

Organization	Committee	Chairperson(s)	Meeting Frequency	Mission Statement	Functions/Roles
California Mental Health Planning Council (CMHPC)	Cultural Competence Committee (CCC)	Adrienne Cedro-Hament	Quarterly	The CMHPC, a multicultural consumer, family, provider, and advocate organization: Provides oversight to the Department of Mental Health regarding accessibility, availability, and accountability of the State's mental health system; Advocates for accessible, timely, appropriate, and effective services, which are culturally competent, age and gender appropriate, strengths-based, and recovery-oriented; Educates the public and the mental health constituency about the current needs for public mental health services and ways to meet those needs. (CA Mental Health Planning Council Mission Statement)	Cultural Competence Committee – is the newest of the CMHPC committees. Functions for the CCC include: Ensuring that cultural competence is embedded into the decision making process of each CMHPC committee. Oversees the promotion of cultural awareness and diversity in the operation of the CMHPC. Developed a comprehensive set of guidelines and strategies for speakers to infuse principles, content, and themes related to cultural and linguistic competence into their presentations. The Cultural Competence Committee will be reviewing the original recommendations on cultural competence that were developed by the CMHPC in the California Mental Health Master Plan: A Vision for California, to determine how to update and implement them.
Mental Health Services Oversight and Accountability Commission (MHSOAC)	Cultural and Linguistic Competence Committee (CLCC)	Richard Van Horn and Eduardo Vega	Monthly	To ensure that the perspective and participation of individuals and families who are members of racial, ethnic, and cultural communities is a significant factor in all of the Commission's decisions and recommendations (MHSOAC Cultural and Linguistic Competence Technical Resource Group Workplan-February 2008)	The CLCTRG is charged with ensuring that the MHSOAC has an ongoing focus on reducing and eliminating disparities in the area of access, quality, and outcomes in mental health service provision to unserved, underserved and inappropriately served communities. Historical disparities are found and consistently continue to exist among California's racial-ethnic populations including African-Americans, Latinos, Asian Pacific Islanders (API), and Native Americans as these groups have demonstrated evidence of historical disparities in access and appropriateness of care in mental health systems. Therefore, any other population group(s) that may be targeted by a county must be clearly defined with demonstrated evidence and supporting data to target them as having documented disparities in mental health services. See Appendix for other frameworks discussed.

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California Mental Health Directors Association (CMHDA)	Social Justice Advisory Committee (SJAC)	Nancy Pena	Bi-monthly conference calls and bi-monthly in-person meetings	Overall, the Social Justice Advisory Committee of CMHDA supports and assists CMHDA in decision and policy making that aims to reduce disparities in service access and care across diverse populations (Social Justice Committee: Purpose, Authority, and Accountability- July 9, 2009)	Ways in which this is accomplished: 1. Prioritizing and providing policy recommendations to CMHDA on interests and concerns related to: a. Building equity to both access to and quality of mental health and co-occurring services and culturally effective supports for diverse populations; b. Reducing the stigma and resulting discrimination associated with mental health and co-occurring disorders; c. Addressing the disproportional representation of individuals with mental illness, particularly individuals with co-occurring disorders, in criminal justice and welfare systems; 2. Representing and communicating with leader, community members and advocates from diverse and broad community and system perspectives. 3. Exchanging
California Mental Health Directors Association (CMHDA)	Ethnic Services Committee (ESC)	Alfredo Aguirre & Jo Ann Johnson	Quarterly	The mission of the Ethnic Services Committee is to ensure that mental health services meet the increasing mental health needs of diverse cultural, linguistic, racial and ethnic populations, and to actively address the conditions that contribute to and are indicators of the need for relevant, high quality mental health services (CMHDA Framework for Eliminating Cultural, Linguistic, Racial and Ethnic Behavioral Health Disparities- Adopted March 2005).	Takes lead responsibility for the development and implementation of cultural competence planning within the organization. Participates in the monitoring of county and service contractors to verify that the delivery of services. Identifies local and regional cultural mental health needs of ethnically and culturally diverse populations as they impact county systems of care and make recommendations to local mental health directors, California Mental Health Director's Association (CMHDA), and the State Department of Mental Health. Participates and advises on planning, policy, compliance, and evaluation components of the county system of care and make recommendations to county directors that assure access to services for ethnically and culturally diverse groups. Promotes the development of appropriate mental health services that will meet the diverse needs of the county's racial and ethnic populations. This includes, but is not limited to, reviewing local proposals to augment or decrease services to the local community, participating in various mental health advisory groups/task forces, facilitating educational training to

