



**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
OFFICE OF ADMINISTRATIVE OPERATIONS – QUALITY IMPROVEMENT DIVISION
CULTURAL COMPETENCY UNIT**

CULTURAL COMPETENCE PLAN UPDATE – FY 16-17

Criterion 1

Commitment to Cultural Competence

August 2018

Criterion 1: Commitment to Cultural Competence

The Los Angeles County Department of Mental Health (LACDMH) is the largest county-operated mental health system in the United States. The LACDMH provider network is composed of Directly Operated and Contracted programs that serve Los Angeles residents in more than 85 cities and approximately 300 co-located sites. More than 250,000 residents of all ages are served every year. LACDMH believes that wellbeing is possible for all persons and that interventions need to include assisting our constituents achieve their recovery goals, find a safe place to live, use their time meaningfully, thrive in healthy relationships, access public assistance, overcome crises successfully and attain the best possible physical health. LACDMH strives to reduce the negative impacts of untreated mental illness by providing services based on whole person care, cultural and linguistic responsiveness, equity for all cultural groups, partnerships with communities, integration with social service providers, and openness to sustained learning and improvement.

I. County Mental Health System Commitment to Cultural Competence Policy and Procedures

LACDMH continues implementing policies and procedures (P&Ps) to ensure effective, equitable and responsive services for our constituents, while providing a solid and supportive infrastructure for our workforce. The following chart provides a snap shot of the P&Ps currently in place that are related to cultural competence:

Policies and Procedures and Other Documents	
Overarching Policies and Practice Parameters	<ul style="list-style-type: none"> • Policy No. 100.04 – Recovery Model • Policy No. 1100.01 – Quality Improvement Program • Parameters for Clinical Assessment <ul style="list-style-type: none"> ○ 2.2 Initial Psychiatric Assessment of Older Adults ○ 2.6 Discharge Planning for Older Adults ○ 2.7 Co-Occurring Cognitive Impairment Assessment Parameters ○ 2.8 Co-Occurring Cognitive Impairment Treatment • Parameters for Clinical Programs <ul style="list-style-type: none"> ○ 4.5 Parameters for Treatment of Co-Occurring Substance Abuse ○ 4.8 Delivery of Culturally Competent Clinical Services ○ 4.13 Parameters for Peer Advocates ○ 4.15 Parameters for Spiritual Support ○ 4.16 Parameters for Family Inclusion ○ 4.18 Parameters for Assessment and Treatment of Individuals with Co-Occurring Intellectual Disabilities
Policies and Procedures Related to Cultural Competence	<ul style="list-style-type: none"> • Policy No. 200.02 – Hearing Impaired Mental Health Access • Policy No. 200.03 – Language Translation and Interpretation Services • Policy No. 200.05 – Request for Change of Provider

Policies and Procedures and Other Documents	
	<ul style="list-style-type: none"> • Policy No. 200.08 – Procedures for Screening, Treating, and Preferring Veterans to Ensure Appropriate Services • Policy No. 201.02 – Nondiscrimination of Beneficiaries • Policy No. 305.01 – Assessment and Treatment of Co-Occurring Substance Abuse • Policy No. 310.01 – HIV and AIDS Clinical Documentation and Confidentiality • Policy No. 311.01 – Integration of Spiritual Interests of Clients in the Provision of Mental Health Services and Support • Organizational Provider’s Manual for Specialty Mental Health Services under the Rehabilitation Option and Targeted Case Management Services
Human Resource Training and Recruitment Policies	<ul style="list-style-type: none"> • Code of Organizational Conduct, Ethics, and Compliance • Los Angeles County Policy of Equity (CPOE)

Key to the provision of culturally and linguistically responsive services is our aim to continuously assess the quality and effectiveness of our operations. LACDMH has a well-established Quality Improvement Program within the Office of Administrative Operations (OAO), previously known as Program Support Bureau which develops goals and monitors plans in the following six domains:

- Service delivery capacity and organization
- Service accessibility
- Beneficiary satisfaction
- Service delivery system and meaningful clinical issues affecting beneficiaries
- Coordination and continuity of care with other human service agencies
- Beneficiaries grievances and appeals

The OAO-QID shares the responsibility to maintain and improve a service delivery infrastructure characterized by continuous quality improvement; progressive cultural and linguistic competence; elimination of mental health disparities; and integration of mental health services with approaches that foster recovery, wellbeing, as well as consumer and family member involvement. The OAO-QID includes the Cultural Competency Unit (CCU), the Data-Geographic Information System (GIS) Unit, and the Underserved Cultural Communities (UsCC) Unit. The CCU provides training and technical assistance necessary to integrate cultural competency and implement the Cultural Competence Plan Requirements in all departmental operations. The Data-GIS Unit provides the collection, analysis and reporting of LACDMH demographic and consumer utilization data. The UsCC Unit implements one-time projects to build the capacity of the system and increase service accessibility for underserved populations.

Additionally, the OAO-QID has administrative responsibility over the departmental Quality Improvement Council (QIC) monthly meetings, which are attended by representatives from the eight the Service Area-based Quality Improvement Committees (SA QICs); Office of the Medical Director; Cultural Competency Unit; Patients' Rights Office; Compliance, Privacy and Audit Services Bureau; Office of Consumer and Family Affairs; Consumer and Family representatives; and other programs required for clinical quality improvement discussions. The Departmental QIC guides, supports, and responds to concerns raised by the service providers, and implements performance improvement projects that impact the LACDMH system of care.

II. County recognition value and inclusion of racial, ethnic, cultural and linguistic diversity within the system

LACDMH recognizes and values the racial, ethnic, cultural and linguistic diversity of the communities we serve. Our vision is to “build a Los Angeles County unified by shared intention and cross-sector collaboration that helps those suffering from serious mental illness heal, grow and flourish by providing easy access to the right services and the right opportunities at the right time in the right place from the right people.” Our mission is to “optimize the hope, wellbeing and life trajectory of Los Angeles County's most vulnerable through access to care and resources that promote not only independence and personal recovery but also connectedness and community reintegration.” LACDMH's vision and mission drive the Strategic Plan, which contain four goals that specifically delineate our commitment to advancements in cultural competence, reducing disparities and partnering with communities. These strategic goals include:

Goal I: Enhance the quality and capacity, within available resources, of mental health services and supports in partnership with consumers, family members, and communities to achieve hope, wellbeing, recovery and resiliency.

- Strategy 1: Develop a system that provides a balanced and transformed continuum of services to as many clients throughout the County as resources will allow
- Strategy 2: Provide integrated mental health, physical health and substance abuse services in order to improve the quality of services and wellbeing of mental health clients
- Strategy 3: Support clients in establishing their own recovery goals that direct the process of mental health service delivery
- Strategy 4: Ensure that families are accepted as an important component of the recovery process and provide them with the support to achieve that potential

Goal II: Eliminate disparities in mental health services, especially those due to race, ethnicity and culture.

- Strategy 1: Develop mental health early intervention programs that are accessible to underserved populations
- Strategy 2: Partner with underserved communities to implement mental health services in ways that reduce barriers to access and overcome impediments to mental health status based upon race, culture, religion, language, age, disability, socioeconomics, and sexual orientation

- Strategy 3: Develop outreach and education programs that reduce stigma, promote tolerance, compassion and lower the incidence or severity of mental illness

Goal III: Enhance the community's social and emotional wellbeing through collaborative partnerships.

- Strategy 1: Create partnerships that advance an effective model of integration of mental health, physical health, and substance abuse services to achieve parity in the context of health care reform
- Strategy 2: Create, support, and enhance partnerships with community-based organizations in natural settings such as park and recreational facilities to support the social and emotional wellbeing of communities
- Strategy 3: Increase collaboration among child-serving entities, parents, families, and communities to address the mental health needs of children and youth, including those involved in the child welfare systems
- Strategy 4: Further strengthen the partnerships among mental health, the courts, probation, juvenile justice and law enforcement to respond to community mental health needs
- Strategy 5: Support and enhance efforts to provide services in partnership with educational institutions from pre-school through higher education
- Strategy 6: Develop partnerships with faith-based organizations to enhance opportunities for clients to utilize their spiritual choices in support of their recovery goals

Goal IV: Create and enhance a culturally diverse, consumer and family driven, mental health workforce capable of meeting the needs of our diverse communities.

- Strategy 1: Train mental health staff in evidence-based, promising, emerging and community-defined mental health practices
- Strategy 2: Recruit, train, hire and support mental health clients and family members at all levels of the mental health workforce
- Strategy 3: Create and provide a safe and nurturing work environment for all employees that supports and embodies consumer-centered, family-focused, community-based, culturally and linguistically competent mental health services
- Strategy 4: Identify and support best practices for recruitment and retention of diverse and well-qualified individuals to the mental health workforce

Current LACDMH Culturally Competent Programs

LACDMH's vision, mission, strategic plan and P&Ps are infused in a plethora of programs and activities that advance cultural competence and equity in our system of care. The summary below briefly introduces these programs and efforts:

Health Agency

The Health Agency became effective on August 11, 2016. The primary goal of the Health Agency is to improve the health and wellbeing of the Los Angeles County residents through the provision of integrated, comprehensive, culturally appropriate services, programs, and policies that promote healthy living and

healthy communities. The Health Agency accomplishes its mission by coordinating the efforts of the Departments of Health Services (DHS), Mental Health (DMH), and Public Health (DPH) in partnership with various stakeholders such as: Consumers, family members, local communities, organized labor, faith-based organizations, community providers and agencies, health plans, and academia, among others. The Health Agency has established priorities relevant to health and wellbeing of Los Angeles County residents while allowing the three Departments to maintain their individual missions and activities.

