Cody Scott
Kayla Landry	Sharmil Shah
Amanda Lawrence	Reem Shahrouri

This Racial Equity Plan was developed by Commission staff with input and guidance from the Commission’s Cultural and Linguistic Competence Committee and the Client and Family Leadership Committee, along with many other community partners who provided valuable input into this planning process. The Commission is grateful to all who contributed.

As a member of The Capitol Collaborative on Race & Equity (CCORE) network, the Commission shared learning with the other State agencies and departments in the 2020–2021 CCORE cohort. Those agencies are listed in Appendix A. The Commission would like to thank all the agencies and departments in the CCORE cohort for their guidance and thoughtful feedback during the planning process.

Special thanks are also extended to Tamu Green, Ph.D., who served as a consultant to support the Commission staff in developing this plan and enhancing our learning opportunities. Dr. Green met with the team every other week for more than a year, providing supplemental training and creating a safe and brave space for staff to discuss racial equity.

## INTRODUCTION

The Mental Health Services Oversight and Accountability Commission seeks to address structural racism and disparities by recognizing that California’s mental health system has not been designed with an equity lens. Bias and discrimination in our communities, including within the mental health system, must be addressed, and cultural competency and attention to disparities must inform mental health programs and practices. Through this Racial Equity Plan, the Commission can acknowledge and address structural racism in the mental health system. The Commission also understands that race is one element of our intersectional lives, and we are impacted by multiple intersecting layers of opportunities, biases, and challenges. Thus, the Commission acknowledges that to transform California’s mental health system, our work cannot stop with racial equity and must be applied to other disparities that meaningfully impact the lives of all Californians. This plan is designed to intentionally build racial equity strategies into Commission operations and priorities.

### **Disparities Persist as a Result of Structural Racism**

Structural racism results in and supports continued disadvantages to people of color including access to basic needs, housing, and education. Structural racism is also widespread in healthcare systems, including the mental health care system. That reality has led to a significant distrust of health care providers and programs among communities of color. Distrust, paired with additional challenges tied to bias and discrimination, leads to lower rates of screening, diagnosis, and service utilization, which collectively lead to poorer health outcomes.

### **Mental Health Services Act**

The Mental Health Services Act was designed to drive transformational change in California’s mental health system. The Commission is charged with oversight, advising the Governor and Legislature, and supporting transformational change. Included in the goal of transformational change is prioritizing community engagement, including cultural humility, wellness and recovery, and prevention and early intervention.

### **Capitol Collaborative on Race and Equity**

In 2020, to support the goal of advancing racial equity, the Commission joined the Capitol Collaborative on Race and Equity, an initiative championed by the California Strategic Growth Council. CCORE is led by Race Forward, a non-profit organization supporting racial equity in government. CCORE also enjoys support from the Government Alliance on Race and Equity, the Public Health Institute, and the California Endowment.

To date, the CCORE initiative has engaged 37 state agencies to improve their knowledge and understanding of racial equity, implicit bias, and how to dismantle structural racism that creates disparities. Those agencies are listed in Appendix A. The CCORE initiative is designed to educate and encourage state agencies to develop racial equity plans and, through this strategic planning process, recognize opportunities to address disparities and support racial equity.

## Statewide Efforts on Racial Equity

The Commission’s work in this area is aligned with statewide efforts to address racial equity. In March 2021, representatives from California’s county behavioral health, human services, public health, and public hospital systems released a [statement](#) declaring that racism is a public health crisis. In their statement, these community leaders acknowledged the persistence of racism as a social determinant of health that directly impacts diverse communities (County Leaders Statement on Racism as a Public Health Crisis, 2021).

California’s former Surgeon General, Dr. Nadine Burke Harris advocated for increased attention to systemic racism and its impact on health outcomes. She highlighted how segregated communities and employment discrimination lead to unequal distribution of resources and health access. Toxic stress and exposure to adverse childhood experiences resulting from the uneven distribution of resources has led to long-term health problems. She has written that “Racist oppression ensures that black and brown children bear a disproportionate burden of dehumanizing and traumatic experiences. Science shows it is sickening them and killing them” (Harris, 2020).

## TRANSFORMATIONAL CHANGE IN MENTAL HEALTH

The Commission’s [strategic plan](#), developed in consultation with clients and families, community advocates, providers, and others, affirms the Commission’s commitment to using its authority, resources, and passion to reduce the adverse outcomes of unmet mental health needs and promote the wellbeing of all Californians. As part of its strategic plan, the Commission’s mission statement reflects its vision and values:

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### MISSION STATEMENT

*The Commission works through partnerships to catalyze transformational changes across service systems so that everyone who needs mental health care has access to and receives effective and culturally competent care.*

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To be successful, it is essential to acknowledge and address racial inequities and the structural racism that impedes pursuit of that mission.