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California Institute for Mental Health (CIMH)	Center for Multicultural Development (CMD)	Doretha Williams-Flourney	Unknown	Promote cultural inclusion and competence and the elimination of disparities within the public mental and behavioral health systems (CMD 3 Year Strategic Priorities)	The Center for Multicultural Development (CMD) was established with the enthusiastic support of California's County Mental Health Directors. The Center is designed to promote the cultural competence of publicly funded behavioral health systems and ensure the integration of cultural competence into policy development, research, training, technical assistance, and other activities and products of CiMH. Programs, trainings and materials have been developed to assist California provide culturally appropriate services to meet the needs of diverse populations. An Advisory Committee consisting of committed consumer and professional experts experienced in the development of culturally competent mental health services supports the CMD.
Department of Mental Health (DMH)	Cultural Competence Advisory Committee (CCAC)	Marina Augusto	TBA	The Cultural Competence Advisory Committee will serve as a community advisory committee to DMH, Office of Multicultural Services to provide consultation and advise on mental health policy and program issues to ensure culturally and linguistically quality or care, and elimination of disparities for California's diverse communities.	The Department of Mental Health (DMH) Director established the Cultural Competence Advisory Committee (CCAC) as an advisory group to DMH Office of Multicultural Services as mandated in the Federal Waiver Request. This group plays a critical role in supporting the Department in the development and direction of cultural competency standards.
Department of Mental Health (DMH)	Office of Multicultural Services (OMS)	Marina Augusto	Every day functionality, not a committee	The mission of the Office of Multicultural Services is to strengthen the Department of Mental Health's focus and ability to provide culturally and linguistically competent mental health services to the diverse population of California (OMS web site).	The California Department of Mental Health (DMH) Office of Multicultural Services (OMS), established in 1998, provides leadership direction to DMH for promoting and establishing culturally and linguistically competent mental health services within the public mental health system through actions targeted both within and external to DMH. The OMS works with community partners to eliminate racial, ethnic, cultural and language disparities in access and quality of care within mental health programs and services. With the support of the DMH Director, OMS coordinates efforts to reduce disparities in access and quality of care for California racial ethnic cultural communities. OMS works to foster change in policy, language, clinical practice, research, and intervention practices.

Organization	Committee	Chairperson(s)	Meeting Frequency	Mission Statement	Functions/Roles
Department of Mental Health (DMH)	California MHA Multicultural Coalition (CMMC)			Contract Final, Awaiting Approval and Execution	
State Interagency Team (SIT)	Workgroup to Eliminate Disparities (WGED)	Autumn Valerio	Monthly	Decreased racial disproportionality and disparities in outcomes across systems and progress toward fairness, equity, and quality of services for California's diverse racial, ethnic and cultural children, youth and families (SIT Work Plan 2010)	Make recommendations to the SIT regarding deliverables and activities that will move toward eliminating and/or reducing disproportionality and disparities for children, youth, and families across systems
APS Healthcare	CA External Quality Review Organization (CAEQRO)	Michael Reiter	Every day functionality, not a committee		As a result of two separate competitive bidding processes, the California Department of Mental Health awarded the contract to review California's 56 prepaid county mental health plans to APS Healthcare. Based in Sacramento, the California external quality review organization (EQRO) began operations on July 1, 2004, by providing a state-wide video training conference on performance improvement projects, one of the new required activities for mental health plans. The EQRO is continuing a host of activities that involve performance improvement projects, performance measures and information systems capability assessments for each program. While the EQRO does provide general oversight of quality improvement activities, the regulations emphasize that the EQRO review data integrity throughout the various systems, assess the validity and reliability of performance measures used and evaluate the functionality of the information systems for support of managed Medicaid operations. In addition to this formal assessment of the systems' technical and data infrastructure, the regulations speak to the necessity and desirability to use the data to improve performance. Therefore, the EQRO mandates' second major emphasis is to review and critique the specific formal performance improvement activities selected by each mental health plan. The California EQRO program provides a variety of training and educational sessions to assist the mental health system to develop, manage and improve mental health plan performance improvement structure, processes and use of data. In addition, www.CAEQRO.com is available as a resource and communication vehicle for California mental health stakeholders. California's Department of Mental Health places great emphasis on the importance of providing culturally competent services through meaningful consumer and family involvement. APS shares those values. Therefore, the California EQRO review process includes consumers and family members on the review teams, direct involvement with groups of consumers at the mental health plans and an emphasis on the development of related performance improvement projects