The strategic priorities of the Health Agency include:

- Consumer access to an experience with clinical services – Streamline access and enhance customer experience for those who need services from more than one Department, including by promoting information-sharing, registration, care management, and referral processes, training staff on cross-discipline practice, and increasing co-location of services
- Housing and supportive services for homeless consumers – Develop a consistent method for identifying and engaging homeless consumers, and those at risk for homelessness across the three Departments, linking them with integrated health services, housing them, and providing ongoing community and other supports required for recovery
- Overcrowding of emergency departments by individuals in psychiatric crisis – Reduce overcrowding of County Psychiatric Emergency Services (PES) and private hospital Emergency Departments (EDs) by children and adults in psychiatric crisis
- Access to culturally and linguistically competent programs and services – Ensure access to culturally competent and linguistically appropriate services and programs as a means of improving service quality, enhancing customer experience, and helping to reduce health disparities
- Diversion of corrections-involved individuals to community-based programs and services – Successfully divert corrections-involved persons with mental illness and addiction who may otherwise have spent time in County jail or State prison by placing them into structured, comprehensive, health programming and permanent housing, as tailored to the individual’s unique situation and needs
- Implementation of the expanded substance use disorder benefit – Maximize opportunities available under the recently approved Drug Medi-Cal waiver to integrate Substance Use Disorder (SUD) treatment services for both adults and youth into Los Angeles County’s mental and physical health care delivery system
- Improve the County’s ability to link vulnerable children, including those currently in foster care, and Transitional Age Youth (TAY) to comprehensive health services (i.e., physical health, mental health, public health, and SUD services)
- Chronic disease and injury prevention – Align and integrate population health with personal health strategies by creating healthy community environments and strengthening linkages between community resources and clinical services

In particular, the accomplishments for the Access to Culturally Competent and Linguistically Appropriate Services and Programs workgroup for 2016 demonstrate the implementation of the Culturally and Linguistically Appropriate Services (CLAS) standards as follows:

- The standardization of three consumer satisfaction survey questions addressing the consumers' experience in receiving services in their preferred language, being provided written information in their preferred language, and evaluating whether staff were sensitive to the consumers' cultural background (CLAS standards Nos. 5, 6, 7, and 8)
 - LACDMH consumer satisfaction surveys were administered at 261 outpatient clinics (Directly Operated and Contracted) between November 14, 2016 and November 18, 2016. The results were as follows:
 - ✓ 89% of consumers (N = 7,505) agreed or strongly agreed that staff were sensitive to their cultural background
 - ✓ 97% of consumers (N = 6,520) agreed or strongly agreed that they received services in their preferred language
 - ✓ 95% of consumers (N = 6,333) agreed or strongly agreed that written information was available in their preferred language
 - DHS surveys were administered at all outpatient primary care clinics between November 1, 2016 and May 31, 2017. The results were as follows:
 - ✓ 80% of patients, out of 3,661 patients who responded to the question, agreed or strongly agreed that staff were sensitive to their cultural background
 - ✓ 97% of patients, out of 3,803 patients who responded to the question, stated that they were provided services in their preferred language
 - ✓ 95% of patients, out of 3,539 patients who responded to the question, stated that written information was available in their preferred language
 - DPH surveys were administered at all 14 Public Health Clinics between November 7, 2016 and December 6, 2016, with a response rate of 81%. The number of valid surveys received was 1,402 out of 1,739 surveys administered. The results were as follows:
 - ✓ 75% of patients agreed or strongly agreed that staff were sensitive to their cultural background
 - ✓ 95% of patients were provided services in their preferred language
 - ✓ 89% of patients stated that written information was available in their preferred language
- Review of demographic information pertinent to race, ethnicity, language, sexual orientation, and homelessness status for standardization in the Health Agency (CLAS standards Nos. 9 and 11)
- Identification of community-based programs to be implemented and strategies to cross train existing staff of the three Departments (CLAS standards Nos. 3, 4, 13, and 15)
 - DMH: DMH has a total of 100 trained, bilingual Spanish-speaking Promotores working in SAs 4, 6, 7, and 8. Two new Bilingual Spanish-speaking Promotores de Salud (Health Promoters) groups have been

implemented in SAs 4 and 6. For each SA, 20 Promotores were hired and trained to conduct outreach in the Latino community. The Promotores provide presentations on mental health in the community. They also attend health and resource fairs to link community members to services. "Specialty" Promotores were also added to do Public Health outreach in SAs 7 and 8. These "Specialty" Promotores were trained in the standard mental health Promotores curriculum, and additionally trained on lead contamination to address the Exide Battery Plant environmental exposure, vector-borne illnesses to address the Zika virus threat and meningitis. A total of 10 Promotores were added per SA to do this specialized outreach. Furthermore, agencies have been identified for the implementation of the mental health promoters program to serve the following communities:

- ✓ Filipino: The Search to Involve Pilipino Americans (SIPA)
- ✓ Somali: The New Youth Center (NYC)
- ✓ American Indian/Alaska Native (AI/AN): United American Involvement, Inc. (UAI)
- ✓ Armenian: Didi Hirsch
- DHS: Six Community Health Workers (CHW) were hired and trained by DHS since July 2016. Three additional candidates have been identified for hiring. By FY 17-18, DHS will have 36 CHWs working in complex care management at eight primary care practices. Additionally, ongoing training continues for CHWs on various topics such as family planning/reproductive health, homelessness, mental health first aid, and motivational interviewing
- DPH: Besides cross-training of Promotores within the Health Agency, DPH trained numerous Promotores groups from community partner organizations on Nutrition and Emergency Preparedness. DPH is currently developing its own Promoters Program for each of the eight Service Planning Areas. These Promoters will provide community education on various public health issues such as emerging diseases and the social determinants of health. These Promoters will reflect the communities they serve

Capacity-Building Projects by the Underserved Cultural Communities (UsCC), formerly known as Underrepresented Ethnic Populations (UREP)

The UsCC Unit continues to work with subcommittees dedicated to working with the various underrepresented cultural populations in order to address their individual needs. These groups are: African/African American (AAA); American Indian/Alaska Native (AI/AN); Asian Pacific Islander (API); Eastern European/Middle Eastern (EE/ME), Latino, and Lesbian/Gay/Bisexual/ Transgender/ Questioning/Intersex/Two-Spirit (LGBTQI2-S). Through the use of one-time funding, each UsCC subcommittee is allotted \$100,000 per Fiscal Year (FY) to focus on Community Services and Supports (CSS) based capacity-building projects that increase accessibility to services by unserved, underserved and inappropriately served populations with the goal of reducing racial/ethnic mental health disparities. The work of the six UsCC subcommittees in identifying and implementing capacity-building projects demonstrates the implementation of CLAS standards Nos. 1, 2, 9, and 13.

New project proposals are created for each FY and submitted via a participatory and consensus-based approach. Examples of projects that target community outreach, engagement, and involvement efforts with identified racial, ethnic, cultural, and linguistic communities, FY 16-17:

AAA

- 1) Black Male Mental Health Awareness Campaign
This project increased mental health awareness and spread learning through community presentations in Los Angeles County. The project outreached to Black males 16 years old and older via community presentations. It targeted those who were not involved in the public mental health system, but who would benefit from learning more about mental health.
- 2) African American Women Leadership and Wellness Mental Health Outreach Project
The objective of this project was to engage and empower African American women to seek mental health services. This was a countywide advocacy, leadership, holistic wellness, spirituality and mental health outreach project for African American women ages 18 and older. It aimed to break down stigma related to mental health services among African American women.
- 3) African Immigrants and Refugees Mental Health Outreach Projects
This was a mental health outreach project for African immigrants and refugees from Nigeria, Somalia, Ethiopia, Liberia, and Ghana. The purpose of this project was to outreach and provide mental health awareness, education, linkage and referral services to these underserved groups in a non-stigmatized manner using culturally sensitive techniques designed to improve and sustain their quality of life.
- 4) AAA Mental Health Informational Brochures
Brochures were used to outreach and engage underserved, inappropriately served and hard-to-reach AAA ethnic communities such as African-American, African immigrants, and Pan-African community members. The brochures were used to educate and inform these ethnically diverse communities on the benefits of utilizing mental health services and provided referrals and contact information. The informational brochures were translated into two (2) different African languages: Amharic and Somali.
- 5) Life Links: Resource Mapping Project
This project has been continued for four consecutive years since the initial implementation. Funds were allocated to develop a community resource directory called Life Links. Community resources, service providers, and agencies were identified in South Los Angeles County, where there is a large African/African-American(AAA) population. This directory, of approximately 300 services and listings of unique interest to specific cultural groups, includes names, addresses, contact information, hotlines and toll-free numbers. This community resource directory has been updated 4 times and the fifth reprint is scheduled for June 2018.

AI/AN

1) AI/AN TV and Radio Media Campaign

The AI/AN UsCC subcommittee funded a TV and Radio Media Campaign for FY 16-17. The campaign was launched on May 4, 2017 and was completed on July 2, 2017. The AI/AN commercials were aired on CBS, KCAL, and KNX 1070.

2) AI/AN Bus Advertising Campaign

This was a bus advertising campaign that took place for 24-weeks from March through August of 2017. It included the following: 40 taillight bus displays, 10 king-size bus posters, and 800 interior bus cards. The goal of this advertising campaign was to promote mental health services, increase the capacity of the public mental health system in Los Angeles County, increase awareness of the signs and symptoms of mental illness, and reduce the stigma associated with mental health conditions for the AI/AN community. This 24-week advertising campaign educated and provided linkage and referrals to AI/AN community members.

3) One of the recommendations of the AI/AN UsCC subcommittee was to plan and coordinate the 2017 American Indian / Alaska Native Mental Health Conference: "Bridging the Gaps – Systems, Cultures, and Generations."

API

1) The Multimedia Mental Health Awareness Campaign for the Cambodian and Vietnamese Communities

This project was implemented on September 1, 2016 and was completed on September 30, 2017. The Multimedia Mental Health Awareness Campaigns included linguistically and culturally appropriate mental health education and engagement workshops and an ethnic media campaign, including mental health awareness Advertisements (Ads) on Television and Radio, and Newspaper articles that targeted the Cambodian and Vietnamese communities in Los Angeles County. The purpose of this project was to increase awareness and knowledge of the signs and symptoms of mental illness, and for improved access to mental health services for the Cambodian and Vietnamese communities in Los Angeles County.

2) The Samoan Outreach and Engagement Program

In 2017, LACDMH utilized CSS funds to continue the Samoan Outreach and Engagement Program in order to increase awareness of mental illness, knowledge of mental health resources and decrease stigma related to mental health in the Samoan community. LACDMH contracted with Special Services for Groups (SSG) who partners with two Samoan community-based agencies to conduct individual and group outreach and engagement activities with the Samoan community in Service Area 8, which has the largest concentration of Samoans within the County of Los Angeles.

EE/ME

1) Mental Health Education and Stigma Reduction Project for Arabic Speaking College Students

This project was funded to increase mental health awareness, and reduce disparities among Arabic-speaking community members in the County of Los Angeles.

Angeles. It was implemented on September 15, 2016 and continued until June 19, 2017. The project included presentations conducted at local colleges and universities, with the goal to increase awareness and educate Arabic-speaking college students (ages 18-30) about mental health, recognition of the signs and symptoms of mental health conditions and how to access services from the Los Angeles County Department of Mental Health. These presentations were conducted by college students (using a Peer-to-Peer model), who were trained by a mental health expert. Some of the topics presented in the project were the following: anxiety, depression, mental health awareness, and mental health stigma. This project educated Arabic speaking college students who may need mental health services, but are unable or unwilling to access these services due to stigma, lack of education and awareness, and/or cultural/religious barriers.