## RACIAL EQUITY PLAN

One of the most powerful tools the Commission has is its voice. To begin this work, the Commission endorses the following racial equity declaration. This declaration marks a commitment to the overarching goal of racial equity in California’s mental health system.

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## **RACIAL EQUITY DECLARATION**

*The Commission acknowledges that racism, discrimination, and bias have negatively impacted mental health outcomes in California both historically and persistently. The Mental Health Services Act explicitly calls for addressing disparities and racial equity in mental health. The Commission commits to recognizing historic harm, to working in collaboration with California’s diverse communities to remedy this harm, and striving for equity in all our work.*

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### **PRIORITIZING EQUITY IN THE COMMISSION’S WORK**

To promote racial equity in California’s mental health system, the Commission will leverage its internal operations, as well as its work in policy research and development, grantmaking, data and evaluation research, communications, and community outreach and support, as follows:

### **COMMISSION MEETINGS**

The Commission will address racial equity in its core operations, including in the design and planning for meetings of the Commission and related activities.

Strategies to address equity in Commission meeting planning include:

- ✓ Exploring meeting locations and site visits within diverse communities to increase public accessibility.
- ✓ Ensuring translation services are available.
- ✓ Engaging minority-owned businesses in contracting for meetings and related services.
- ✓ Identifying speakers who represent diverse, local communities.
- ✓ Including land acknowledgements in Commission and related meetings.

#### *Land Acknowledgements*

The Commission will honor Indigenous people as traditional stewards of California’s lands by including formal statements of recognition and respect, referred to as a “Land Acknowledgement.” The intent is to demonstrate the Commission’s understanding of the historic and current impact of colonization on Indigenous people. This statement aims to recognize and respect the relationship between Indigenous people and their traditional territories. Incorporating land acknowledgements into meetings is a minor step and, to be impactful, must be coupled with actions. The Commission recognizes Native American tribal governments as sovereign, self-governing agencies that are responsible for the health, safety, and welfare of their citizens; and is committed to enhanced collaboration and support. Intergovernmental coordination efforts between tribes and states and effective tribal–state relationships are essential for providing indispensable mental health services for all Californians. Commission staff will work with the Commission’s Chair to identify strategies beyond land acknowledgements to enhance the understanding of tribal mental health needs and strengthen opportunities to address them.

## **DIVERSITY, EQUITY, AND INCLUSION IN COMMISSION STAFFING**

Considering its own personnel operations is foundational to the Commission's endeavor to address racial inequity. By implementing best practices to recruiting, hiring, and retaining diverse staff, Commission staff will be able infuse diverse perspectives and practices into their work. This focus will lead to accessing a greater range of talent, insight into needs and motivations of all consumers, attunement to blind spots, and, ultimately, better decision making.

The Commission will:

- ✓ Review and implement best practices in diversity, equity, and inclusion in recruiting, hiring, training, promoting, and retaining its staff, and support professional development for its staff.
- ✓ Partner with other state agencies, leading organizations, and others that embrace diversity, equity, and inclusion standards.
- ✓ Measure and monitor progress in achieving diversity, equity, and inclusion standards for the Commission's workforce.

## **INCENTIVIZING RACIAL EQUITY IN GRANT FUNDING**

The Commission is a significant grant provider to California's mental health system and the Commission has used its grantmaking authority to incentivize transformational change and improved mental health outcomes. The Commission is committed to addressing racial equity through its grantmaking role. The Commission will:

- ✓ Review and implement best practices in supporting racial equity through contracting and grantmaking, including engaging California's philanthropic, community to replicate successful practices focusing on achieving racial equity.
- ✓ Review State contracting rules and requirements to ensure contracting work is consistent with the law and solicit support from the Department of General Services and other control agencies to understand and implement best practices in contract and grantmaking operations with respect to diversity, equity, and inclusion.
- ✓ Leverage partnerships, including but not limited to members of the Cultural and Linguistic Competency Committee, advocacy contractors, and others to strengthen grant programs in ways that reduce disparities.
- ✓ Provide technical assistance to grant applicants and contractors, to develop methods to measure and reduce racial disparities and enhance community engagement in Commission funding opportunities.
- ✓ Measure, monitor, and publicly report progress on addressing racial equity.

