

Cultural Competence Plan Requirements

Presentation to the MHSOAC CLCC
August 17, 2011
DMH Office of Multicultural Services

Presentation Overview

- Development of the Cultural Competence Plan Requirements (CCPR) (DMH Information Notice No. 10-02)
- Logic Model
- Eight Criteria of the CCPR
- Request from Small Counties via CMHDA
- CCPR Modification (DMH Information Notice No. 10-17) Vetting Process
- Differences between 10-02 and 10-17
 - Examples of being abridged
- Questions

Development of the CCPR

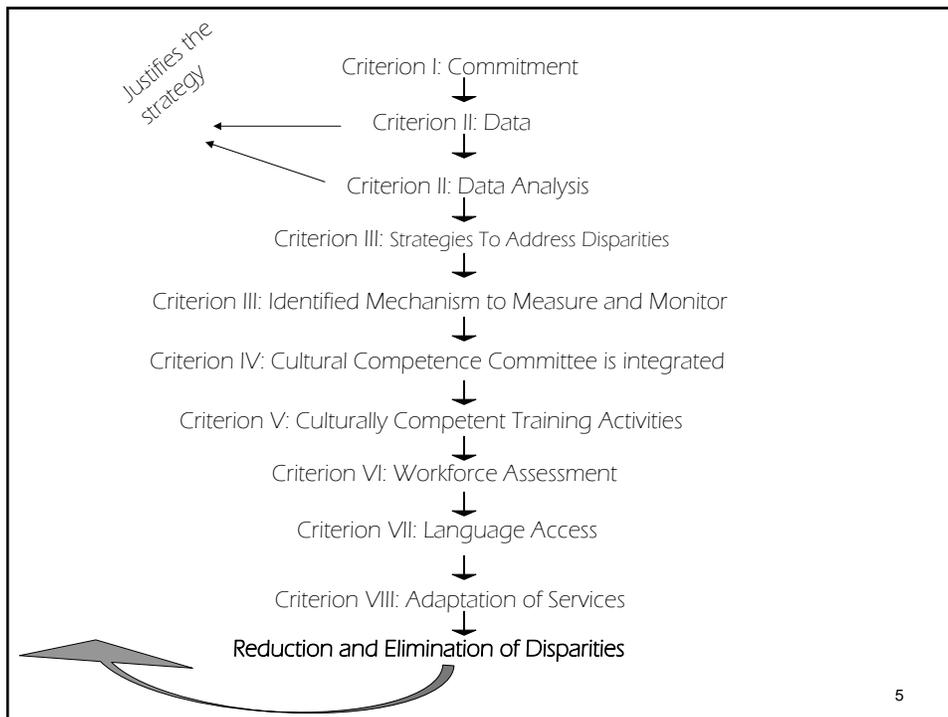
- History/Background
 - 1st Version—1997
 - 2nd Revision—2002
 - DMH Administrative Relief—2005
 - MHSA Implementation
 - 3rd Revision, Comprehensive View of Entire System—2010
- Cultural Competence Advisory Committee
 - National Research/Assessment Tools
- Statutory Authority
- Vetting/Review Process
- Data Support

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Logic Model

- Defined
 - “...theory-oriented logic models present a schematic or drawing of how a strategy is intended to work. This schematic links the logical connections between a population’s needs, the intended services, and the expected outcomes.” (Savas & Ruffolo, 2001) It “makes the de facto system visible and subject to thoughtful examination by the participants in that system.” (Hernandez & Hodges, 2005)

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Criterion I

Commitment to Cultural Competence

- Rationale:

An organizational and service provider assessment is necessary to determine the readiness of the service delivery system to meet the cultural and linguistic needs of the target population. Individuals from racial, ethnic, cultural, and linguistically diverse backgrounds frequently require different and individual Mental Health Service System responses.

Criterion I

Commitment to Cultural Competence

- I. Commitment to Cultural Competence
- II. Recognition, Value, and Inclusion
- III. Designated CC/ESM
- IV. Identified Budget

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Criterion II

Updated Assessment of Service Needs

■ **Rationale:**

A population assessment is necessary to identify the cultural and linguistic needs of the target population and is critical in designing, and planning for, the provision of appropriate and effective mental health services.