California Mental Health Planning Council Cultural Competence Committee

2010 Goals	2010 Objectives	2009/2010 Activities
Monitor trends over time in access to and appropriateness of mental health services to racial/ethnic groups.	Obtain information on the data that is available from the DMH analyzed by race/ethnicity, gender, and primary language	Presentation by Marc Grimm, DMH; Marti Johnson, DMH
	Identify performance indicators for access to and appropriateness of mental health services; e.g. penetration rates, retention rates, service utilization, disproportionality of service utilization, length of stay	Presentation by Sergio Aguilar-Gaxiola on how to measure disparities- October 2009
	Request data analysis by DMH for performance indicators. Determine which data sets to access: Client Services and Information System; MHSA Full Service Partnership; Consumer Perception of Care, including instruments available in translation	Committee request to DMH
	Determine factors that cause disparities and disproportionality in relevant performance indicators	Consult with experts; e.g. UC Davis Center for Reducing Health Disparities
	Monitor trends for these performance indicators on an annual basis	Committee analysis
	Monitor DMH Reducing Disparities Project	Presentation by Rachel Guerrero- April 2010
	Review and comment on draft Cultural Competence Guidelines	

California Mental Health Planning Council Cultural Competence Committee

2010 Goals	2010 Objectives	2009/2010 Activities
Monitor the implementation of Cultural Competence Plan	Updates from DMH concerning implementation of Cultural Competence Plan Guidelines	Periodic Presentations
	Have presentations from county mental health departments on their implementation of cultural competence requirements; identify best practices in eliminating disparities	Committee to select counties
Keep abreast of trends in cultural competence	Schedule presentation on Spirituality Project	June-09
	CMHDA Social Justice Advisory Committee	Stephanie Welch- January 2010
Improve the cultural competence of the Planning Council	Debrief Project Implicit exercise	Completed October 2008
	Determine additional cultural competence training opportunities	On-going based on committee recommendations
	Lead Planning Council in World View exercise	Completed April 2009

Mental Health Services Oversight and Accountability Commission Cultural and Linguistic Competence Committee

2010 Goals/Priorities	2010 Objectives	2010 Activities
1. Culturally and linguistically competent 2. Promotes a client/family/parent driven system 3. Reduce stigma and discrimination 4. Endorses a robust and inclusive stakeholder process	I. Training Delivery	Arrange for cultural and linguistic competence training to MHSOAC and staff (August 2010)
		The CLCC will invite specific cultural and ethnic communities to each CLCC meeting to discuss their issues. The CLCC will collect and discuss issues and determine which issues should be presented to the MHSOAC (October 2010)
	II. Program Delivery	Consult with the Mental Health Services Committee on the racial, ethnic, cultural, and linguistic aspects of the PEI Statewide Projects: Student Mental Health Initiative, Suicide Prevention, Stigma and Discrimination
		Provide an update to the MHSOAC on the collaborative efforts of the CLCC, CMHPC, CMHDA, and DMH to reduce mental health disparities (September 2010)
	III. Metrics Delivery	Request baseline utilization data (2003/04) from DMH. The data will be compared with current data to determine the progress of reducing disparities in the mental health system (July 2010)
		CLCC Members will work with MHSOAC Staff to identify disparities data within the PEI plans in accordance to the MHSA Guidelines (June 2010)
		The CLCC will oversee and provide updates to the MHSOAC on the DMH Office of Multicultural Services Reducing Disparities Project. Time will be scheduled at the June 2010 and November 2010 CLCC meetings to receive updates and reports from DMH.