## **INNOVATION**

The MHSA includes a rare and explicit commitment to fostering innovation in providing services and support, including strategies to improve access to care and outcomes for underserved and unserved communities. To promote racial equity in innovation, the Commission has identified two strategies:

- ✓ Facilitate opportunities for counties to join the Multi-County Innovation Collaborative on Reducing Disparities in Mental Health, an initiative that is already underway.
- ✓ Provide technical assistance to help counties consider disparities and racial equity during the innovation planning process.

The Commission will offer a tool for counties to use when submitting their innovation projects for review and approval. The following are examples of questions that relate to equity:

- Defining the problem: Describe how racial disparities were assessed when determining the need for this project.
- What is the innovation: How will the innovation aim to reduce racial disparities?
- Evaluation: How will the evaluation assess the impact of the innovation on racial disparities? Are the evaluation measures culturally appropriate?

## **RESEARCH AND EVALUATION**

The Commission uses data to provide information to the public and inform decision making. To address equity in research and evaluation the Commission will:

- ✓ Ensure that diverse voices are included in the Commission’s research and data work, including research on disparities and equity.
- ✓ Recognize racial equity in all aspects of the Commission’s research and analysis.
- ✓ Leverage and publicize data that identifies racial and ethnic disparities and encourage data collection that helps to better understand those disparities.

## **POLICY RESEARCH**

The Commission has completed policy projects in the areas of criminal justice, suicide prevention, and school mental health. Currently, the Commission is working on projects regarding prevention and early intervention in mental health and workplace mental health. All policy projects include engagement with diverse communities. In the Commission’s current work and moving forward it will:

- ✓ Ensure the voices of diverse communities are included in policy research.
- ✓ Work with subject-matter experts to identify best practices of policy research that address disparities.
- ✓ Explore and describe structural racism in policies related to the mental health system.
- ✓ Emphasize recommendations or solutions with the potential to reduce disparities and negative outcomes among diverse racial/ethnic communities.

## **COMMUNICATIONS**

Communication strategies are powerful tools to address disparities and stigma about mental health. Videos, social media strategies, testimonials, and printed materials can tell stories that are relatable and that convey powerful messages to the public about race and mental health. To leverage communication tools to address racial equity, the Commission will:

- ✓ Engage diverse partners in storytelling and developing communication strategies.



- ✓ Elicit expertise from various communications media professionals to identify best practices on how to reach diverse audiences, how to represent diversity and inclusion in communications materials, and how to communicate about race.
- ✓ Leverage media to communicate about disparities in mental health, stigma, and opportunities to advance racial equity in the mental health system.

## ACCOUNTABILITY AND NEXT STEPS

The Commission acknowledges that this plan is only an initial step in eliminating disparities in California's mental health system. There is more work to be done in collaboration with other state departments and communities to further this effort. While working on the steps outlined in this document, the Commission will strive to enhance communication on strategies to address racial disparities and engage community partners to assess progress and to troubleshoot emergent barriers. Through ongoing consultation with subject matter experts, such as the Cultural and Linguistic Competency Committee, the Commission will revisit this plan to make any needed changes and identify additional opportunities to meet its racial equity vision. Equity work is never finished, and the Commission will strive to address equity for all Californians while working toward its overall goal: to transform the mental health system so that everyone who needs mental health care has access to and receives effective and culturally competent care.

## **Appendix A: CCORE Participating State Departments and Agencies**

### **2020-2021 Learning Cohort**

- Department of Aging
- Conservation Corps
- Fi\$cal
- Department of Fish & Wildlife
- Department of Food & Agriculture
- Department of Forestry & Fire Protection
- Housing Finance Agency
- Mental Health Services Oversight & Accountability Commission
- Office of Planning & Research
- Public Utilities Commission
- Tahoe Conservancy
- Transportation Agency
- High Speed Rail Authority
- Highway Patrol
- Department of Motor Vehicles
- New Motor Vehicle Board
- Office of Traffic Safety
- Caltrans
- Transportation Commission
- Department of Water Resources

### **2018-2019 Learning and Implementation Cohorts**

- California Arts Council
- California Coastal Commission
- California Department of Public Health
- California Department of Housing and Community Development
- California Department of Transportation
- California Department of Education
- California Department of Corrections and Rehabilitation
- California Department of Community Services and Development
- California Department of Social Services
- California Environmental Protection Agency
- Air Resources Board
- CalRecycle
- Department of Pesticide Regulation
- Department of Toxic Substances Control
- Office of Environmental Health Hazard Assessment
- State Water Resources Control Board
- California State Lands Commission
- California Strategic Growth Council & Governor's Office of Planning and Research