



**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 4**

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

**August 2018**

#### **Criterion 4: Client/Family Member/Community Committee: Integration of the Committee within the County Mental Health System**

The Cultural Competency Committee (CCC) serves as an advisory group for the infusion of cultural competency in all of Los Angeles County Department of Mental Health (LACDMH) operations. Administratively, the CCC is housed within the Office of Administrative Operations - Quality Improvement Division (OAO-QID), formerly known as Program Support Bureau - Quality Improvement Division (PSB-QID) - Cultural Competency Unit (CCU). Comprised of 74 members, the CCC membership includes the cultural perspectives of consumers, family members, advocates, Directly Operated (DO) providers, Contracted providers, and community-based organizations. Additionally, the CCC considers the expertise from the Service Areas' clinical and administrative programs, front line staff, and management essential for sustaining the mission of the Committee.

#### **CCC Mission Statement**

"Increase cultural awareness, sensitivity, and responsiveness in the County of Los Angeles Department of Mental Health's response to the needs of diverse cultural populations to foster hope, wellness, resilience, and recovery in our communities."

#### **Leadership**

The CCC is led by two Co-Chairs elected annually by members of the Committee. The roles and responsibilities of the Co-Chairs include:

- Facilitate all meetings
- Engage members in Committee discussions
- Collaborate with the CCU in the development of meeting agendas
- Appoint ad-hoc subcommittees as needed
- Communicate the focus of the CCC activities and recommendations made to diverse LACDMH entities
- Represent the CCC at the departmental System Leadership Team (SLT)
- Provide update regarding CCC projects and activities at various meetings such as the Departmental Countywide Quality Improvement Council (QIC)

The LACDMH Ethnic Services Manager (ESM) monitors all activities pertaining to the CCC and provides technical support. The ESM is also the supervisor for the CCU and is a member of QIC. This structure facilitates communication and collaboration for attaining the goals as set forth in the Departmental QI Work Plan and the Cultural Competence (CC) Plan to reduce disparities, increase capacity, and improve the quality and availability of services. Additionally, relevant CCC decisions and activities are reported to the membership at each Departmental QIC meeting.

For Calendar Year (CY) 2017, the CCC leadership was composed of:

- CCC Co-Chairs (LACDMH and Community representatives)
- LACDMH OAO Deputy Director
- LACDMH Ethnic Services Manager

The CCC Co-Chairs and the ESM meet on a monthly basis with the OAO Deputy Director to discuss CCC activities and projects. The CCC Co-Chairs are also members of the Underserved Cultural Communities (UsCC) Leadership Group.