California Mental Health Directors Association Social Justice Advisory Committee

2010 Goals (CMHDA's Strategic Directions)	2010 Objectives	2010 Activities/Priorities
<p>Policy: CMHDA will use the strength of the association to support and develop legislative and public policy agendas that lead to reducing disparities and increasing access to benefits, housing and income support</p> <p>Partnerships: CMHDA will foster and develop trust and rapport to establish, maintain and expand partnerships with all local, state, and federal organizations/groups that impact, or will engage in joint ventures that increase, quality of life for persons at risk of or experiencing mental illness.</p> <p>Practice: CMHDA/CIMH will be the leaders in developing and advocating for best practices (including culture specific) standards, measurable outcomes in behavioral health and efficient data collection and dissemination</p>	Policy, Partnership, Practice	Advocate for system and practice level changes that reduce disparities in access to and quality of services available to ethnic/cultural populations
	Policy, Partnership, Practice	Improve partnerships with communities, stakeholders, organizations, institutions
	Policy, Partnership, Practice	Champion effective, culturally competent, community-supported services and approaches that are wellness and resiliency based. Continue to outreach to underserved/underserved/at-risk and/or uninsured populations by addressing the impact poverty on service access and quality and retain a commitment to serve as best as possible within turbulent fiscal environments
	Policy, Partnership, Practice	Champion efforts to eliminate restrictive, coercive, and discriminatory practices through: protecting human rights and changing institutional practices; putting IMDs out of business; elimination of restraints and coercion; supporting crisis respite centers as an alternative to hospitalization; developing a social justice perspective for AB3632 services; supporting the use of advanced directives; monitoring criminal justice/juvenile justice reforms, including community re-entry of parolees, to ensure reforms provide solutions to disproportionately over-represented ethnic and cultural populations
	Policy, Partnership, Practice	Build and advocate for a united inclusive voice around the behavioral health agenda that is socially just and accountable as supported by data/outcomes

California Mental Health Directors Association Ethnic Services Committee

2010 Goals (CMHDA's Strategic Directions)	2010 Objectives	2010 Activities/Priorities
<p>Policy: CMHDA will use the strength of the association to support and develop legislative and public policy agendas that lead to reducing disparities and increasing access to benefits, housing and income support</p> <p>Partnerships: CMHDA will foster and develop trust and rapport to establish, maintain and expand partnerships with all local, state, and federal organizations/groups that impact, or will engage in joint ventures that increase, quality of life for persons at risk of or experiencing mental illness.</p>	Policy, Partnership, Practice	Continue work with DMH on their development of a multicultural collaborative that will include participation of ESC members (as a part of Reducing Disparities PEI Statewide Project)
	Policy, Partnership, Practice	Continue work with CIMH and other partners on follow-up to the Spirituality Conference
	Policy, Partnership, Practice	Continue active participation in the SJAC and clarify roles and relationship between ECS and SJAC
	Partnership, Practice	Continue to support processes for inclusion of consumers and family members in meetings, including regional and statewide meetings of CC/ESMs and the ESC
	Policy, Partnership, Practice	ESC will participate in efforts regarding on-going implementation of the MHSA so that services and supports are better able to meet the needs of ethnic and cultural communities
	Policy, Partnership, Practice	ESC will cross reference statewide information from the Juvenile Justice Disproportionate Minority Contact (DMC) and Child Welfare's Disproportionality; work with disparities data to identify strategies towards advancing social justice for juveniles
	Policy, Partnership	Coordinate with Forensics Committee to track impact of Corrections reform proposals with the goal/purpose of providing input on issues that impact disproportionately represented ethnic/linguistic/cultural groups
	Policy, Partnership	Further develop and implement an on-going mentoring plan for new CC/ESMs and include as part of their leadership training course
	Policy, Partnership, Practice	Continue to plan an active role in shaping priorities set by the Center for Multicultural Services and their new Director

California Mental Health Directors Association Ethnic Services Committee

2010 Goals (CMHDA's Strategic Directions)	2010 Objectives	2010 Activities/Priorities
Practice: CMHDA/CIMH will be the leaders in developing and advocating for best practices (including culture specific) standards, measurable outcomes in behavioral health and efficient data collection and dissemination	Policy, Practice	Assess the purpose and identify key elements of the CC Framework that should be implemented
	Policy	Consider the participation of CC/ESMs on the CMHDA Legislative Committee. Help directors support their CC/ESMs in CMHDA committee participation while recognizing that there are time constraints and competing responsibilities. Actively provide a legislative report to ESC.
	Policy, Partnership	Support CC/ESM involvement in efforts to further implement strategies that support on-going community engagement- including consumers and family members from ethnic communities. Work in collaboration with SJAC on how best accomplish such goals and support community-driven mental health services.
	Partnership, Practice	Support efforts for data collection and analysis that improves the quality and accuracy of information on ethnic and cultural populations. Be involved with efforts being piloted at the CMHPC, UCD/CRHD, and other academic institutions like UC Berkeley, USC, and UCLA. Advocate for training on what new data is emerging and how it can be used to promote quality programs.
	Policy	Provide information on effective programs for ethnic and cultural communities/groups for MHSAs public relations efforts