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Criterion II

Updated Assessment of Service Needs

- I. General Population
- II. Medi-Cal Population
- III. 200% of Poverty
- IV. Community Services and Supports (CSS) Population
- V. Prevention and Early Intervention (PEI) Priority Populations

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Criterion III

Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities

- Rationale:
“Striking disparities in mental health care are found for racial and ethnic populations. Racial and ethnic populations have less access to and availability of mental health services, these communities are less likely to receive needed mental health services, and when they get treatment they often receive poorer quality of mental health care. Although they have similar mental health needs as other populations they continue to experience significant disparities, if these disparities go unchecked they will continue to grow and their needs continue to be unmet...” (U.S. Department of Health and Human Services, Surgeon General Report, 2001).

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Criterion III

Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities

- I. Identified unserved/underserved target populations (with disparities)
- II. Identified disparities (within the target populations)
- III. Identified strategies/objectives/actions/timelines
- IV. Additional strategies/objectives/actions/timelines and lessons learned
- V. Planning and monitoring of identified strategies/objectives, actions, and timelines to reduce disparities

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Example Provided

Data

5% of the county's general population are Hmong
14% of Medi-Cal are Hmong (of those, 47% are older adults)
While only 0.5% of Hmong access/utilize Medi-Cal
No Hmong bi-lingual workforce



Target Population and Disparity

Older adult Hmong is the target population due to access issues, Medi-Cal data compared to Medi-Cal utilization data, and WET workforce assessment revealing a need for bilingual (Hmong) workers



Strategies

Hmong support group and an elders drop-in center
Cultural competence training on the Role of Shaman In Hmong Culture (with Hmong Consumer Perspective)
Interpreter training dollars targets Hmong speakers
WET: Targets strategies to move trained Hmong interpreters into mental health workforce pathways/hires interpreters as outreach workers

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Criterion IV

Client/Family Member/Community Committee: Integration of the Committee within the County Mental Health System

■ **Rationale:**

A culturally competent organization views responsive service delivery to a community as a collaborative process that is informed and influenced by community interests, expertise, and needs. Services that are designed and improved with attention to community needs and desires are more likely to be used by patients/consumers, thus leading to more acceptable, responsive, efficient, and effective care (CLAS, Final Report).

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Criterion IV

Client/Family Member/Community Committee: Integration of the Committee within the County Mental Health System

- I. The county has a Cultural Competence Committee (CCC) and has participation from cultural groups (reflective of the community)
- II. CCC is integrated within the mental health system

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Criterion V

Culturally Competent Training Activities

■ Rationale:

Staff education and training are crucial to ensuring culturally and linguistically appropriate services. All staff will interact with clients representing different countries or origins, acculturation levels, and social and economic standing. Staff refers not only to personnel employed by the organization but also its subcontracted and affiliated personnel (CLAS, Final Report).

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Criterion V

Culturally Competent Training Activities

- I. County requires all staff to receive annual cultural competence training
- II. Annual cultural competence trainings
- III. Relevance and effectiveness of all cultural competence trainings
- IV. County process for the incorporation of Client Culture Training throughout the mental health system

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Criterion V

Culturally Competent Training Activities: Report by Function

- Administration/Management
- Direct Services, Counties
- Direct Services, Contractors
- Support Services
- Community Members/General Public
- Community Event
- Interpreters
- Mental Health Boards/Commissions
- Community Based Organizations/Agency Board of Directors

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Criterion V

Culturally Competent Training Activities: Training Topics

- Cultural Formulation
- Multicultural Knowledge
- Cultural Sensitivity
- Cultural Awareness
- Social/Cultural Diversity (LGBTQ, SES, Older Adults, Disabilities, etc)
- Mental Health Interpreter Training
- Training in the Use of Interpreters in the Mental Health Setting

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Criterion VI

Commitment to Growing a Multicultural Workforce

- **Rationale:**

The diversity of an organization's staff is necessary, but not a sufficient condition for providing culturally and linguistically appropriate health care services. Although hiring diverse and bilingual individuals from different cultures does not in itself ensure that the staff is culturally competent and sensitive, this practice is a critical component to the delivery of relevant and effective services for all clients. Staff diversity at all levels of an organization can play an important role in considering the needs of clients from various cultural and linguistic backgrounds in the decisions and structures of the organization. (CLAS, Final Report).