2) The Armenian Talk Show Project Part II

This project consisted of forty-four (44) DMH approved mental health TV talk shows to inform the Armenian community about common mental health issues and how to access services in the County of Los Angeles. The media project was an expansion of a similar project that was funded in FY 14-15. The Armenian Talk Show Project Part II included mental health topics such as eating disorders, terminal illness and mental health, intergenerational conflict, mental illness and family support and caregiver stress. These mental health topics provided an opportunity for the Armenian Community to be further educated and informed of the mental health issues that are currently impacting their community. These shows also provided the viewers with linkage and information about mental health services in the County of Los Angeles, including the LACDMH 24-hour ACCESS line phone number. In addition, the most popular 44 episodes of the Armenian Mental Health Show from two seasons were re-aired from April 15, 2017 to September 9, 2017. The shows were broadcasted in areas in the County of Los Angeles with the largest concentration of Armenians such as La Canada, Burbank, North Hollywood, Glendale, Pasadena, Los Angeles, and Montebello.

3) Farsi Peer-Run Outreach Project

This project trained Farsi-speaking volunteers to conduct mental health presentations and provide linkage services. The purpose of the project was to assist Farsi-speaking community members in need of mental health services; since they were unable or unwilling to obtain the information and resources due to stigma, lack of education or awareness, and/or language barriers. The project included a 20-hour training curriculum to train Farsi speaking volunteers to conduct the mental health presentations. These volunteers were trained to become Peer Outreach Workers. Their primary role was to educate Farsi-speaking community members on basic mental health information and available resources. Due to this training, the community members had the opportunity to work with and learn from someone (peer) from their community, who speaks the Farsi language and has an understanding of the cultural barriers to accessing mental health services.

4) Mental Health Farsi Language Radio Media Campaign

This project consisted of producing and airing three (3) different Public Service Announcements (PSAs) in the Farsi language. The PSAs aired on a Farsi radio

station 5 – 8 times daily, from May 4, 2017 to July 30, 2017. The PSAs targeted Iranian/Persian communities of Los Angeles County. Each PSA provided culturally sensitive information, education, and resources about a specific mental health topic. The topics presented in the project were the following: mental health awareness, and domestic violence. The purpose of this Farsi language PSA project was to provide mental health education and information to the Farsi speaking community on how to access mental health services as stigma, lack of education and language barriers continue to be obstacles for this underserved community.

5) Mental Health Russian Language Television Media Campaign

This project consisted of four (4) different PSAs in the Russian language. The PSAs helped educate the Russian community and increase awareness of the signs and symptoms of mental illness, as well as reduce the stigma associated with mental health conditions with this underserved subgroup. The PSA's aired in a rotation and one PSA aired at least six times a day for three months, from April 25, 2017 to July 29, 2017, between the hours of 7 a.m. and 11 p.m. The PSAs included mental health education and information on topics such as general mental health information, depression, and anxiety. The PSAs informed consumers of existent mental health issues in the Russian community and resources available within the LACDMH.

Latino

1) Latino 2017 Mental Health Awareness Media Outreach Campaign

For FY 16-17, the Latino UsCC subcommittee funded an additional Television and Radio Media Campaign. Univision Communications, Inc. was contracted to launch the Media Campaign that included TV, Radio and Digital elements. The project was launched on May 1, 2017 and was completed on July 16, 2017. The commercials were aired on KMEX television station and KLVE, KRCD, and KTNQ radio stations. KMEX ran a total of 138 television commercials, a two-day advertisement on the station's website, and a social media marketing component that included banner videos. Similarly, KLVE, KRCD, and KTNQ radio stations ran 501 commercials and a two-day advertisement on the station's website. In addition, a total of nine 3-minute interviews with DMH's Ethnic Service Manager (ESM) were aired weekly on Dr. Navarro's program at KTNQ – 1020 Radio Station from May 11, 2017 through July 2, 2017. Another 30-minute interview was aired on four (4) radio stations on June 12, 2017 and June 25, 2017.

2) Latino UsCC Bus Advertising Campaign

For FY 16-17, the Latino UsCC subcommittee funded a Bus Advertising Campaign to promote mental health services, increase the capacity of the public mental health system and reduce stigma.

LGBTQI2-S

1) LGBTQI2-S Radio Media Campaign

The LGBTQI2-S UsCC subcommittee funded a Radio Media Campaign for Fiscal Year 2016-2017. The campaign was launched on May 4, 2017 and was completed on July 2, 2017. The LGBTQI2-S commercials were aired on KNX

1070, KRTH 101, KCBS FM 93.1, KROQ 106.7, KAMP 97.1, and 94.7 The Wave.

2) Community Mental Health Needs Assessment

The objective of the LGBTQI2-S Community Mental Health Needs Assessment Project was to outreach and engage people of color within the LGBTQI2-S population into a discussion regarding the needs of the community, as well as reduce stigma associated with mental health services. Additionally, this project aimed to increase awareness of the mental health needs of LGBTQI2-S individuals, increase connections with mental health providers, and provide opportunities to address concerns about mental health services. This project targeted both leaders and providers within the LGBTQI2-S community, as well as community members. The project included two components: a Community Leaders Forum made up of leaders and providers who were brought together into a learning collaborative to discuss the needs of the community, as well as seven focus groups made up of people of color within the LGBTQI2-S community with the purpose of assessing the needs of LGBTQI2-S individuals, identifying gaps in access to mental health services, and identifying how to engage community members into mental health services provided by the Los Angeles County Department of Mental Health.

3) Speak Your Mind Academy

The objective of the LGBTQI2-S Youth Speak Your Mind Academy Mental Health Outreach Project was to engage, empower, enlist, and enlighten the LGBTQI2-S Youth community, as well as to promote mental health services, reduce stigma, and increase the capacity of the public mental health system in Los Angeles County. The project included two components: training of 50 LGBTQI2-S Youth Advocates and, once trained, the Advocates conducted two community mental health presentations. The Youth Advocates were to be aged 18-25 years and from all eight Service Areas. The LGBTQI2-S Youth Advocates were individuals who identified as LGBTQI2-S and who had limited or no experience with LACDMH mental health services. The Academy covered basic mental health education including common diagnoses and symptoms, the power of advocacy, storytelling and public speaking, crisis identification/resolution, and outreach and engagement.

The Faith-based Advocacy Council

Formerly known as the Clergy Advisory Committee (CAC), the Faith-based Advisory Council allows for LACDMH to collaborate with faith leaders from various religious affiliations. This council operates under the following values:

- Caring for the whole person
- Utilizing spirituality as a resource in the journey of wellbeing, recovery and resilience
- Networking and mobilizing a life-giving community
- Respecting diversity in life experience, worldview, ways of communication, and one's spirituality
- Developing initiatives that support integrating spirituality into the LACDMH

The Council meets on a monthly basis at various community-based locations with the goal of inviting faith-based organizations and clergy to participate in discussions regarding mental health, recovery and overall wellbeing.

Countywide Community Mental Health Promoters Expansion

The Community Mental Health Promoters Program is a countywide expansion of the “Promotores de Salud” Project originally implemented by the Latino UREP (now UsCC) subcommittee. This countywide program will build system capacity and access to integrated services by utilizing Mental Health Promoters to increase the community’s knowledge about mental health through outreach, engagement, community education, social support, and advocacy activities. The Countywide Community Mental Health Promoters are recruited from the community and once crossed trained; they disseminate information and provide services by effectively bridging gaps between governmental and nongovernmental systems and the communities they serve. The practice of recruiting community mental health promoters as natural leaders within their communities demonstrates the implementation of CLAS standards Nos. 1, 3, and 13. Community Mental Health Promoters function with a solid understanding of their communities, often sharing similar cultural backgrounds including but not limited to ethnicity, language, socio-economic status, and daily-living experiences. They provide leadership, prevention education and linkage services in a culturally and linguistically appropriate manner to underserved ethnic communities. Community Mental Health Promoters provide education on topics such as (1) Mental Health Stigma; (2) Stages of Grief and Loss; (3) Domestic Violence Prevention; (4) Drug and Alcohol Prevention; (5) Symptoms and Treatments of Depression; (6) Symptoms and Treatment of Anxiety Disorders; (7) Suicide Prevention; (8) Child Abuse Prevention; and (9) Childhood Disorders, at various community organizations. As a strategy to reduce mental health disparities, Community Mental Health Promoters will amplify the Department’s outreach and engagement efforts to four additional UsCC populations and languages, increase service accessibility, fight stigma, and increase UsCC penetration rates.

As of June 14, 2017, the Prevention Early Intervention Community Outreach Services (PEI COS) received proposals for the expansion of the Countywide Community Mental Health Promoters program to various underserved ethnic communities as follows:

- Two AAA proposals focusing on the Somali and Ethiopian communities
- One API proposal focusing on the Filipino population
- One AI/AN proposal currently being drafted
- One EE/ME proposal focusing on the Armenian population

Mental Health Academy

LACDMH recognizes the important role that spirituality plays in the process of mental health recovery. The Mental Health Academy was implemented in January 2014 to bring faith-based leaders and mental health professionals into a collaborative effort to build faith partnerships for hope, wellbeing, and recovery. Together, they advocate for the rights of consumers, fight stigma and

discrimination, and service improvement. The goal of the Mental Health Academy is to build healthier communities by promoting mental health awareness, reducing stigma associated with mental illness, and increasing access to quality mental health services. Through the Mental Health Academy, faith leaders attend free presentations and trainings on various mental health topics. Faith leaders can customize the Mental Health Academy training topics according to the needs of their congregations by choosing among 29 training topics. The general areas of training include: Mental Health 101, psychological first aid, common mental health conditions (e.g., depression, anxiety, posttraumatic stress disorder, and substance use), crisis management and suicidality, and effective communication and conflict management, support groups, healthy work environment, bereavement, and gangs. Some of the courses are available in Spanish and Mandarin. The partnerships that are formed between the Department and faith-based leaders demonstrate the implementation of CLAS standards Nos. 4 and 13. Please refer to Criterion 5 for a detailed list of all training topics.

Additionally, LACDMH has sponsored an annual Mental Health and Spirituality Conference since 2001. This conference originated in response to the desires of consumers to integrate spirituality into their recovery journey. The conference highlights the diversity in spiritual practices and is a resource for clinicians, consumers, health providers, spiritual care providers, family members, and the clergy alike.

The Veterans and Loved Ones Recovery (VALOR) Program

LACDMH began providing specialized services for veterans in 2010. The VALOR Program has its origins in LACDMH's recognition that veterans are an underserved population. The goal of the Program is to bring opportunities for hope, wellbeing, and recovery to Los Angeles County veterans and their families in need of mental health services. Prior to attending to mental health services, VALOR staff identify and assist veterans fulfill their basic needs. A strong emphasis is placed on reducing homelessness, providing linkages to housing and mental health services, and building partnerships with other service providers.

Since its inception, the VALOR Program has grown to include a small cadre of clinical and administrative staff. The VALOR Program has implemented veteran liaisons in all the SAs, a Homeless Outreach Team, a Veteran Affairs Walk-in Screening Clinic, and Veterans Systems Navigators. These strategies converge in concentrated efforts to link our veterans to mental health services, supports, and community-based organizations that are part of a locally-based support network that specializes in services to the veteran population. The VALOR Team is headquartered at the Bob Hope Patriotic Hall, where any veteran, regardless of their Military Discharge status and eligibility for Veterans Affairs (VA) benefits, is served.