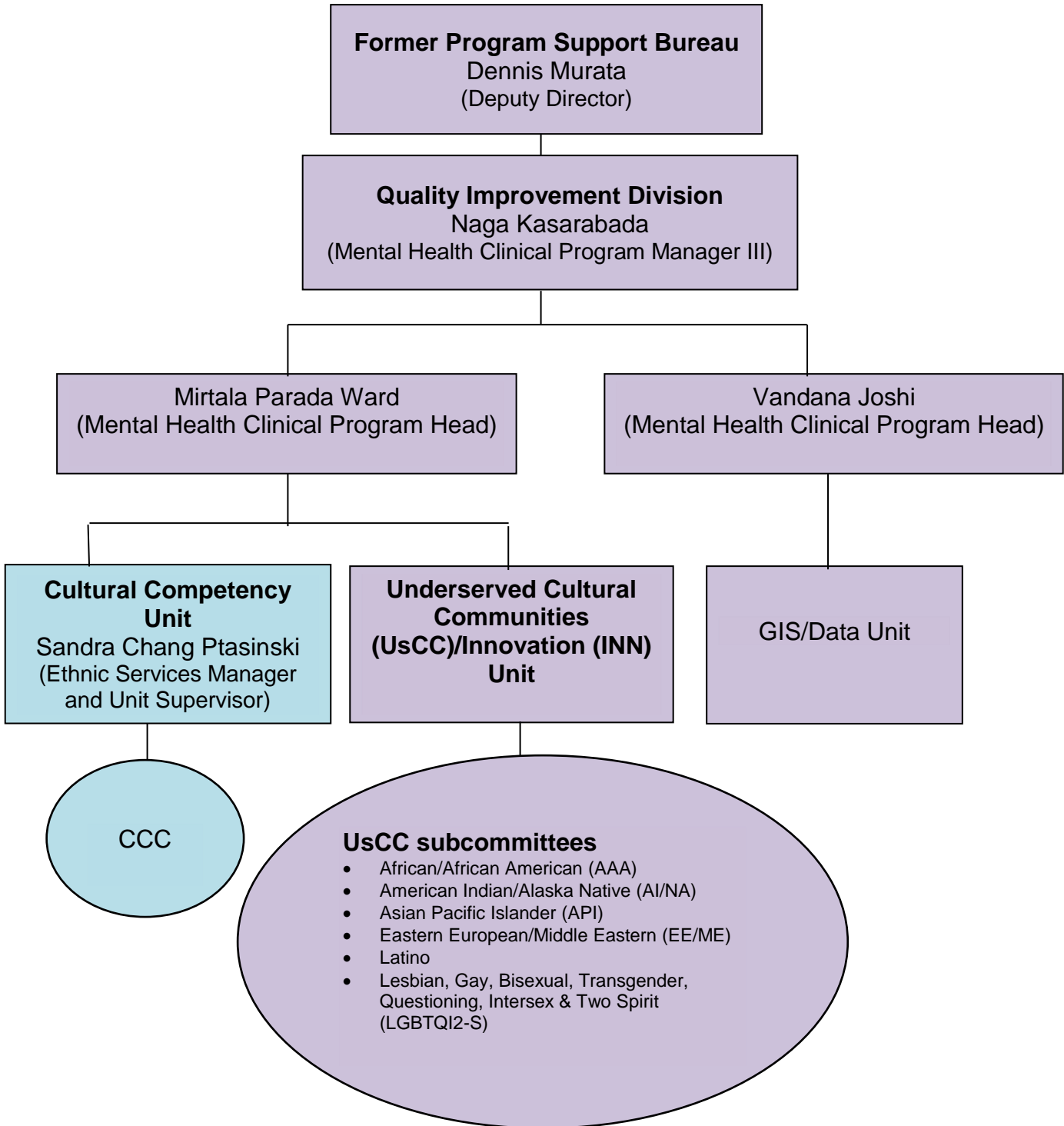
### **Membership**

The membership of the CCC is culturally and linguistically diverse. For Calendar Year (CY) 2017, the CCC membership reached 74 members. Of this number, 18 are males and 56 are females. The CCC members described their racial/ethnic identity as follows:

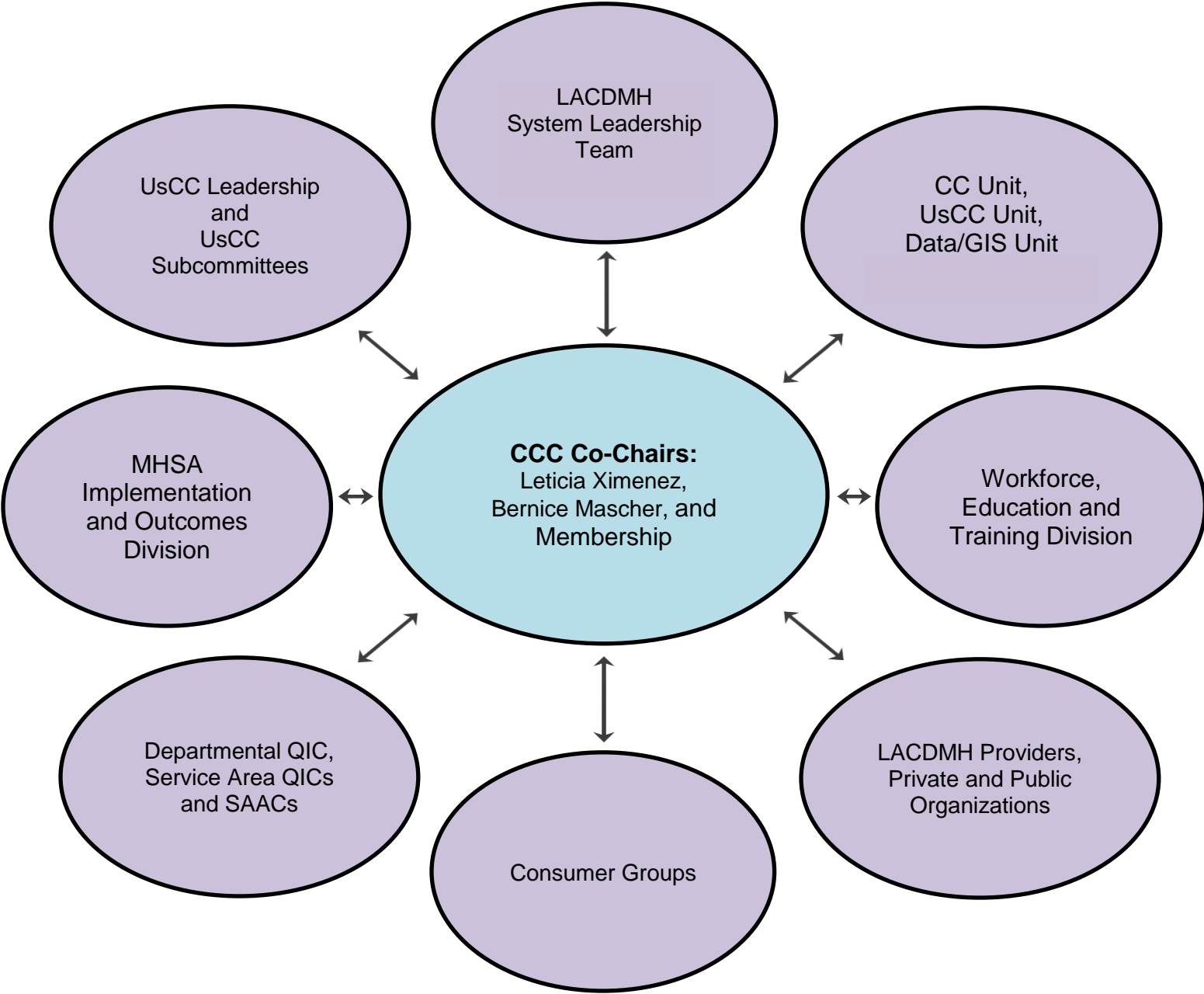
- African
- African American and American Indian
- African American
- American Indian
- Asian
- Asian and Caucasian
- Black and Mexican
- Black
- Black American
- Caucasian
- Chinese
- Filipino-American
- German
- Hispanic
- Irish and German
- Italian
- Japanese
- Jewish
- Latina Indian
- Latino
- Chinese Latino
- Mexican
- Mexican American
- Native American
- Spaniard/Latino/American Indian
- Spanish
- White

Additionally, the following 11 languages are represented in the CCC membership: American Sign Language, Chinese, English, German, Hebrew, Japanese, Korean, Portuguese, Spanish, Swahili, and Tagalog.

## Organizational Chart of the CCC



**CCC Partnerships and Collaborations**



## **CCC Goals and Objectives**

At the end of each CY, the Committee holds an annual retreat to review its goals, activities and accomplishments; vote on cultural competency objectives to be undertaken for the next year; and reinforce the collaborative team atmosphere among Committee members. Once the CCC identifies areas of organizational cultural competency to be addressed, it proceeds to operationalize its goals and objectives in the form of workgroups. Each CCC workgroup identifies two co-leads and determines their goals, projects, and meeting frequency. Throughout the CY, the co-leads from each workgroup provide updates to the Committee at large during the monthly meetings for purposes of receiving feedback.

For CY 2017, CCC membership organized under two workgroups:

- 1) Needs of Persons with Physical Disabilities Workgroup – The goals of this workgroup included: 1. Promote awareness and sensitivity to the broad range of needs and ability levels among persons with physical disabilities and 2. Develop a report that features resources, tips, and recommendations relevant for the implementation of the Physical Disabilities UsCC subcommittee

Accomplishments:

- Promoted awareness of the needs of persons with physical disabilities within the CCC
- Developed a comprehensive report that summarized the literature review findings on:
  - Definition of disability
  - The culture of disability and its current terminology
  - Theoretical models and approaches that explain the complexity of physical disabilities
  - Worldviews and cultural perceptions about physical disabilities
- Established a connection with the QID -UsCC Unit to collaborate in the implementation of the Underserved Cultural Communities (UsCC) subcommittee for persons with disabilities projected for early CY 2018

- 2) Systems Transformation Workgroup – This workgroup was composed primarily of CCC consumer members. The goal of the workgroup was to provide insightful answers to the following questions:

- How do you define peer?
- Where could peers be placed?
- What could peers do?
- What kind of trainings should peers have?
- How are we going to transform the system with peers?