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Criterion VI

Commitment to Growing a Multicultural Workforce

- I. Recruitment, hiring, and retention of a multicultural workforce from, or experienced with, the identified unserved and underserved populations

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Criterion VII Language Capacity

■ Rationale:

Accurate and effective communication between clients, providers, staff, and administration is the most essential component of the mental health encounter. Bilingual providers and other staff who communicate directly with clients must demonstrate a command of both English and the language of the client that includes knowledge and facility with the terms and concepts relevant to the type of encounter (CLAS, Final Report).

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Criterion VII Language Capacity

- I. Increase bilingual workforce capacity
- II. Provide services to persons who have Limited English Proficiency (LEP) by using interpreter services
- III. Provide bilingual staff and /or interpreters for the threshold languages (DMH Information Notice 11-07) at all points of contact
- IV. Provide services to all LEP clients not meeting the threshold language criteria who encounter the mental health system at all points of contact
- V. Required translated documents, forms, signage, and client informing materials

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Criterion VIII

Adaptation of Services

■ **Rationale:**

Organizations should ensure that clients/consumers receive from all staff members, effective, understandable, and respectful care, provided in a manner compatible with their cultural health beliefs and practices and preferred language (CLAS Final Report).

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Criterion VIII

Adaptation of Services

- I. Client driven/operated recovery and wellness programs
- II. Responsiveness of mental health services
- III. Quality of Care: Contract Providers
- IV. Quality Assurance

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Request from Small Counties via CMHDA

- Small Counties Committee request
- OMS collaboration with CMHDA
- 7 month vetting process
- CCPR Modification posted as DMH Information Notice 10-17 in August, 2010
- For Small Counties
- Further data support for Small Counties

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CCPR Modification

- DMH Information Notice 10-17, August, 2010
- Due March, 2011
- Abridged
- Sustains Logic Model
- “Small Counties”
 - California Code of Regulations, Title 9, Section 3200.260 provides details as to which counties are defined as "Small Counties". Those "Small Counties" who are eligible, may complete and submit a CCPR Modification (an abridged version of the full CCPR). If a county is eligible to submit the CCPR Modification, then the county may select to submit either the full CCPR or the CCPR Modification.
- 31 counties eligible to submit a CCPR Modification
 - 22 counties have submitted
 - Formal extensions granted

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DMH Information Notices Differences

10-02

- Due 07-28-10
- Large Counties Eligible
- DMH Data Support: 200% Poverty
- Requires evidentiary support documentation
- Requires, in most criterion, a discussion of historical challenges, lessons learned, and needed technical assistance from DMH.

10-17

- Due 03-15-11
- Small Counties Eligible
- DMH Data Support: 200% of Poverty & Medi-Cal
- Omitted need for evidence, narration of policies/practices, lessons learned, technical assistance, and historical challenges

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Example of Abridged Requirement

10-02 For Criterion I

- **Evidence** that the County Mental Health System has a designated CC/ESM who is responsible for cultural competence and who promotes the development of appropriate mental health services that will meet the diverse needs of the county's racial, ethnic, cultural, and linguistic populations.
- Written description of the cultural competence responsibilities of the designated CC/ESM.

10-17 Criterion I

- **Detail** who is designated the county's CC/ESM responsible for cultural competence and who promotes the development of appropriate mental health services that will meet the diverse needs of the county's racial, ethnic, cultural, and linguistic populations.

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Abridged Requirement in Criterion IV

10-02

- Brief description of the Cultural Competence Committee or other similar group (organizational structure, frequency of meetings, functions, and role).
- Policies, procedures, and practices that assures members of the Cultural Competence Committee will be reflective of the community, including county, County management level and line staff, clients and family members from ethnic, racial, and cultural groups, providers, community partners, contractors, and other members as necessary;
- Organizational chart; and
- Committee membership roster listing member affiliation if any

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- Briefly describe the committee or other similar group (organizational structure, frequency of meetings, functions, and role). If the committee or similar group is integrated with another body (such as a Quality Improvement Committee) the so inclusive committee shall demonstrate how cultural competence issues are included in committee work.
- Briefly describe how the committee integrates with the county mental health system by participating in and reviewing MHSA planning process.

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OMS Technical Assistance

- Statewide trainings
- Consultation on Criterion VI through CC/ESM regional meetings
- 3 Webinars
- One on one meetings by phone
- Posting FAQs
- Website resources

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Questions?

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References

- DMH Information Notice 10-02
- DMH Information Notice 10-17
- DMH Information Notice 11-07
- Office of Multicultural Services website:
http://www.dmh.ca.gov/Multicultural_Services/CCPR.asp

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