The VALOR Program provides outreach and engagement for homeless veterans and their families with serious mental illnesses and/or co-occurring issues. Outreach and engagement efforts focus on veterans living in encampments, on the streets and by underpasses, parks, libraries, emergency rooms, and other

locations frequented by homeless persons. Veterans are surveyed to determine if they already have or may be eligible for veteran's benefits, and are linked with programs such as mental health treatment, substance abuse treatment, health care for chronic medical conditions, and benefits establishment or others depending on their specific needs. VALOR staff has fostered positive relationships with local VA facilities and help veterans gain access to these resources as appropriate. Staff also works closely with the County's Department of Military and Veterans Affairs (DMVA) to ensure mental health counseling and treatment, veteran benefits and entitlements, and housing options are available to veterans who contact this resource. On January 1, 2016, the VALOR program transitioned into a Full Service Partnership (FSP) program serving homeless veterans who may not qualify for Veteran Affairs Healthcare Benefits. Finally, VALOR staff is an integral part of LACDMH's implementation of the Countywide SB-82 Mobile Crisis Response Teams. These teams are deployed by SA. The VALOR program activities and service coordination with social service providers demonstrate the implementation of CLAS standards Nos. 1, 2, 3, 10, and 13.

Outreach and Engagement (O&E)

The SA-based O&E Teams represent one of LACDMH's primary approaches to reduce stigma and mental health disparities. Funding is set aside for O&E coordinators to provide promotional items, snacks and refreshments, and professional items necessary to engage communities in mental health awareness and education, linkage to LACDMH services and networking with community-based organizations.

O&E endeavors also take place within various LACDMH programs. For example, the Homeless Outreach and Mobile Engagement (HOME) Team provides countywide, field-based, and dedicated outreach and engagement services to adult, TAY and older adult homeless populations. HOME staff function as the "first link in the chain" to connect homeless mentally ill persons to recovery and mental health wellbeing services through a collaborative effort with other caregiving agencies and County entities. The HOME team focuses especially on SAs 4 and 6, which have the largest population of homeless individuals in Los Angeles County. Homeless outreach is also conducted by the SB 82 Mobile Triage Teams. These teams reach out to homeless mentally ill adults and provide them with supportive services. The VALOR Program, as previously mentioned, serves homeless veterans as a specialty within the Countywide SB-82 Mobile Crisis Response Teams. The VALOR program provides a full range of services to homeless veterans who have a Serious Mental Illness (SMI) and substance use disorders. Furthermore, the Integrated Mobile Health Team (IMHT) aims to reduce homelessness, incarcerations, and medical and psychiatric emergency room visits by persons with SMI. Taking into consideration the vulnerabilities that homeless persons may present due to age, number of years homeless, substance use and/or other physical health conditions, IMHT services are provided in the field by a multidisciplinary staff. The IMHT includes a licensed mental health professional, psychiatrist, physical health physician, certified substance abuse counselor, peer advocate, and case managers. The IMHTs use evidence-based practices

including Housing First, permanent supportive housing, harm reduction, and motivational interviewing.

Another example is Laura's Law, also known as the Assisted Outpatient Treatment Program (AOT), which provides intensive outreach and engagement, develops petitions, and engages the court processes to connect AOT enrollees with intensive mental health service providers. Additionally, Programs such as: FSPs, Field Capable Clinical Services (FCCS) and Service Extenders also have O&E activities specific to the populations they serve. For instance, the Genesis Countywide Older Adult FCCS Program serves older adults with mental health conditions in ways that support their independence and empower them to pursue wellbeing and recovery. The program provides comprehensive, mobile, in-home, community-based mental health services, medication support, and case management to frail homebound older adults who are 60 years of age and above. The program addresses the physical, mental, emotional, social, and spiritual needs of older adults via a comprehensive approach based on collaborations with multiple agencies in order to provide care for older adults as "whole beings". Please refer to Criterion 3, page 51, for more detailed information on these programs.

Furthermore, LACDMH collaborates with various community organizations in the implementation of initiatives that raise awareness on the importance of mental health, highlight the impact of untreated mental illness, and convey a message of hope.

The collective O&E efforts of the Department demonstrate the implementation of CLAS standards Nos. 1, 2, 3, 9, 10, and 13.

Whole Person Care (WPC)

WPC is a California Medi-Cal 2020 waiver pilot program and five-year initiative for vulnerable Medi-Cal recipients to improve their health outcomes and reduce the utilization of high-cost services (e.g., emergency department, inpatient hospitalization). According to the California Department of Health Care Services (DHCS), the overarching goal of WPC is the "coordination of health, behavioral health, and social services in a patient-centered manner with goals of improved beneficiary health and wellbeing through more efficient and effective uses of resources."

Different County Departments are responsible for various projects under WPC. LACDMH is the lead for two WPC projects for the mental health high-risk population, which were implemented in CY 2017:

- **Intensive Service Recipient**

Comprehensive services are delivered to consumers with co-morbid or tri-morbid (i.e., physical, mental health, and substance use) conditions for approximately 60-day post-discharge, and linkages to mental health, physical health, and community based services. After 60 days, services transfer to MHSA full service partnerships. Services provided include peer support; O&E;

ongoing monitoring and follow-up visits; accompaniment to appointments; crisis intervention; transportation; benefits establishment; assistance with life skills; assistance with emergency food and other basic good; educational and vocational support; legal support; navigation of permanent housing; and handoff to FSP after 60 days.

- **Residential and Bridging Care**

Comprehensive services are delivered to consumers who are transitioning from inpatient psychiatric facilities or residential placements to community-based placements. Services provided include peer support and support of family involvement; coordination and communication between institutional teams and community-based providers; augmentation of existing after-care plans; linkages to community-based resources; residential treatment; physical health and substance use disorder providers; life skills and vocational support; and navigation to housing and legal services.

Countywide Resource Management (CRM) – Community Reintegration Program (CRP)

The California Legislature passed the Public Safety Realignment Act, which transfers the responsibility to supervise non-violent, non-serious, and non-sex offenders to local probation officers upon their release from prison. The CRM-CRP provides mental health screening, triage, assessment and linkage to community-based mental health services for offenders with mental health conditions who are being released from the California Department of Corrections and Rehabilitation (CDCR). The CRM-CRP staff collaborate with the Probation Department on release planning for inmates identified for release from prison. The staff work alongside specialized community mental health agencies and Directly Operated programs to assist inmates with reentry to their communities. The CRP Program activities including the collaboration with other County departments and community-based organizations demonstrate the implementation of CLAS standards Nos. 1, 2, 3, 10, and 13.

Mental Health – Law Enforcement Teams (MH-LET)

The LACDMH Emergency Outreach Bureau (EOB) expanded the MH-LET program to provide field-based crisis intervention services in the eight SAs for community members of all ages who come into contact with law enforcement. The program is based on the premise that diversion from arrest/incarceration into community-based treatment facilities connects community members, who have a mental health condition, to the care they need. The goals of this program include: 1) provide timely access to mental health services to individuals in acute crises who come to the attention of law enforcement through 911 system or patrol, 2) reduce the risk of incarceration of individuals who are in acute crisis when they come into contact with law enforcement, 3) decrease the potential for officer involved use-of-force incidents, 4) provide individuals with an immediate clinical assessment and mental health services (i.e. acute inpatient hospitalization, linkage, and intensive case management).

The MH-LET teams are composed of one licensed mental health clinician partnered with a law enforcement officer. Together they respond to 911 calls or patrol car requests for assistance when persons suspected of having a mental condition are involved in an incident. The teams provide crisis intervention including assessment for WIC 5150, de-escalate potentially violent interactions between consumers, family members and police, make appropriate referrals to community agencies, and facilitate hospitalization. The teams decrease the need for inpatient psychiatric hospitalization by providing immediate field-based services.

Additionally, clinical staff provides training to law enforcement officers on mental health conditions and engagement strategies. The expansion has allowed the Department to establish a collaborative with 36 law enforcement agencies, including the Sheriff's Department. The funding source for clinicians is MHSA and SB82. Law enforcement agencies fund officers and provide space for co-located clinicians at their respective police departments. The goal of the Department is to incorporate Community Health Workers/Peers as additional MH-LET resources to assist community members to navigate the system. The expansion of MH-LET demonstrates the implementation of CLAS standards 1, 2, 3, and 13.

Continuum of Care (CCR)

The purpose of CCR is to augment existing intensive mental health services provided to children/youth involved with Los Angeles County Department of Children and Family Services (DCFS) and/or the Probation Department (Probation), while residing in Short Term Residential Therapeutic Program (STRTPs) and their affiliated aftercare placements. CCR mandates providers to follow these children/youth as they reintegrate into communities to ensure successful transition and continued access to needed ongoing Specialty Mental Health Services (SMHS). CCR services are meant to stabilize youth requiring placement in a STRTP and support these consumers as they move into community placements.

The following are the five fundamental principles identified in the implementation of CCR:

- All children deserve to live with a committed, nurturing and permanent family that prepares youth for a successful transition into adulthood.
- The Child and Family Team (CFT) is essential to ensure the child, youth and family's voice is represented throughout assessment, placement and service planning process. The CFT includes the child, youth and family, as well as their formal and informal support network.
- Children should not have to change placements to get the services and supports they need. To this end, CCR is being implemented to ensure trauma-informed and culturally relevant behavioral and mental health services are available to children and youth in short-term residential therapeutic programs, as well as in home-based settings.

- Collaboration among all agencies serving children and youth including, child welfare, probation, mental health, education and other community service providers, to ensure timely access to necessary services.
- The goal for all children in foster care is normalcy in development while establishing permanent life-long family relationships. Therefore, Short-Term Residential Therapeutic Programs (STRTPs), a new licensing category for congregate care placements, will provide trauma-informed, short-term, high quality and specialized intensive interventions for children and youth for whom placement in a residential setting is appropriate. When needed, the STRTP placement option will be available to children and youth requiring highly intensive 24-hour supervision and treatment and will be designed to quickly transition children back to their own or another permanent family.

These goals are accomplished through a variety of efforts led by Child and Family Teams (CFT), which share the responsibility of assessing, intervening, and refining services provided to children and youth. CCR further requires the establishment of an Interagency Placement Committee (IPC) to ensure children and youth receive residential placements in STRTP and/or Intensive Services Foster Care settings, as appropriate.

Specialized Foster Care (SFC) Program

This program consists of a multidisciplinary team, which is co-located in each of the Department of Children and Family Services (DCFS) offices throughout Los Angeles County. This co-location enables both Departments to work collaboratively and effectively in coordinating efforts to ensure that children and their families receive appropriate linkage to the mental health services, decrease placement disruptions, and that these collaborative services are driven by the needs of each child and his/her family. The SFC teams consist of mental health clinical supervisors, psychiatric social workers, and clinical psychologist.