Accomplishments:

- Completion of a summary report that provided the consumer perspective and comprehensive answers to questions listed above
- The report was shared with the LACDMH Director to influence departmental efforts to incorporate peers into the current workforce

For additional details, please refer to the full report below:



## 2017 CCC System Transformation Workg

### **Review and Recommendations to County Programs and Services**

As an advisory group to the Department, the CCC provides feedback and recommendations to various programs. The collective voice of the CCC is also represented at the SLT monthly meetings. This practice ensures that the voice and recommendations of the Committee are heard at these system wide decision-making meetings. The voice of the CCC is also strengthened by the Co-Chairs' participation in the UsCC Leadership Team. Together, the CCC and UsCC subcommittees advocate for the needs of underserved cultural groups and the elimination of mental health disparities.

The CCC also has an impact on the system of care by inviting and scheduling presentations from various LACDMH programs. These presentations take place during the monthly meetings. Feedback is either provided via the Committee at large or ad-hoc workgroups, when the Committee deems that an in-depth project review is necessary. The main goal of the CCC is to ensure that cultural competency and linguistic appropriateness are included in new projects and initiatives. In CY 2017, the CCC provided feedback for the departmental programs and projects listed below:

#### 1) Three Year MHSA Program and Expenditure Plan Public Hearing

In February 2017, the CCC welcomed a presentation pertinent to the Three Year MHSA Program and Expenditure Plan Public Hearing. The CCC engaged in a discussion regarding the benefits of representing the committee at this and other decision-making meetings. Members voiced the importance of having CCC representation to provide recommendations and ensure that cultural and linguistic appropriateness are at the core of all DMH programs funded by MHSA. Specifically, the committee agreed on the following:

- The CCC needs to be present at the public hearing in order to represent the diversity of Los Angeles County communities
- Members need to read the draft plan prior to the public hearing for purposes of providing meaningful feedback and recommendations

#### 2) QPR (Question, Persuade, Refer) Train-the-Community Training Project and Other DMH Suicide Prevention Trainings-

In March 2017, the Workforce, Education and Training (WET) Division provided a presentation on QPR Train-the-Community Project. This presentation informed the committee on the prevalence of suicide in Los Angeles County and training resources available to increase public awareness. The CCC praised the Department for its plan to make the QPR training available to the community. The CCC provided the following specific feedback and recommendations:

- Include information on the Client Warm Line as a resource at the end of the QPR trainings
- Add e-CPR to the training menu
- Obtain a list of colleges in Los Angeles County and make the QPR training available to decrease the number of suicides in the Transitional Age Youth group
- Offer the QPR training to the Client Coalitions

### 3) People with Disabilities and Access and Functional Needs (DAFN) Planning in Los Angeles County

In April 2017, the Office of Emergency Management provided a presentation to the CCC on Access and Functional Needs Planning for persons with physical disabilities during disasters. The CCC was informed about the County Emergency Operations Center (CEOC) efforts to be inclusive of persons with physical disabilities and their rights. CCC recommendations include:

- The CEOC needs to be inclusive of and incorporate feedback from the community
- The Emergency Preparedness Plan (EPP) needs to:
  - Develop the plan in all the threshold languages
  - Provide information for medication support services and pharmacies where prescriptions can be filled
  - Include a section on mental health providers and other emergency-related services for distribution in the community
  - Coordinate the EPP with shelters
  - Distribute brochures with information that is relevant to surviving disasters
  - Ensure expedient referrals to mental health services

### 4) LACDMH's Response to the Community Being Affected by the Immigration Executive Orders

In May 2017, the Emergency Operation Bureau's Deputy Director delivered a presentation on LACDMH's Response to the communities being affected by the Immigration Executive Orders. The CCC received this presentation with great interest. Members commended the Department for responding to the communities that are living in fear of deportation. The following recommendations were provided to the presenter:

- The letter needs to be available in all threshold languages
- Provide tips on family preparedness in the event of a deportation
- Include resource information on wellbeing and how families can take care of themselves during these stressful times
- Incorporate information on Deferred Action for Childhood Arrivals (DACA) services and Deferred Action for Parents of Americans and Lawful Permanent Residents (DAPA) in the website for the Office of Immigrant Affairs

### 5) Peer Action 4 Change Recommendations to LACDMH Regarding Recommendations for Peer Specialist Trainings

- In June 2017, Peer Action 4 Change was invited by the CCC to present on trainings for peers. This presentation was a follow-up to a letter written to the



LACDMH's Director requesting training, language capacity, and utilization of peers to facilitate recovery. Peer Action 4 Change provided multiple short presentations on topics such as the use of the arts to facilitate rehabilitation and break language barriers, the Wellness Recovery Action Plan (WRAP), Emotional CPR and Neurolinguistic Programming (NLP), the "One-percent Campaign", and peer warmlines.

- In July 2017, the CCC organized a focus group to discuss the following questions regarding trainings for peers:
  - What trainings would be helpful for LACDMH to offer to peers?
  - What are the CCC's recommendations regarding trainings for peers?
  - What are the CCC's recommendations regarding the translation of training materials?
  - How can LACDMH make peer trainings more accessible?
  - What does LACDMH need to do to implement peer trainings?

The training recommendations generated by the CCC focus group were placed on the Committee's voting ballot. The results on the most selected training topics were presented to the CCC and Peer Action 4 Change in December 2017.

6) CCC discussion: examples of work related situations in which staff did not demonstrate cultural competency

In July 2017, the ESM solicited stakeholder input from the CCC on real-life situations when LACDMH staff did not display cultural sensitivity and appropriateness. Feedback was gathered for three staff functions as follows:

A. Support/clerical staff

- Make an effort to connect with consumers as human beings and show respect by addressing consumers by name
- Allow consumers the opportunity to become involved as volunteers when they sign-up for an activity
- Be knowledgeable of the clinic activities, such as self-help groups, Service Area Advisory Committee (SAAC) meetings, and the work schedules of direct service staff
- Refrain from asking consumers the nature of their problems while they sign-in
- Identify themselves by name when answering and assisting consumers over the phone
- Be knowledgeable about the brochures, flyers, and any other information available in the clinic lobbies
- Show sensitivity when a Limited English Proficiency (LEP) consumer is trying to communicate in English
- Refrain from humiliating consumers because they cannot communicate in English

- Security guards need to be trained on how to communicate with consumers courteously

#### B. Direct clinical services

- Consumers need to be informed in writing about internal changes of direct service staff
- Psychotherapists and other clinical staff need to be knowledgeable and equipped to effectively address the experience of incarceration, oppression, and trauma of the African-American community
- Case managers, psychotherapists and psychiatrists need to communicate in order to eliminate mismanagement of consumer needs
- Clinicians need to follow-up with consumers when they miss appointments instead of disregarding absences as “no shows”
- When consumers’ phone numbers are not operating, staff needs to make an effort to reach them via regular mail or email

#### C. Management/Administration

- Administrators/managers need to “take care of themselves”, engage in self-help activities, practice relaxation, and take breaks to relieve stress and fatigue
- All administrators/managers need to take the emotional CPR training and Mental Health First Aid trainings
- Pair up peers with administrators/managers so that the peers become well-known for their strengths and skills
- Speak to consumers with empathy
- Lower the demands on clinicians so they are emotionally available and receptive to meet the needs of consumers
- Hire staff with lived experience
- Arrange for newly graduated psychotherapists to shadow more seasoned staff
- Have an open-door policy
- Comply when consumers ask for a change of provider
- Evaluate the procedures in place and have flexibility in special circumstances, such as when consumers have physical limitations
- Allow for NAMI groups to take place at clinics
- Develop procedures to serve the deaf and hard of hearing community

This information has been utilized by the QID-CCU to inform the Service Area QICs about these issues and develop cultural competence trainings and presentations.

#### 7) LACDMH Grievance, Appeal, Expedited Appeal Form

A presentation was provided by the Patients’ Rights Office (PRO) Director in October 2017 regarding the draft “Grievance, Appeal, Expedited Appeal” form. The committee was very interested in ensuring that the form is written in language that is understandable and provided several recommendations for the form to be more

effective. It was decided that this agenda item become the main discussion for the November 2017 meeting.

As a follow-up to this presentation, the ESM led the CCC in a thorough review of the grievance appeal and expedited appeal form during the November 2017 meeting. The following recommendations were gathered from the CCC membership:

- Present information using bullet points to avoid long paragraphs
- Bold or underline important information such as PRO's address and telephone number
- Simplify the vocabulary and language by eliminating technical and legal jargon
- Terms such as "beneficiary," "affected party," "arbiter", and "Limited English Proficiency" are too complex
- Specify that "services" refer to mental health services
- "Deaf or Hearing Impaired" should be changed to "Deaf and Hard of Hearing." Similarly, "hearing impairment" should be changed to "hearing loss." The word, "impairment" should not be used regarding the Deaf and Hard of Hearing population
- Provide definitions that help consumers differentiate between a grievance and an appeal
- Add a clear timeline for submitting grievance or appeal documents
- Include information on what to do when a grievance is not resolved satisfactorily
- For the fill-in portion of the form, add items to gather information regarding "Who spoke to the consumer about the complaint?" and "What was the consumer told?"

Additionally, the CCC provided these recommendations pertinent to PRO's general procedures:

- PRO advocates need to be culturally and linguistically sensitive to work with persons from different cultural backgrounds
- Provide training on conflict resolution skills to all PRO staff
- At the end of the complaint process, the PRO advocates should meet with the complainant and ask if he or she understood the results of the grievance or appeal
- Make sure that clinics display the form in their lobbies

These recommendations were submitted by the ESM to the PRO director on behalf of the CCC. Furthermore, PRO was invited to return with the revised form when it becomes available in CY 2018.

#### 8) Wraparound Program

In November 2017, the CCC heard a presentation regarding the LACDMH Wraparound Program. The CCC advocated and made recommendations regarding the need for culturally and linguistically competent services, quality of service delivery, and effective staff training providing Wraparound services.

The specific feedback and recommendations provided by the CCC include:

- Expand specialized services for children ages 0 to 5

- Hire Parent Partners/Parent Advocates as peers to assist families navigate the Department of Children and Family Services (DCFS) system
- Ensure that wraparound clinicians are trained to deal with ethnic/racial issues and how to work with children who have experience trauma
- Build partnerships with culture-specific providers that specialize in serving the Native American community
- Have language interpreters available to meet the needs of families receiving wraparound services, including American Sign Language

### **Goals of cultural competence plans**

#### 1) Cultural Competence Plan Requirements (CCPR) Updates

The ESM provides a monthly update on various cultural competency initiatives at departmental and state levels during all CCC meetings. During CY 2017, the Committee engaged in discussions regarding updates to the Criterion 4 of the CC Plan, “Client/Family Member/Community Committee: Integration of the Committee within the County Mental Health System.” A template table was circulated for members to report their agency affiliations, racial/ethnic background and linguistic expertise.

#### 2) External Quality Review Organization (EQRO) Review

Cultural competence is one of the core areas of content for the annual EQRO Review. The CCC and CCU continue to play an active role by participating in sessions pertinent to the CC Plan and mental health disparities. A detailed presentation regarding the CCU’s projects and activities was delivered by the ESM during the September 2017 EQRO Review. Additionally, the CCC and UsCC subcommittee Co-Chairs participated in the EQRO session on disparities.

#### 3) Medi-Cal Systems Review Protocol Training

The QID managers attended a training regarding the 2017 Annual Review Protocol for “Consolidated Specialty Mental Health Services and Other Funded Services.” The ESM brought information back to the CCC regarding new protocol items that focus on the CC Plan and the Committee’s goals and activities.

### **Human Resources Report**

In October 2017, the Human Resources Bureau (HRB) was invited to present to the CCC. This presentation included information on the language expertise of DMH staff, number of employees receiving bilingual bonuses, and the process for Program Managers from DO and Administrative programs to request bilingual certification testing of their staff. The Committee’s recommendations included:

- The HRB needs to continue expanding the linguistic competency of the Department
- Consumers should always be informed that they have a right to request a language interpreter
- Staff who engage in language interpretation services need to be bilingual certified
- Receptionists and all the front desk staff should be trained on how to assist non-English speaking individuals over the phone

- Bilingual certified staff should know the idioms of the target language to be effective in that role
- Bilingual certified staff should be trained on medical terminology
- Recruit an examiner for American Sign Language

### **LACDMH Organizational Assessment**

In August 2017, the QID-CCU engaged the committee in the review of the focus group tool developed for this project. The membership had the opportunity to read, discuss, and provide feedback on the 32 questions comprising the focus group tool.

The CCC membership provided the following feedback:

- Consider using “participant,” “community member,” or “member” instead of “consumer.” If the consumer is a child, then refer to them as “child” or “youth”
- The word “providers” does not apply to all of LACDMH workforce and should be replaced by “staff”
- Simplify questions so they are not too wordy
- Rewrite questions that are confusing
- Define “culture” at the start of each focus group so that participants are not limited in thinking that culture refers to primarily to ethnicity and language

The QID-CCU provided updates to the CCC regarding the progress LACDMH Cultural Competence Organizational Assessment tool currently under development by a hired consultant. Implementation of this project is projected for summer-fall of 2018.

Meanwhile, the CCC utilized the strategic areas identified in the previous LACDMH Cultural Competence Organizational Assessment in activity planning. The strategic areas include:

- Cultural Competent System of Care
- Funding
- Human Resources
- Policy
- Structure
- Training
- Treatment Outcome Measurement
- MHSA

Different presentations are scheduled throughout each CY to provide information and updates on various initiatives that fall under the cultural competence organizational assessment strategic areas.

To address the strategic areas of *Culturally Competent System of Care*, *MHSA* and *Funding*, the CCC has delegate representation at the LACDMH System Leadership Team (SLT) meetings. This allows the CCC to actually vote on Departmental initiatives that are related to cultural competency. Some examples include: Expansion in services for the

homeless and Wellness Centers, MHSa Three-Year Program and Expenditure Plan, MHSa CSS Plan consolidation, housing support services and jail diversion services.

To address the strategic areas of *Human Resources and Training*, the ESM briefed the CCC on the number and languages of bilingual certified staff, as well as the LACDMH Cultural Competence Training Plan, which was disseminated to all the SA QIC's.

To address the strategic area of *Structure*, cultural competency updates continue to be provided in all the monthly Service Area QIC meetings. Examples of updates done by ESM and CCC Co-Chairs include: 2017 CCC workgroup activities, CCU projects, and statewide initiatives regarding cultural competence.

## **Training Plans**

### Cultural Competence Trainings

The CCC continues to regularly provide information on LACDMH trainings and conferences related to cultural competency that are available to service providers and community members. The meeting agenda includes a permanent item specific to announcement regarding upcoming cultural competence training/conferences, community events that tap into cultural diversity, health equity, and opportunities for community feedback. This information is documented in the CCC minutes, which in turn are distributed to all the SA QICs.

Additionally, it is the practice of the Committee to brief the membership after culture-related conferences have taken place. This is done with the following purposes:

- Inform the membership about the overall quality of the conference in terms of keynote speakers, culture and cultural competency content, and general flow
- Share information about the main themes, learning, and conference takeaways to benefit members who were not able to attend
- Maintain a feedback loop between the community and the program/unit coordinating the conference.

Below are some examples extracted from CCC minutes:

#### A. African American Mental Health Conference

##### CCC Insights (March 2017)

- The conference exemplified cultural diversity in terms of speakers and workshops offered.
- The energy at the conference was impressive
- The keynote speakers, Michael Eric Dyson and Dr. Joy DeGury were great. Dr. DeGury addressed some of the work from her book, "Post Traumatic Slave Syndrome", and later in her workshop how to implement a cultural service model
- One of the workshops was "Empowering Black Immigrants" workshop. A discussion took place on the definition and meaning of cultural competency. It was wonderful to hear from several participants who were from Africa, including from Kenya

- The CCC was encouraged to attend the upcoming conferences, as sources of professional enrichment and collaboration. Upcoming conferences include: The Employment Conference on April 5th, and the Latino Conference on May 18th

#### B. Western Recovery Conference 2017

##### CCC Insights (March 2017)

- The conference was great. It was well attended and very well organized
- The speakers and workshop available were great. Self-help group sessions were ran during the conference for example:
  - My Inner Child
  - Depression
  - Self-esteem
  - Art work
  - Computer skills
- The conference provided opportunities for networking and to learn about resources and services related to mental health, housing and other social needs

#### C. Mental Health and Spirituality Conference

##### CCC Insights (May 2017)

The membership engaged in a brief discussion about the conference. The main points included:

- The speakers were excellent, compassionate and funny
- the conference was rich with the message of connection and respect for different dates
- Conference included laugh therapy and relaxation exercises which were very enjoyable
- The conference provided an opportunity to learn about different faith and that regardless, we are all the same
- Beautify the stage with flowers and have table centerpieces
- Offer door prices
- Time the conference well so there is an appropriate closing to the conference
- Avoid scheduling this conference on dates that compete with other conferences and community events (e.g. Global Summit)