**CMHDA Ethnic Services Committee/Social Justice Advisory Committee
Shared Priorities**

2010 Goals (CMHDA's Strategic Directions)	2010 Objectives	2010 Activities/Priorities	
Practice level & policy changes to reduce disparities in access/quality of behavioral health services for racial/ethnic groups, children/TAY/adults/older adults, incarcerated or reentering persons, and the economic disadvantaged	Monitor budget reductions due to the fiscal crisis and advocate for the protection of resources that support services/strategies for populations that experience disparities in access/quality of behavioral health services	ESC: Collaborate with SJAC to develop recommendations for CMHDA Governing Board regarding principles/values to consider regarding populations experiencing disparities when having to make budget cuts	
		SJAC: Collaborate with ESC to develop recommendations for CMHDA Governing Board regarding principles/values to consider regarding populations experiencing disparities when having to make budget cuts	
	Monitor system improvement efforts and MHA implementation and provide input to both policies and practices so that services and supports are better able to meet the needs to populations experiencing disparities	ESC: ESC should be actively represented on the FSP Advisory Committee, invited/participate in MHA regional face to face meetings, continue to work with DMH/OMS on the Reducing Disparities PEI Statewide Project, continue to support the momentum started with the Spirituality Conferences in 2009, and play an active role in shaping priorities set by the Center for Multicultural Services at CIMH	
		SJAC: Need to Develop	
	Coordinate with CMHDA Forensics Committee to track the impact of corrections reform proposals with the goal/purpose of providing input on issues that disproportionately represented ethnic/linguistic/cultural groups		ESC: Request that ESC regional chair join the CMHDA Forensics Committee and designate time during an in-person meeting to review key issues at state and local level
			ESC: Cross reference statewide information from Juvenile Justice's Disproportionate Minority Contact (DMC) and Child Welfare's Disproportionate Work with disparities data to identify strategies towards advancing social justice for juveniles.
			SJAC: Use and in-person SJAC as a forum to deliberate/share information on key issues regarding the impact of corrections reform proposals.

**CMHDA Ethnic Services Committee/Social Justice Advisory Committee
Shared Priorities**

2010 Goals (CMHDA's Strategic Directions)	2010 Objectives	2010 Activities/Priorities
Promote services that are culturally competent, community-based/supported and Wellness and resiliency focused	Promote services that are culturally competent	ESC: Assess the purpose and identify key elements of the Cultural Competency Framework that should be implemented in every county. Achieving this can be done by conducting leadership trainings for CC/ESM's. Training should provide CC/ESM's with leadership skills to use in local planning and policymaking forums. SJAC: Need to Develop
	Promote services that are community-based/supported	ESC: Provide information on effective programs for ethnic and cultural communities for any MHSa advocacy or budget advocacy SJAC: Need to Develop
	Promote services that are wellness and resiliency focused	Need to Develop
Address the impact of poverty on service access/quality	Need to Develop	Need to Develop

**CMHDA Ethnic Services Committee/Social Justice Advisory Committee
Shared Priorities**

2010 Goals (CMHDA's Strategic Directions)	2010 Objectives	2010 Activities/Priorities
Advocate for a united voice to support behavioral health agenda that is...	A. Socially Just (Need to Develop)	Need to Develop
	B. Supported by data/outcomes/community-defined evidence- Support efforts for data collection and analysis that improves the quality and accuracy of information on populations that have been historically unserved/underserved or inappropriately served.	ESC: Track and participate in efforts to improve quality and accuracy of information on ethnic and cultural populations. Be involved with efforts being piloted at the CA Mental Health Planning Council, the UC Davis Center for Reducing Health Disparities and other academic institutions
		ESC: Seek out and share across counties and organizations data that is coming from the communities and community-based organizations. SJAC: Need to Develop
Support consumer & family member inclusion in service/policy meetings at the local, regional, and state level	Support efforts to improve the on-going engagement of the community-especially from unserved, underserved, and inappropriately served populations	ESC: Continue to support processes for inclusion of consumers and family members in meetings, including regional and statewide meetings of CC/ESMs and the ESC. SJAC: Need to Develop
Develop collaborative partnerships with agencies/organizations at the local, regional, and state level	Strengthen effectiveness and meaningfulness of the community planning process/ local stakeholder process	ESC: Develop and implement an on-going mentoring plans for new CC/ESMs to build leadership skills, including facilitations and community planning
	Need to Develop	
	Improve mental health literacy in Key Social Institutions	Need to Develop