Cultural Competency Trainings

LACDMH offers a considerable number of cultural competence trainings designed to increase the workforce's cultural awareness, understanding, sensitivity, responsiveness, multicultural knowledge and cross-cultural skills, all of which are essential to effectively serve our culturally and linguistically diverse communities. The trainings offered by the OAO-Workforce Education and Training (WET) Division incorporate a multiplicity of cultural competency elements as listed below:

- Ethnicity
- Age
- Gender
- Sexual orientation
- Commercially sexually exploited youth (CSECY)
- Forensic population
- Homeless population
- Hearing impaired population

- Human Immunodeficiency Virus Positive (HIV+)/ Acquired Immunodeficiency Syndrome (AIDS) population
- Spirituality
- Consumer culture
- Language interpreters
- Utilization of language interpreters

Please refer to Criterion 5 for a detailed list of cultural competence trainings offered in FY 16-17. In addition to cultural competence trainings available through the WET Division, other trainings take place at the SA and program level. Examples include:

Cultural Competency 101 Training

In 2016, the OAO-QID set the goal of making cultural competence training accessible to the SA QICs. The ESM developed a two-hour foundational training titled “Cultural Competency 101”. Designed as a train-the-trainer tool for the SA QIC members, the content of this training included:

- Introduction and definitions
- Federal, State and County regulations pertinent to cultural competency
- The CLAS Standards
- LACDMH strategies to reduce mental health disparities
- Cultural humility
- The consumer culture and stigma
- Elements of cultural competency in service delivery
- Los Angeles County and LACDMH demographics
- Cultural competency applications to service delivery
- Resources

The training was made available to the membership of the eight SA QICs and five training sessions were conducted by the ESM in September 2016. Approximately 230 Providers were trained, inclusive of Management/Administration, direct service providers, and clerical/support staff. The OAO-QID made the training available digitally to all SA QICs. Please see Section III below for additional information about this training.

The Mental Health First Aid Training

In addition to trainings that build the clinical skills of staff, LACDMH has invested in trainings for community members on basic mental health topics and interventions. Participants learn how to help someone who is experiencing a mental health crisis. Participants also learn to identify, understand, and respond to signs of mental illnesses and substance abuse disorders. The trainings have been developed to be inclusive of diverse cultural populations.

The Mental Health First Aid training curriculum has two modules:

1) Adult Mental Health First Aid

This course is appropriate for anyone 16 years and older who wants to learn how to help a person who may be experiencing a mental health

related crisis or problem. Topics covered include anxiety, depression, psychosis, and addictions. This course is available in English and Spanish. Training participants come from a variety of backgrounds and play various roles in a community. Additionally, instructors may specialize in providing the course to groups such as police officers and faith leaders.

2) Youth Mental Health First Aid

Designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help adolescents (age 12-18) who are experiencing mental health conditions, crises, or substance use. Youth Mental Health First Aid is primarily designed for adults who regularly interact with youth. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a five-step action plan to help youth in both crisis and non-crisis situations. Topics covered include anxiety, depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders and eating disorders. Instructors may specialize in providing the course to particular types of groups such as public safety, higher education, faith-based organizations, military families, and rural audiences.

Emotional CPR (e-CPR) Trainings

Designed as a public health education program to teach participants how to assist others through an emotional crisis by following three simple steps: C = Connecting, P = emPowering, and R = Revitalizing. The Connecting process of eCPR involves deepening listening skills, practicing presence, and creating a sense of safety for the person experiencing a crisis. The emPowering process teaches how to attain self-empowerment as well as how to assist others to feel more hopeful and engaged in life. In the Revitalizing process, people re-engage in relationships with their loved ones or their support system, how to resume or begin routines that support health and wellbeing. Additionally, specific eCPR training is available for Law Enforcement organizations. An advisory group has assisted in establishing the multicultural applicability of eCPR, which indicates that this training can be adapted to specific cultural populations.

Commercial Sexual Exploitation of Children and Youth (CSECY)

LACDMH is committed to increase CSECY awareness and training within Los Angeles County. Although the trainings have primarily focused on young women, most recently new trainings are being offered with a focus on young men. Additionally, during CY 2016, the Department was also actively involved in CSECY community outreach and collaborative relationships. Sample collaborative activities include: Participation at community events, presentations, consultation, and resource-sharing with other County Departments and agencies such as DCFS, Probation, Law Enforcement, Department of Health Services, Department of Public Health, advocacy groups, and the Department of Public Social Services (DPSS). Furthermore, a partnership with Los Angeles Regional Human Trafficking Task Force was developed to investigate high-priority trafficking crimes, particularly the sex trafficking of minors, while also bringing together federal, state and local leaders to address the needs of trafficking victims. Also, the Mental

Health Provider Roundtable was developed in order to provide support and resources to mental health providers serving victims of CSECY through networking, resource-sharing, and discussion of clinical topics that are applicable to the treatment needs and trauma experiences of CSECY-identified consumers. The CSECY team has facilitated continual efforts to identify and gather data on CSECY victims that may benefit from these community outreach activities and partnerships.

LACDMH recognizes the importance of providing a comprehensive repertoire of cultural competence-related trainings. By availing its workforce of on-going cultural competence trainings, the Department demonstrates the implementation of CLAS standard No. 4.

Mental Health Services Act (MHSA)

Three-Year Program and Expenditure Plan

LACDMH engaged three levels of stakeholder involvement in the development of the Three-Year Program and Expenditure Plan for FY 14-15 through FY 16-17. These included the System Leadership Team (SLT), an SLT ad hoc workgroup, and the SA Advisory Committees (SAACs).

The SLT serves as the Department's stakeholder treatment, to inform the implementation and monitoring of MHSA programs. In order to ensure adequate breadth and diversity in the planning process, the SLT was increased from 50 members to 55 members. The composition of the expanded SLT is as follows:

- Los Angeles County Chief Executive Office
- Representation from each SAAC
- Consumer and family member representation, including NAMI, self-help and the Los Angeles County Client Coalition
- Department of Public Social Services
- Health Care, including the Hospital Association and Los Angeles County Department of Public Health, Los Angeles County Department of Health Services
- Los Angeles Police Department
- Probation Department
- Housing Development
- Older Adult service providers and Los Angeles County Community and Senior Services
- Underrepresented Ethnic Populations/Underserved Cultural Communities
- Clergy
- City of Long Beach
- Veterans
- Los Angeles County Mental Health Commission
- Unions
- Co-Occurring Joint Action Council

- Education, including the Los Angeles Unified School District, universities and charter schools
- Lesbian, Bisexual, Gay, Transgender, Questioning, Intersex, 2-Spirit (LBGTQI2-S)
- Los Angeles County DCFS
- Los Angeles County Commission on Children and Families
- Junior Blind
- Statewide perspective

The efforts of the SLT are guided by standing committees formed to address specific issues such as planning, budget mitigation, and outcomes. These standing committees are comprised of volunteers from the SLT and Department managers with responsibility for planning, implementing and managing MHSA programs. Standing committees represent diverse perspectives and function a microcosm of the larger SLT. For example, a standing committee was activated for the expansion of CSS services by \$84 million. Another standing committee was convened for the consolidation of MHSA CSS work plan. Additionally, the SAACs continued their planning process, informed by service utilization data and outcomes information for MHSA-funded services in their respective SAs.

The Stakeholder Process of the SLT activities demonstrates the implementation of CLAS standards Nos. 2, 10, and 13.

Workforce Education and Training (WET)

Several WET Programs support the LACDMH commitment to strengthen our partnerships with community organizations and partners. This practice demonstrates the implementation of CLAS standard No. 13. Examples of WET Programs that involve community agencies include the following:

- 1) The High School through University Mental Health Pathways
For this project, LACDMH will promote mental health careers to high school, community college and university students, particularly in communities or areas of Los Angeles County where ethnically diverse populations reside.
- 2) The Partnership with Educational Institutions to Increase the Number of Professionals in the Public Mental Health System Program
Designed as a college faculty immersion training. This program educates college and graduate school faculty on the current best practices and requirements for the human services workforce.
- 3) The Training for Community Partners Program
This training engages college students, faculty and the community at large at the respective community colleges. Collaborative events provide information regarding recovery oriented mental health services in the community and ways to access them.

- 4) The Faith-based Roundtable Pilot Project
Designed for clergy and mental health staff to come together to address the mental health issues of the individuals and communities they mutually serve. It provides an opportunity for faith-based clergy to learn more about recovery and mental health services, and for the mental health personnel to understand and integrate spirituality in the recovery process.

- 5) The WET Regional Partnership – Translational Research Program Project
Designed to improve access to and effectiveness of consumer-centered, culturally competent mental health services in Los Angeles County to investigation of the clinical, sociocultural, and operational factors that shape policies and practices in public mental health. This program generates results that can be implemented to improve the quality of public mental health care in Los Angeles County.

- 6) The UsCC Graduate Recruitment Program
Targets individuals from unserved/underserved communities who are committed to providing culturally and linguistically competent mental health services to their communities. The UsCC Graduate Recruitment Program focuses on the following underserved groups: AAA, AI/AN, API, EE/ME and Latino.

Prevention and Early Intervention (PEI)

The LACDMH PEI Program consists of 13 programs, which collectively provide prevention services targeted to individuals at risk for developing a mental illness as well as to persons who are at risk for suicide. Additionally, an array of early intervention evidence-based, promising and community-defined evidence practices have been implemented for persons across the age spectrum experiencing early symptoms of a mental illness.

Each of the 13 programs has implemented specific Evidence-Based Practices (EBPs). The five top evidence-based practices delivered in the County by age group are as follows:

- 1) Adult
 - Individual Cognitive Behavioral Therapy
 - Seeking Safety
 - Assertive community treatment
 - Improving mood - promoting access to collaborative treatment
 - Interpersonal Psychotherapy for depression

- 2) Children
 - Managing and Adapting Practice
 - Trauma-Focused CBT
 - Triple P – Positive Parenting Program
 - Seeking Safety

- Child parent psychotherapy
- 3) Older Adult
- Interpersonal psychotherapy for depression
 - Seeking safety
 - Individual cognitive behavioral therapy
 - Assertive community treatment
 - Improving mood-promoting access to collaborative treatment
- 4) TAY
- Seeking Safety
 - Managing and Adapting Practice
 - Trauma-Focused CBT
 - Individual Cognitive Behavioral Therapy
 - Interpersonal Psychotherapy for depression

Furthermore, during CY 2016, the PEI Division spearheaded the implementation of workgroups for the PEI Three-Year Plan. The goal of the workgroups was to develop recommendations for new potential EBPs or Community-Defined Evidence (CDE) practices based on age group-specific population needs, unmet needs, and service gaps for adults, child, countywide/special populations, older adults, and TAY. The workgroups met independently to generate recommendations for new PEI EBPs and CDEs for inclusion in the PEI Three-Year Plan Update, FY 16-17. The workgroups were comprised of SLT members, community-based organizations, providers, consumers, and community members. This collaborative practice demonstrates the implementation of CLAS standard Nos. 1, 10, and 13.

