

## The Cultural Competency Unit

The Cultural Competency Unit (CCU) is one of three Units of the Office of Administrative Operations - Quality Improvement Division (OAO-QID), formerly known as Program Support Bureau - Quality Improvement Division (PSB-QID). This organizational structure allows for cultural competency to be integrated into QID roles and responsibilities to systematically improve services and accountability to our consumers, their family members, and the communities we serve. Additionally, this structure places the CCU in a position to collaborate with several LACDMH Programs such as the Underserved Cultural Communities (UsCC) Unit, the Patients' Rights Office (PRO), the Workforce, Education and Training (WET) Division, MHSA Implementation and Outcomes Division, and the Service Area Quality Improvement Committees (SA QICs). The supervisor for the CCU is also the LACDMH Ethnic Services Manager (ESM). This strategy facilitates the administrative oversight of the Cultural Competency Committee (CCC) activities. It also reinforces the departmental framework for cultural responsiveness via the implementation of the Cultural Competence Plan Requirements (CCPR) and the Culturally and Linguistically Appropriate Services (CLAS) standards. The CCU promotes awareness and utilization of this framework to reduce disparities; combat stigma; promote hope, wellbeing, recovery and resiliency; and serve our communities with quality care.

Most salient activities of the CCU in CY 2017:

### 1) Cultural Competence (CC) Organizational Assessment

This project is a system wide effort to evaluate LACDMH's workforce (clerical/support, financial, clinical/direct service, and administration/management at Directly Operated and Legal Entities/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 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 clients' 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
- Mental Health Services Act (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 Underserved Cultural Communities (UsCC) subcommittees)
- Information and recommendations gathered from interviews and focus groups conducted with key consumer/stakeholder groups and Departmental committees identified by LACDMH

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 Directly Operated and Legal Entities/ 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: African/African American (AAA), American Indian/Alaska Native (AI/AN), Asian Pacific Islander (API), Eastern European/Middle Easterner (EE/ME), Latino, and Lesbian/Gay/Bisexual/Transgender/Questioning/ Intersex/Two-Spirit (LGBTQI2-S).

A total of sixty applications were received. The distribution of applications received by underserved group is listed below. In parenthesis, 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/hard of hearing community, although outreach was extensive and targeted to the following agencies/universities: 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 National Standards for Culturally and Linguistically Appropriate Services (CLAS), 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

- 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
- 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”

- 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”
- Participated in the Implicit Bias/Cultural Competence Summit planning committee from July to August 2017
- 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.