**CMHDA Ethnic Services Committee/Social Justice Advisory Committee
Shared Priorities**

2010 Goals (CMHDA's Strategic Directions)	2010 Objectives	2010 Activities/Priorities
Champion effort to eliminate restrictive, coercive and discriminatory practices through community supports and partnerships	Recognize and address that historically underserved ethnic, racial, and cultural communities are likely to face multiple layers of discrimination and are disproportionately incarcerated	Need to Develop

California Institute for Mental Health (CIMH)

2010 Goals	2010 Objectives	2010 Activities
	Building the Next Generation	Engage Transitional Age Youth in the identification of and strategies to increase potential leaders in Mental Health
		Recruit TAY to CMD advisory committee
		Develop leadership training opportunities for community leaders, ethnic services managers, and existing mental health employees
		Increase support to the Mental Health Leadership Institute to ensure inclusion of ethnic and cultural community and to improve cultural competency training to up coming leaders
		Increase visibility and opportunities for ethnic and cultural leaders within prominent venues and activities.
		Provide mentoring and support to ethnic and cultural leaders
		Develop a succession and sustainability plan to promote and increase ethnic and cultural leadership
	Building Capacity and Partnerships	Develop partnerships and collaborations with Faith based entities, Juvenile Justice and Corrections, Full Service Partnerships, and Academia
		Develop capacity building activities to support ethnic and cultural community based organizations and persons with lived experience
		Participate in the statewide reducing disparities workgroup
		Increase collaborative efforts with CiMH projects and activities to improve cultural competency and cultural inclusion within CiMH
		Increase TA support to counties and other entities interested in engaging ethnic and cultural stakeholders
	Outreach, Education and Promotion	Develop opportunities to promote prevention and early intervention strategies through the development of collaborations and activities with ethnic and cultural media resources
		Disseminate best practices for outreach and public communication strategies to counties and stakeholders
		Provide access to repositories of information promoting cultural competency, community building, and the reduction of disparities (i.e. website, clearing house, and newsletter)
		Disseminate information regarding public policies and advocacy actions that have the potential to impact cultural competency and reduction of disparities within ethnic and cultural communities.

California Institute for Mental Health (CIMH)



Increase efforts to provide technical assistance and training in theories, standards, and practices that increase competency in improving quality of care and reducing disparities (i.e. Evidence Based Practices, Cultural Competency, Community Defined Practice, Promising Practices, Community Development and Engagement) utilizing effective and culturally relevant learning strategies (i.e. transformative learning collaboratives)

Department of Mental Health Cultural Competence Advisory Committee

2010 Goals	2010 Objectives	2010 Activities
Roll-out of 2010 Cultural Competence Plan Requirements		Review and Score County CCPR submissions
		Provide feedback to DMH/OMS on Small County CCPR Modification
Ongoing Advice and Feedback to DMH/OMS regarding MHSA policy/regulations		As-needed basis

Department of Mental Health Office of Multicultural Services

2010 Goals	2010 Objectives	2010 Activities
Invest in Change- Service Delivery Systems; Workforce; and Technology	Expand Multicultural Leadership and Knowledge; Integrate and Embed Cultural Competency; Build and Expand Partnerships	1. OMS will plan and facilitate three training opportunities for internal staff by June 30, 2011.
		2. OMS will plan and facilitate three training opportunities for external stakeholders by June 30, 2011.
		3. OMS will facilitate and improve intra-departmental communication by facilitating five small group cross-trainings by June 30, 2011.
		4. OMS will partner with DMH Staff Development Office to integrate cultural competency into staff training by June 30, 2011.
		5. OMS will monitor the California Institute for Mental Health Capacity Building contract and participate in contract activities through June 30, 2011.
		6. OMS will attend and participate on seven external cultural competence committees through June 30, 2011.
		7. OMS will attend and participate in two internal DMH work groups, such as Ensuring Mental Health Services Act Compliance, through June 30, 2011.
Empower People	Honor Community and Cultural Knowledge; Embrace Diversity; Reach and Engage Diverse Communities; Expand Multicultural Leadership and Knowledge	1. OMS will invest in the growth of community defined evidence through the oversight and implementation of the California Reducing Disparities Project through June 30, 2011.
		2. OMS will support the integrity of the original design of the Prevention and Early Intervention (PEI) Statewide Project to Reduce Disparities, including ensuring support for the \$60 million of PEI funds that were approved for the implementation of the California Reducing Disparities Project Strategic Plan through June 30, 2011.
		3. Each OMS staff will expand multicultural leadership and knowledge by participating in 10 educational opportunities through June 30, 2011.

Department of Mental Health Office of Multicultural Services

2010 Goals	2010 Objectives	2010 Activities
Improve Outcomes	Integrate and Embed Cultural Competency; Ensure Transparency and Accountability; Promote Accessibility and Quality of Care; Eliminate Disparities and Inequities	1. OMS will facilitate the development of a DMH report aggregating data from all Cultural Competence Plan Requirements (CCPR) submissions by June 30, 2011.
		2. OMS will assist and provide feedback to DMH staff on internal documents with a cultural and linguistic competence point of view through June 30, 2011.
		3. OMS will execute and implement a contract for Cultural Competence Consultants by August 1, 2010.
		4. OMS will develop a policy directive for DMH cultural competency integration by August 1, 2010.
		5. OMS will establish a work group by August 31, 2010 for the purpose of completing a cultural competence plan for DMH.
		6. OMS will develop a strategic plan for FY11/12 by April 1, 2011.
		7. OMS will conduct a quarterly review and assessment of strategic planning goals and objectives through June 30, 2011.
		8. OMS will work with Cultural Competence/Ethnic Services Managers (CC/ESM) and community partners to support and integrate race, ethnic and cultural relevant strategies are included in the county roll out of their stigma and discrimination programs through June 2011.
Enhance Public Safety and Protect the Dignity of Individuals	Reach and Engage Diverse Communities; Eliminate Disparities and Inequities; Ensure Transparency and Accountability; Integrate and Embed Cultural Competency; Promote Accessibility and Quality of Care	1. OMS will develop, execute, and implement a contract for translation services by September 1, 2010.
		2. OMS will translate 15 documents by June 30, 2011.

Department of Mental Health Office of Multicultural Services

2010 Goals	2010 Objectives	2010 Activities
<p>Assume/Ensure Accountability</p>	<p>Integrate and Embed Cultural Competency; Ensure Transparency and Accountability; Foster Social Responsibility; Improve Data Collection and Measurements of Disparities</p>	<p>1. OMS will initiate the creation of a DMH work group to evaluate data collection and measurements of disparities by August 1, 2010.</p>
		<p>2. OMS will partner with other pertinent DMH units, such as Medi-Cal Oversight, to enhance cultural competence knowledge and intentions of CCPR requirements by October 1, 2010.</p>
		<p>3. OMS will participate on three Medi-Cal Compliance Reviews offering Medi-Cal Oversight and the participating counties insight into the intent of CCPR requirements through June 30, 2011.</p>
		<p>4. OMS will partner with the Compliance Division to add the 2010 CCPR requirements to the FY 11/12 Medi-Cal Compliance Review Protocol by May 2, 2011.</p>
		<p>5. OMS will review and provide feedback to Community Services Division on county Workforce Education and Training submissions upon receipt by DMH through June 30, 2011.</p>
		<p>6. OMS will review and provide feedback to Mental Health Services Oversight and Accountability Commission on county Innovation submissions upon receipt by DMH through June 30, 2011.</p>
		<p>7. OMS will facilitate and complete the review and scoring of medium and large county CCPR submissions (DMH Information Notice 10-02) by October 29, 2010.</p>
		<p>8. OMS will facilitate and complete the review and scoring of small county CCPR Modification (abridged version for small counties) submissions by June 30, 2011.</p>

State Interagency Team Workgroup to Eliminate Disparities

2010 Goals	2010 Objectives	2010 Activities
Decrease racial disproportionality and disparities in outcomes	Interagency Collaboration	Continued participation and support for the California Disproportionality Project (Project), which focuses on addressing racial disproportionality in the child welfare system
		Develop strategies for each SIT member agency/system to have open, courageous conversations regarding disparities and disproportionality (D&D).
		Compile an inventory of available training/education resources on D&D and create a "clearing house" web site to store linkages and downloadable resources dedicated to D&D.

2010 Goals	2010 Objectives	2010 Activities
No Current Work Plan Available		