The Recovery, Resilience, and Reintegration – Community-Designed Integrated Services Management Model (RRR-ISM)

This program promotes collaboration and community-based partnerships to integrate health, mental health, and substance abuse services with needed non-traditional care to support recovery. Starting July 1, 2017, the formerly known Integrated Care Program/Community-Designed Integrated Services Management Model became the RRR-ISM following the consolidation of the 24 original work plans of the original CSS Plan into six. The RRR-ISM is now organizationally placed under their Recovery, Resilience and Reintegration Work Plan.

The RRR-ISM is designed to increase the quality of services, specifically for underserved ethnic communities by building on the strengths of a particular UsCC. The RRR-ISM envisions models of care that are defined by and grounded in the UsCC communities. The RRR-ISM requires collaboration and partnerships between formal and non-traditional service providers, and community-based organizations (e.g. faith-based organizations, voluntary associations, grassroots organizations, etc.) and

places a strong emphasis on non-traditional services and training peers to perform the outreach and engagement, education, linkage, and advocacy services to the stated UsCC communities. “Formal” providers (i.e., mental health, substance abuse, physical health, child welfare, and other formal service providers) are traditionally recognized and funded through public and private insurance. “Non-traditional” providers are those that offer community-defined services but may not have credentials that permit reimbursement from public or private insurance.

This model was implemented for five ethnic groups: AAA, AI/AN, API, EE/ME, and Latino. The RRR-ISM providers include: University Muslim Medical Association Community Clinic, United American Indian Involvement, Asian Pacific Healthcare Venture, Pacific Clinics, Barbour & Floyd, Pacific Asian Counseling Services, Korean American Family Service Center, Koreatown Youth and Community Center, Special Services for Groups (with three providers specializing services for the AAA and Korean communities), Didi Hirsch Psychiatric Services, Alma Family Services, the Los Angeles Child Guidance Clinic, St. Joseph Center, and Tarzana Treatment Center. The practice of collaborating and taking into account the expertise of community-based providers demonstrates the implementation of CLAS standard Nos. 1, 9 and 13.

1) Values and Principles of the RRR-ISM service delivery

The RRR-ISM providers shall adhere to the following values and principles:

- Services are designed to assist individuals achieve their wellbeing and recovery/resiliency goals
- Services are voluntary and focus on helping individuals integrate into the community
- Services are provided in an individual’s preferred language and in a culturally congruent manner
- Services support doing whatever it takes to improve mental and physical health and decrease substance use/abuse by including, but not limited to, non-traditional services and culturally and linguistically appropriate outreach and engagement
- Programs will be voluntary and provide consumer-centered services that are driven by a consumer’s own goals and interests
- Programs will work within and actively strengthen the natural support systems of specific UsCC communities, so that these supports can be part of a consumer’s recovery process
- Programs will encourage consumers and their family members, parents, and caregivers to inform service providers on what is helpful and needed to assist him/her toward recovery
- Programs will advocate for a consumer’s needs and for changes in the system of care that will better support the integration of services and improved outcomes for the consumer

- Programs will provide mental health, substance abuse and physical health promotion, and awareness through culturally competent outreach, education, and engagement strategies

2) RRR-ISM Culturally and Linguistically Appropriate Services

The RRR-ISM required that Prime Contractor and Partnering Contractor(s) and Subcontractor(s) ensure that all mental health, physical health, substance abuse, and non-traditional services are fully integrated and culturally and linguistically appropriate. Culturally and linguistically appropriate services are respectful of and responsive to the consumers' cultural and linguistic needs based on their cultural identity. Cultural identity may involve ethnicity, race, language, age, country of origin, level of acculturation, gender, socioeconomic class, disabilities, religious/spiritual beliefs, and/or sexual orientation. Culturally competent services require the importance of the consumers' cultures, an assessment of cross-cultural relations, vigilance of the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally-unique needs and incorporating into all levels of service provision. Prime Contractor, Partnering Contractor(s) and Subcontractor are expected to ensure that all staff has the ability to provide culturally and linguistically appropriate services.

3) Target population

LACDMH has identified specific UsCC communities, based on existing penetration and enrollment rates, that will be targeted by the RRR-ISM providers and include the following: AAA, AI/AN, API, EE/ME, and Latino. The integrated services provided (mental health, substance abuse, physical health and non-traditional services) must be culturally competent and tailored to meet the service needs of one targeted UsCC community. As well, staff must be trained to be linguistically and culturally competent in working with the targeted UsCC community.

Based on existing penetration and enrollment rates, LACDMH has determined the following target enrollment numbers per FY for each specific UsCC community: AAA - 116 consumers; AI/AN - 88 consumers; API - 54 consumers; EE/ME - 60 consumers; Latino - 92 consumers. The target number is the minimum number of consumers to be served. Prime and Partnering Contractor(s) may serve more consumers and must maximize their budget in order to meet the demand for services within each UsCC community. While each RRR-ISM targets a specific UsCC community, service cannot be denied based on race/ethnicity.

These populations include:

- Individuals/Families who have a history of dropping out of mental health, substance abuse and physical health services

- Linguistically-isolated individuals/families
- Individuals/Families that have not accessed mental health, substance abuse and physical health services due to stigma
- Individuals/Families that have not benefitted from mental health, substance abuse and physical health services or have received inappropriate services
- Individuals/Families who are indigent/uninsured RRR-ISM programs will serve all age groups. It is recommended that 25-50% of the consumers enrolled are indigent/uninsured

Health Neighborhoods

Health Neighborhoods integrate mental health, physical health, and substance abuse services with community resources to make service delivery comprehensive and most of all, effective for the communities we serve. LACDMH recognizes that community-based partnerships are essential for the continuation of Health Neighborhoods and constantly welcomes new providers. Health Neighborhoods focus on improving access to services, enhancing the quality and coordination of care, and controlling costs through effective leverage and collaboration among providers. A total of 11 Health Neighborhoods across the eight SAs have been implemented. The following cities currently have Health Neighborhoods: Antelope Valley, Northeast San Fernando (formerly known as Pacoima), El Monte, Boyle Heights, Hollywood, Mar Vista Palm, Pico-Robertson, Venice-Marina del Rey, South Los Angeles (formerly known as Watts/Willowbrook), Southeast Los Angeles and Central Long Beach.

The report below contains details on the composition of each Health Neighborhood in terms of mental health providers, physical health providers, substance use disorder treatment providers, public health providers, and community-based organizations actively involved with their SA Health Neighborhood. This collaborative practice demonstrates the implementation of CLAS standard No. 13 (***See Attachment 1: Health Neighborhood Memorandum of Understanding Signed Providers and Participants***).

1) Health Neighborhood accomplishments since inception

- LACDMH has continued to lead the service delivery component and community engagement within the Health Neighborhoods, while the Department of Public Health leads the community change efforts
- A broader array of service providers have joined the Health Neighborhoods, thereby applying their expertise to the overall health and wellbeing of the community, while they learn about the services provided by health, mental health, public health and substance use providers
- Health Neighborhood participants completed surveys designed to identify strengths, potential weaknesses and goals for future development

2) Accomplishments for FY 16-17

- The total number of Health Neighborhoods has increased to 11. SA 4 has implemented two Health Neighborhoods and SA 5 has implemented three Health Neighborhoods
- Health Neighborhood/Faith-based Liaisons had been hired for each SA
- Surveyed the Health Neighborhood participants' interest in attending a Countywide Health Neighborhood meeting and preliminary preparations are currently underway

III. Cultural Competence/Ethnic Services Manager (ESM) responsible for cultural competence

The LACDMH ESM and also serves as the Supervisor for the CCU. Organizationally, the CCU is one of three Units of the OAO-QID. This organizational structure allows for cultural competency to be integrated into the Department's quality improvement roles and responsibilities. Additionally, this structure places the ESM and the CCU in a position to actively collaborate with several LACDMH programs. In her ESM role, Dr. Chang Ptasinski has administrative oversight of the Cultural Competency Committee (CCC) and is invested in making the Cultural Competence Plan Requirements (CCPR), the CLAS standards, and California Reducing Disparities Report (CRDP) recommendations active components in LACDMH's framework to integrate cultural competency in service planning, delivery and evaluation.

Examples of how the ESM accomplishes these tasks include:

- Serving as lead for the development of the Cultural Competence Plans (CC Plans) and yearly CC Plan updates
- Answering to all inquiries and requests for documentation regarding cultural competency at the triennial Medi-Cal Reviews and the annual External Quality Review Organization (EQRO) Site Reviews
- Providing trainings on cultural competency at the LACDMH New Employee Orientation, SA QICs and community-based organizations as requested
- Serving as lead for the development of the LACDMH Cultural Competence Organizational Assessment
- Reviewing service utilization data and actively participating in local mental health planning projects that respond to the needs of the county's racial, ethnic and cultural populations
- Promoting knowledge of local and state cultural competency projects at various departmental venues
- Completing write-ups for inclusion in various departmental reports such as the CC Plan, Medi-Cal Triennial and annual EQRO Site Review documentation, and the annual Quality Improvement Evaluation Report
- Leading or participating in CCC ad hoc workgroups formed to draft recommendations for the inclusion of cultural competency.
- Developing procedures related to cultural and linguistically competency. For example, templates to capture CC Plan update information and a procedure for the

- field testing of LACDMH forms, brochures and correspondence translated into the threshold languages by LACDMH consumers and family members /care takers
- Providing technical assistance to diverse LACDMH programs regarding cultural competence in general, CCPR compliance, and procedures for language translation and interpretation services
 - Participating in the Department's Quality Improvement Council monthly meetings to provide updates related to the CCU as well as the CCC projects and activities
 - Representing the CCU in various departmental committees such as the Faith-based Advisory Council, MHS Implementation, UsCC subcommittees, and System Leadership Team meetings. The ESM is also a member of the UsCC and CCC Leadership Groups
 - Collaborating with LACDMH programs/Units to increase the accessibility of mental health services to underserved communities. For example, she assisted the Latino media campaign and agreed to complete nine live radio interviews on various mental health topics.
 - Collaborating all other Southern Region ESMs in the County Behavioral Health Directors Association of California Cultural Competency, Equity and Social Justice Committee

Additionally, under the supervision of the ESM, the most salient activities of the CCU for CY 2017 include:

1) Cultural Competence (CC) Organizational Assessment

This project is a system wide effort to evaluate LACDMH workforce's (clerical/support, financial, clinical/direct service, and administration/management at Directly Operated (DO) and Legal Entities (LE)/Contracted programs) knowledge of cultural and linguistic competency strategies implemented by the Department. A consultant was hired to develop the organizational assessment tool, methodology for data collection and analysis. Additionally, a comprehensive report inclusive of recommendations on how to address knowledge gaps will be developed by the consultant. The Department will utilize these recommendations to improve its system of care in the area of cultural competency. As the lead, the CCU and QID managers worked closely with the consultant team in the construction of the tool. This included coordination and recruitment of consumers and staff to participate in focus groups. A total of nine focus groups were conducted. Four focus groups were conducted with LACDMH staff who represented various job classifications such as support/clerical, direct service providers, and management. Five consumer focus groups were facilitated with representation from the various Service Areas and provider sites including Spanish monolingual speakers. The feedback and recommendations gathered from the focus groups was utilized to develop the assessment tool. The focus groups provided feedback in the areas of:

- The culture of being a mental health consumer
- The consumer/service provider relationship and its impact on the consumers' wellbeing and recovery
- How service providers can demonstrate their cultural and linguistic appropriateness to consumers

- How service providers can promote a welcoming and respectful atmosphere for consumers and other staff
- Effects of culturally and linguistically incompetent services on consumers and potential negative outcomes
- Effects of diagnosis and labeling
- Service provider response to consumers' experience of societal, institutional, and generational trauma
- Stigma reduction
- Trainings to increase the cultural sensitivity of the workforce

The tool consists of 15 demographical and 55 content items that tap into the areas of:

- National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care
- The CLAS definition of culture
- Cultural Competence Plan Requirements (CCPR)
- LACDMH data regarding mental health disparities
- County of Los Angeles ethnicity demographics and threshold languages
- LACDMH Policies and Procedures (P&Ps) that tap into cultural competency
- LACDMH Strategic Plan goals as related to cultural competency and reduction of disparities
- Cultural competency trainings available through the Department
- Implicit bias
- The concept of client culture, which refers to the consumers' personal experience on topics such as wellness, recovery, stigma, discrimination, trauma, medication, hospitalization, etc.
- Mental Health Statistical Improvement Program (MHSIP) consumer satisfaction survey items related to cultural competency and reduction of disparities
- MHSA Plans and programs that advance cultural competency and reduce mental health disparities within LACDMH
- Knowledge of Departmental committees, subcommittees, and taskforces that focus on the needs of underserved populations (i.e. Cultural Competence Committee and the UsCC subcommittees)
- Information and recommendations gathered from interviews and focus groups conducted with key consumer/stakeholder groups and Departmental committees identified by LACDMH

The tool is scheduled to be rolled out in the last quarter of FY 18-19. The data outcomes and recommendations from the CC Organizational Assessment will guide future cultural and linguistic competence strategies to reduce mental health disparities.

2) Cultural Competence Plan Presentations

The ESM, in collaboration with the OAO-QID managers, developed a PowerPoint presentation to introduce the LACDMH Cultural Competence Plan to all the SA QICs. Presentations started in November 2017 and were completed by March 2018. The presentation covered the following topics focusing on the eight criteria of the Cultural Competence Plan:

- Departmental commitment to cultural competence
- Updated assessment of service needs
- Strategies and efforts for reducing racial, ethnic, cultural and linguistic mental health disparities
- Client/family member/community committee: Integration of the committee within the County mental health system
- Culturally competent training activities
- County's commitment to growing a multicultural workforce: hiring and retaining culturally and linguistically competent staff
- Language capacity
- Adaptation of services

This presentation was also utilized as a tool to educate providers about the requirement for 100% of the LACDMH workforce to receive annual cultural competence training inclusive of clerical/support, financial, clinical/direct service, and administration/ management at DO and LE/ Contracted programs.

3) UsCC Graduate Recruitment Program

This college reimbursement program was designed for individuals from unserved/underserved communities to become Master's level mental health providers. Awardees received up to \$37,000 for two years of Master's program education and were representative of the following underserved groups: AAA, AI/AN, API, EE/ME, Latino, and LGBTQI2-S.

A total of sixty applications were received. The distribution of applications received by underserved group is listed below. In parenthesis, is the number of individuals awarded:

- Latino – 27 (4)
- AAA – 6 (1)
- API – 13 (5)
- EE/ME – 4 (0)
- AI/AN – 4 (2)
- LGBTQI2-S – 6 (3)
- Deaf/Hard of Hearing – (0)

No applications were received from the Deaf and Hard of Hearing community, despite extensive outreach at Greater Los Angeles Deaf, Five Acres, John Tracy Clinic, Awakenings, Mount San Antonio College, and CAL State Northridge.

In collaboration with the WET Division, the ESM from the CCU was one of six LACDMH employees who assisted with the scoring of applications. The ESM

reviewed the 27 applications received for the Latino UsCC group and conducted face-to-face interviews for candidates with the highest application scores.

4) External Quality Review Organization (EQRO) Review

The CCU actively participated in the annual EQRO Reviews that took place in April 2017 and September 2017. The Unit coordinated the collection of reports from twenty-five (25) programs regarding strategies to reduce mental health disparities, consumer utilization data, and cultural competence staff trainings. The CCU also provided technical assistance to these programs for the proper completion of these reports. The collective information gathered was utilized for the 2017 LACDMH CC Plan Update and EQRO evidentiary documentation. Additionally, the ESM provided a presentation on the CCU's activities in the disparities session of the EQRO Reviews.

5) Cultural Competency Trainings and Community Presentations

A. New Employee Orientation (NEO)

The CCU participated in NEO by providing bi-monthly one-hour long cultural competence trainings that introduce new employees to the functions of the CCU, the County of Los Angeles demographics, threshold languages, the CLAS Standards, the CCPR, and the Department's strategies to reduce mental health disparities.

B. USC Suzanne Dworak - Peck School of Social Work – October 18, 2017. This cultural competence training was developed for approximately 20 Master's level students. The ESM conducted the training and covered the following topics:

- Introduction and definitions
- Federal, State and County regulations pertinent to cultural competency
- The CLAS Standards
- LACDMH strategies to reduce mental health disparities
- Cultural humility
- The client culture and stigma
- Elements of cultural competency in service delivery
- County of Los Angeles and LACDMH demographics
- How cultural competency applies to service delivery

C. Public Defender – June 22, 2017

The training was provided to 38 Public Defenders Office staff inclusive of the Division Chiefs, Head Deputies, Administration, Supervising Paralegals, and Assistant Public Defenders. Topics of the presentation included concept of cultural competency at the individual and organizational levels, Los Angeles County demographics, threshold languages, cultural humility, and stigma.

6) May Mental Health Community Event

A. Know the Five Signs/Change Direction Campaign – May 2017

LACDMH was a co-sponsor for the Change Direction Campaign. This national initiative promoted the recognition of the five signs of emotional suffering (i.e. not feeling like oneself, feeling agitated, withdrawing from others, not taking care of oneself, and feeling hopeless). It also highlighted the five healthy habits of

emotional wellbeing (i.e. taking care of oneself, checking in with someone who cares, engaging with others, making time to relax, and knowing the signs of emotional suffering). The CCU recruited LACDMH bilingual certified staff to review the quality of campaign materials translated in six threshold languages: Cambodian, Farsi, Simplified Chinese, Russian, Tagalog, and Vietnamese.

B. Radio Campaign on Mental Health

- Pierce College – May 2017: a live 30-minute segment aired by the radio station on campus which promoted mental health among college students, highlighted the effects of untreated mental illness, addressed stigma reduction, and identified nearby mental health resources.
- The Latino UsCC Media Campaign Project - KTNQ, Dr. Navarro – May to July 2017: a series of eight segments dedicated to topics relevant to the Latino community such as:
 - Reasons for underutilization of mental health services by the Latino community
 - The impact of bullying on children and adolescents
 - Cultural diversity within Los Angeles County
 - Promoting healthy self-esteem in children
 - Sibling relationships
 - The quality of spousal relationships and their influence on children's emotional wellbeing
 - Communication and conflict resolution techniques
 - Workplace stress and its impact on family dynamics
- Univision – May 2017: a pre-recorded 30-minute segment in Spanish on the importance of mental health and stigma reduction.

7) CCC Administrative Oversight

The CCU continued providing on-going technical assistance and administrative oversight conducive to the attainment of the Committee's goals and objectives. The ESM monitored all activities pertaining to the CCC and provided updates on the CCU's projects as well as cultural competency initiatives at the State and County levels during CCC meetings. The ESM also participated in the CCC Leadership meetings with the Co-Chairs and the OAO Director to plan meeting agendas, objectives and activities of the committee. Additionally, the ESM developed the CCC annual report which included demographics regarding the ethnicity, gender, cultural expertise, and languages represented by the membership as well as the goals and activities of the committee.

8) Provision of Technical Assistance for Various LACDMH Programs

- A. SA QICs and Service Providers: provided guidance regarding the Title IX requirements for annual cultural competence trainings and facilitating access to the QID-CCU's Cultural Competence 101 training videos.
- B. Emergency Operations Bureau – Disaster Services Unit: assisted in the development of the fact sheet titled "Providing Effective Services to Members of the LGBTQI2-S Community Following Disasters, Public Health Emergencies, and Mass Fatality Events".

- C. UsCC Unit: reviewed and provided feedback for the INN 2 Strategy 7 Service Exhibit: “Culturally Competent Non-Traditional Self-Help Activities for Families with Multiple Generations Experiencing Trauma”
- D. Participated in the Implicit Bias/Cultural Competence Summit planning committee from July to August 2017
- E. Participated in the Latino Coalition question-and-answer segment with the Office of Performance Data managers

9) Data Collection, Analysis and Reporting of Preferred Language Requests

The CCU continued the collection and analysis of all the preferred language requests reported by LACDMH providers via their Initial Request & Referral Logs for Culture Specific Mental Health Services. The Unit produced monthly and annual summaries of the total requests for preferred threshold and non-threshold languages by Service Area. These reports are utilized to track the language requests from LEP consumers at the time they access mental health services.

IV. Budget resources targeted for cultural competent activities

LACDMH has a robust budget for cultural competence activities, including trainings, outreach and engagement activities, language translation and interpretation services, employee bilingual compensation, and program expansions, among many others. For example: The Department allocates approximately \$1.6 Million each FY for staff training including conferences. A major portion of this is related to cultural competence related trainings. For FY 16-17, funding in the amount of \$554,973.16 was dedicated to cultural competence trainings delivered through the WET Division. For FY 16-17, the budget for Human Resources trainings involving cultural competency such as Diversity, Employee Discrimination Prevention, and Sexual Harassment Prevention was \$50,000. Training funds are also allocated for clinical staff and supervisors from Directly Operated and Contracted providers to optimize service delivery for various cultural groups, such as \$31,560 for co-occurring intellectual disability trainings, \$47,400 for the commercially sexually exploited youth trainings, \$8,567 for the LGBTQI2-S trainings and \$13,207 for language interpretation trainings which continue to be offered annually. Funding in the amount of \$410,000 has been allocated for the UsCC Recruitment Program. Additionally, the 2017 Cultural Competence Organizational Assessment project currently underway has been allocated \$85,000.

The Department also dedicated funding for program expansions. The Countywide Community Mental Health Promoters project, which adapts the Health Promoters model to four other ethnic groups: AAA, AI/AN, API, and EE/ME has been allotted \$860,000 per FY. Furthermore, each of the six UsCC subcommittees receives one-time funding in the amount of \$100,000 per FY, totaling \$600,000 to focus on PEI-based capacity building projects. The efforts to serve un-accompanied minors also received funding in the amount of \$263,000. Moreover, LACDMH allocated funding for mental health awareness multimedia campaigns targeting unserved cultural communities in various languages in the amount of \$1,352,799.

Furthermore, the linguistic capacity of the system of care is strategically enhanced at the programmatic level. Cultural and linguistic competence related projects and activities are included in Programs funded by the \$84 million Mental Health Services Act (MHSA)

Three-Year Program and Expenditure Plan (FY 14-15 through FY 16-17). Examples include:

- MHSAs Housing Program \$17.5 million + \$200,000 and MHSAs Housing Trust Fund, \$7.5 million
- Assisted Outpatient Treatment (AOT) Evaluation, \$300,000
- Katie A. – Field Capable Clinical Services (FCCS) expansion for Intensive Care Coordination (ICC) and Intensive In-Home Behavioral Services (IHBS), \$3.3 million
- Katie A. – ICC for Full Service Partnerships, \$1.6 million
- Health Neighborhood and Faith Outreach and Coordination, \$900,000
- Expansion of FCCS Capacity, \$3.6 million
- FCCS Service Expansion in Skid Row, \$1.5 million
- Increased capacity to outreach, engage and serve UsCC communities, \$1.3 million
- Service Redirection from Prevention and Early Intervention (PEI) to FCCS, \$28.4 million
- Men’s Jail Integration Program, \$2.5 million
- Law Enforcement Team (New Work Plan Proposed), \$5.7 million

Besides the figures listed above, the Department funds several other cultural competence-related projects under the MHSAs Three Year Program and Expenditure Plan. Examples for FY 16-17 include:

• FSP-Adult	\$ 69,032,971
• FSP-Child	\$ 51,899,077
• FCCS-Adult	\$ 40,590,620
• FCCS-Child	\$ 157,265,862
• FCCS-Older Adult	\$ 19,081,677
• FCCS-TAY	\$ 44,128,633
• Integrated Care Program (ICP)	\$ 5,448,959
• Jail Transition/Linkage	\$ 973,295
• Alternative Crisis Service	\$ 24,255,668
• Family Support Service	\$ 897,455
• IMD-Step Down Facilities	\$ 8,091,962
• Wellness/Client Run Center	\$ 125,024,365
• Family Focused Wellness Service	\$ 14,565,436
• FSP-Older Adults	\$ 11,534,821
• Planning-Outreach & Engagement	\$ 547,642
• Probation Camp-TAY Service	\$ 1,418,186
• Service Area Navigation	\$ 1,009,815
• TAY-FSP	\$ 22,477,221

LACDMH allocates funding for bilingual certified employees who qualify for bilingual bonuses. There are 562 bilingual bonus County employees per the Human Resources Report who receive a monthly compensation ranging between \$85 and \$100. LACDMH pays bilingual bonus for 39 different languages, inclusive of threshold and non-threshold languages. All LACDMH bilingual certified employees are placed on the eligibility lists

and are contacted when their bilingual skills are needed for translation of materials and/or language interpretation services by various LACDMH Programs/Units.

The Department also allocates approximately \$200,000 annually for telephonic interpretation services provided via the ACCESS Center and Directly Operated programs. In addition, for FY 16-17, a total of \$55,226 was spent on language interpretation services which allowed consumers to participate in various departmental meetings and conferences. Finally, the cost of American Sign Language services offered to consumers from both DO and contracted clinics was \$195,000.

V. CLAS standards implementation progress at a glance

LACDMH actively pursues the implementation and sustenance of the CLAS standards in all its operations. The following chart summarizes the Department’s on-going progress in implementing the CLAS standards.

CLAS Standard	CCPR Criterion	Examples of CLAS Standards Implementation in Departmental Practices
1. Promote effective, equitable, understandable, and respectful quality of care and services	1 - 8	<ul style="list-style-type: none"> • Health Agency and Departmental mission and vision statements, strategic plan, policies, procedures, parameters and provider manual that guide clinical care • Implementation of Health Agency workgroups targeting various service needs, such as homelessness, jail diversion, vulnerable youth, and okay co-occurring disorders • Comprehensive budget allocations for cultural competence activities • Quality Improvement Program • Culture and language specific outreach and engagement • Tracking of penetration rates, retention rates and mental health disparities • Implementation of culture-based programs and strategies that address mental health disparities • Trainings on cultural sensitivity and cultural humility

CLAS Standard	CCPR Criterion	Examples of CLAS Standards Implementation in Departmental Practices
2. Governance and leadership promotes CLAS	1, 4, 5, and 6	<ul style="list-style-type: none"> • Well-established Stakeholder Process • Departmental Strategic Plan • Policies and procedures that guide culturally and linguistically competent service provision • Review and discussions regarding the CLAS standards with Departmental leadership, SA QIC, and CCC
3. Diverse governance, leadership and workforce	1, 6, and 7	<ul style="list-style-type: none"> • Culturally-diverse SLT • Utilization of demographical and consumer utilization data in program planning, service delivery and outcome evaluation • Presence of committees that advocate for the needs of cultural and linguistically underserved populations • Efforts to recruit culturally and linguistically competent staff who represent the communities and cultural groups served • Development of paid employment opportunities for peers and persons with lived experience, such as Community Mental Health Promoters
4. Train governance, leadership and workforce in CLAS	1 and 5	<ul style="list-style-type: none"> • Accessible cultural competence trainings • Opportunities for Program Managers to request cultural competence trainings needed by their respective staff • Inclusion of the CLAS standards in the cultural competence trainings provided at NEO • Trainings for language interpreters and for the use of language interpreters in mental health settings

CLAS Standard	CCPR Criterion	Examples of CLAS Standards Implementation in Departmental Practices
		<ul style="list-style-type: none"> • Trainings specifically designed for peers and persons with lived experience
5. Communication and language assistance	5 and 7	<ul style="list-style-type: none"> • Established P&Ps for bilingual certification, language translation and interpretation services, hearing impaired access to mental health services • 24/7 ACCESS Center • Listings of bilingual certified staff by language • On-line Provider Directories translated into threshold languages • Translation of consent forms that require consumer signage in the threshold languages • Usage of posters informing the public of the availability of free of cost language assistance services
6. Availability of language assistance	7	<ul style="list-style-type: none"> • Monitoring ACCESS Center language assistance operations • Hiring and retention of bilingual certified staff • Mechanisms for Contracted providers to establish contracts with language line vendors
7. Competence of individuals providing language assistance	6 and 7	<ul style="list-style-type: none"> • Bilingual certification testing • Offering of trainings for language interpreters (beginning and advance levels) • Offering of trainings on medical terminology in Spanish
8. Easy to understand materials and signage	1, 3, and 7	<ul style="list-style-type: none"> • Translation of consent forms, program brochures and fliers in the threshold languages • Partnering with the community for the creation of brochures that are culturally meaningful and linguistically appropriate

CLAS Standard	CCPR Criterion	Examples of CLAS Standards Implementation in Departmental Practices
9. CLAS goals, policies and management accountability	1	<ul style="list-style-type: none"> • On-going evaluation of consumer satisfaction outcomes • Program-specific reporting on service utilization and strategies that address mental health disparities
10. Organizational assessments	3 and 8	<ul style="list-style-type: none"> • Monitoring the impact of cultural and language-specific outreach and engagement activities • Partnering with the community to identify capacity-building projects for underserved cultural communities • Conducting cultural competence assessments • Conducting program-based needs assessments • Conducting program outcome evaluations and reporting on the progress made in service accessibility, and improvements in penetration and retention rates • Cultural Competence Organizational Assessment
11. Demographic data	2, 4 and 8	<ul style="list-style-type: none"> • Compiling and reporting of the Los Angeles County demographics, consumer utilization data by ethnicity/race, age group, language, gender, and SA • Monitoring of consumer utilization data to identify emerging cultural and linguistic populations • Compiling and tracking of penetration rates, retention rates and mental health disparities
12. Assessments of community health assets and needs	3 and 8	<ul style="list-style-type: none"> • Presence of Committees that advocate for the needs of cultural groups, underserved populations and faith-based communities

CLAS Standard	CCPR Criterion	Examples of CLAS Standards Implementation in Departmental Practices
		<ul style="list-style-type: none"> • Funding for capacity building projects for underserved populations • Expansion of programs such as Community Mental Health Promoters and Service Extenders • Monitoring the use of innovative programs by the community, such as tele psychiatry services • Monitoring the effectiveness of medication practices • Innovation 2 Health Neighborhoods
13. Partnerships with community	1, 3, and 4	<ul style="list-style-type: none"> • Media campaigns to increase access to mental health services and decrease stigma in partnership with community-based organizations • Presence of various stakeholder committees such as SLT, CCC, UsCC, Faith-based Advocacy Council • Provision of stipends and scholarships for consumers and family members to attend stakeholder meetings and conferences • Collaborations with agencies that specialize in services to Veterans • Implementation of Health Neighborhoods and other innovation programs based on partnerships with community-based organizations • Partnerships and collaborations with the faith-based communities • Partnerships and collaborations with other county departments for specialized programs such as Whole Person Care
14. Conflict and grievance resolution processes	8	<ul style="list-style-type: none"> • Patient's Rights Office

CLAS Standard	CCPR Criterion	Examples of CLAS Standards Implementation in Departmental Practices
		<ul style="list-style-type: none"> • Monitoring of consumers/family satisfaction with services received • Monitoring of beneficiary requests for change of provider • Monitoring the quality of services provided by the ACCESS Center and contracted language lines • Monitoring of grievances, appeals and request for State Fair Hearings
15. Progress in implementing and sustaining the CLAS standards	1	<ul style="list-style-type: none"> • The Cultural Competence Plan is shared with the departmental Executive Management Team, various stakeholders such as the CCC, UsCC subcommittees, and SA QICs. Additionally, it is posted in the cultural competency webpage of the Department. • On-going stakeholder process and other committee meetings monthly meetings with the community • Cultural Competence Organizational Assessment

Criterion 1 Appendix

Attachment 1: Health Neighborhood Memorandum of Understanding Signed Providers and Participants.



HN MOU Signed
Providers and Particip: