



**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH  
PROGRAM SUPPORT BUREAU - QUALITY IMPROVEMENT DIVISION  
CULTURAL COMPETENCY UNIT**

**CULTURAL COMPETENCE PLAN UPDATE – CY 2016**

**Criterion 5**

**Culturally Competent Training Activities**

**February 2017**

## **Criterion 5: Cultural Competent Training Activities**

The County of Los Angeles Department of Mental Health (LACDMH) is committed to provide quality cultural competence related trainings to its workforce to build multicultural awareness, knowledge, sensitivity, skills, and values needed for the provision of culturally appropriate mental health services. The Program Support Bureau – Workforce, Education and Training (PSB-WET) Division provides a significant number of specialized trainings that build the cultural competency skills of administration/management, direct service providers (including but not limited to Clinicians, Psychiatrists, Case Managers, Mental Health Services Coordinators, Community Workers, Mental Health Advocates, Wellness Outreach Workers, and Rehabilitative staff) and support/clerical staff (including but not limited to Intermediate Typist Clerks and Senior Typist Clerks). These training opportunities are equally available to directly operated and contract providers.

The LACDMH Cultural Competence Training Plan is 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. Trainings offered by the PSB-WET Division incorporate a multiplicity of cultural competency elements as listed below:

- Ethnicity
- Age
- Gender
- Sexual orientation
- Forensic population
- Homeless population
- Human Immunodeficiency Virus Positive (HIV+)/ Acquired Immunodeficiency Syndrome (AIDS) population
- Hearing impaired population
- Spirituality
- Client culture

Some of the trainings are offered in a second language such as Spanish, Farsi, Chinese and Khmer. Cultural competency is also a specific topic for clinical supervision trainings. Culture-specific conferences also provide an opportunity for the workforce and consumers to benefit from topics relevant to mental health disparities and culturally-appropriate services for underserved/unserved communities, such as Latinos and Asian Pacific Islanders.

Furthermore, the PSB-WET Division enforces guidelines for the inclusion of cultural responsiveness in all trainings. These guidelines specify the following:

- Trainers are expected to incorporate cultural references to trainings being delivered and are monitored by training coordinators.
- Training bulletin notices include learning objectives referencing cultural issues/concern relevant to the topic.
- Training evaluations are reviewed to ensure the training met the cultural inclusion objectives. If evaluations indicate the cultural reference objectives are not

followed or important cultural issues were not covered, training coordinators review evaluation results with the Trainer to ensure such issues are considered next time the Trainer delivers the training.



Inclusion of Cultural  
Responsiveness in Tra

## **Cultural Competence Training Plan**

### **I. Foundational cultural competence trainings**

LACDMH offers several trainings which may serve as foundational cultural competency trainings:

- “Cultural Diversity/ Unlearning Prejudice”  
This workshop meets the cultural competency mandatory requirement and provide an overview of basic cultural competency. Participants engage in interactive exercises that broaden awareness, understanding, and appreciation of differences and similarities within and between cultures. Through this process participants examine the concepts of diversity, cultural competence, prejudice, stereotyping, and discrimination in the workplace.
- “Diversity Skills for the 21<sup>st</sup> Century Workforce”  
This four-hour class is geared toward assisting all employees to broaden and deepen their understanding, experience and critical thinking skills with regard to cultural and personal differences, and effective interpersonal communication in the workplace. The course content is highly interactive and emphasizes introspection about one’s own identity and how that identity facilitates and/or hinders workplace interactions. Through group discussions and facilitated activities participants will start to cultivate various tools to help them positively utilize the similarities and differences of diverse groups and individuals in the workplace. Included in the course is also a brief review of the County Policy of Equity (CPOE) and related policies and laws that aim to ensure an environment in which every individual’s contributions are valued and their rights protected.
- “Integration of Cultural Competency in the Mental Health System of Care”  
This training is provided by the PSB - Cultural Competency Unit to all LACDMH new employees during the New Employee Orientation. This training provides information on the Culturally and Linguistically Appropriate Services (CLAS) definition of culture, the County of Los Angeles demographics, federal state and county regulations governing cultural competency, the Cultural Competence Plan Requirements, mental health disparities and departmental strategies to reduce disparities.
- “Cultural Competency Web-Based Training”

The PSB-CCU is in the process of implementing a three-hour foundational Cultural Competency (CC) Web-based Training that is relevant to the diverse cultural and linguistic populations served by the County of Los Angeles Department of Mental Health (LACDMH). The purpose of this training is for administration/management, direct service providers and support/clerical staff to acquire and build cross-cultural knowledge and skills to serve our communities with culturally sound and linguistically appropriate services.



CC Web-based  
Training SOW FINAL 4

**II. Cultural Competence Trainings for Specialty Mental Health Services Providers**

In accordance to DMH Policy No 614.02, Inservice Training, LACDMH is committed to provide “training activities with the express purpose of preparing the staff of a particular department or unit to perform specific functions, tasks and procedures necessary for the operation and functions of that particular department or unit. All department employees are eligible for inservice training according to the needs of their specific assignments.”

- 3.1 The DMH policy is to enhance staff capabilities to meet changes and modifications in regulations, procedures, policy, service directives, and needs; and to prepare staff to carry out mandated requirements associated with their positions.
- 3.2 Supervisors are expected to work with employees to identify training needs and to notify the Departmental Training Division of those needs via memo to the Division’s Chief so that appropriate inservice training may be provided. Supervisors may authorize or require an employee’s attendance at any approved inservice training conducted within the DMH.”

Over 300 trainings are offered during each Fiscal Year (FY), with topics covering a wide spectrum of culturally relevant issues: Age groups; ethnic underserved/unserved populations; lived experience concerns; language interpreter trainings; culture-specific conferences, sponsored or supported by LACDMH which also expand the Department’s partnerships in the community. While Specialty Mental Health Services trainings target clinical skill acquisition, licensed administrative and management staff also attend these trainings to benefit from clinical service delivery updates and their application to clinical supervision.

Examples of cultural competence-related specialty mental health trainings offered by the PSB-WET Division include:

Title of Trainings
<b>API</b>
Chinese Wellness Recovery Action Plan (WRAP)
Korean WRAP
Treating Depression in Asian American Communities

<b>Title of Trainings</b>
Chinese WRAP (Mandarin)
Treating Depression in Asian American Communities
Vietnamese WRAP
Intergenerational Family Therapy
Cambodian WRAP
Domestic Violence in the API Community
Group Therapy API Communities
<b>Eastern European/Middle Eastern</b>
Therapy with Middle Eastern Populations
<b>Latino</b>
Increasing Spanish Mental Health Clinical Terminology
Spanish WRAP
<b>LGBTQ</b>
Ageing and Long Term Care
Best Practices for Working with LGBTQ Youth
<b>Native American</b>
American Indian-Alaska Native Mental Health Conference
Historical Trauma in the American Indian/Alaska Native community
<b>Under-Represented Ethnic Populations</b>
Cultural Impact on Treatment Planning and Case Conceptualization
Engagement Through Respectful Lens
<b>General Cultural Competency</b>
Cultural Competence in the Integrated Healthcare Setting: Impacts, Interactions, and Relationships
The Brains Involvement in Healing from a Cultural Lens
Preparing The Next Generation For The - Other Real World A Culturally-Celebratory, Competency-Based Approach To Clinical Supervision
<b>Children</b>
Assessment of Children 0-5 Years Using the Infancy Childhood and Relationship Enrichment (iCARE) Initial Assessment Form
Sensory Integration in Children
Working with Grieving Children
Commercial Sexual Exploitation of Children Symposium
Child Abuse: Assessment, Reporting, and Treatment
Helping Children and Families Cope with Trauma
Reaching Children Thru Play: Interventions with Child Trauma Victims
<b>Youth</b>
Working with Gang-Involved Youth and Families
CAPPS CDE Model of Treatment for Youth and Young Adults at Ultra-High Risk for Psychosis
Law and Ethics Update Child and Adolescent Focus
<b>Older Adults</b>
Workshop on Outreach & Engagement Strategies Working with Chronically Homeless Persons: Special Focus on Housing First and Harm Reduction
PEARLS Program to Encourage Active and Rewarding Lives for Seniors
Gero-Psychiatric Breakfast
<b>Family Inclusion</b>
Culturally Sensitive Practice: Engagement without Insult
Engaging Parents and Caregivers
<b>Mental Health Interpreter Training</b>
Advanced Interpreter's Training--The Fine Art of Interpreting
Introduction to Interpreting in Mental Health Settings

<b>Title of Trainings</b>
English Speaking Providers: Bridging Language Gaps in your Clinical Practice
<b>Hearing Impaired</b>
Understanding Deafness and Mental Illness
<b>Justice System</b>
Assessment and Treatment of AB109 Population
Co-occurring Disorders for the AB109 Population
Providing Effective Job Development, Placement, and Retention Services to Ex-Offenders and Expungement of Criminal Records
Reducing Jail Recidivism: Evidence Based Release Planning
DBT for Jail Clinicians
Motivational Interviewing as a Brief Intervention for Jail Clinicians
Approaches to Recognizing and Managing Compassion Fatigue, Burnout, and Vicarious Trauma in the Juvenile Justice System
<b>HIV+/AIDS</b>
HIV-AIDS: Assessment and Treatment
<b>Spirituality</b>
Integrating Spirituality into Mental Health Recovery
<b>Substance Abuse/Co-Occurring Disorders</b>
Co-Morbidity of Personality Disorder, Homelessness, and Substance Abuse (Advanced Level)
Pathways Housing First: Ending Homelessness for Individuals with Dual Diagnosis
Health 101: The Culture of Integrated Services
<b>Gender and Sexuality</b>
Understanding Maternal Mental Health
Human Sexuality--10 Hour Pre-Licensure Workshop
<b>Client Culture</b>
Hope & Recovery Conference - Asian and Pacific Islander
Hope & Recovery Conference - Esperanza y Recuperación
Hope & Recovery Conference - English

Please refer to the attachment below for details regarding the various trainings and conferences delivered during FY 2015-2016



WET CC Trainings, FY 15-16.docx

Commercial Sexual Exploitation of Children and Youth (CSECY) Training

As a part of the External Quality Review Organization (EQRO) requirements and mandated by Title 42, the QI program is responsible for collaborating on Service Area (SA) QI projects and Performance Improvement Projects (PIPs). The QI Division is responsible for coordinating, organizing, and supporting PIPs from and throughout the organization. Each year, QID conducts a Clinical and Non-Clinical PIP. PIPs are conducted to ensure that selected administrative and clinical processes are studied to improve performance outcomes.

The CSECY Clinical Performance Improvement Project (PIP) ended in April 2016. The LACDMH CSECY PIP team has continued their efforts to increase CSECY awareness

and training within the County of Los Angeles and an ongoing quarterly CSECY team meeting schedule has been established. During CY 2016, the CSECY team has made notable efforts towards enhancing community outreach and collaborative relationships.

**Community Outreach and Collaborative Relationships:** The CSECY team has facilitated community outreach activities that include: participation at community events; presentations, training and in-services on CSECY and human trafficking; and consultation and resource-sharing. In addition to the CSECY team's collaborative efforts with other county agencies, such as the Department of Child and Family Services (DCFS), Probation, Law Enforcement, Health Services, and Public Health, Advocacy Groups, and the Department of Public Social Services (DPSS), the team has been directly involved in the development of the Los Angeles CSEC First Responder Protocol (2014) and have regularly participated in Multidisciplinary Team (MDT) meetings that are hosted by STAR (Succeeding Through Achievement and Resilience) and DREAM (Dedication to Restoration through Empowerment, Advocacy and Mentoring) which are CSEC Specialty Courts that serve the County of Los Angeles. The CSECY team has joined forces with the Legislative Group (SB 855, WIC 165424.8) to provide ongoing oversight and support that aims to ensure effective collaboration in the identification and provision of services within the County of Los Angeles. Collaboration with the Interagency Council on Child Abuse and Neglect (ICAN) led to the ICAN CSEC Taskforce, whose goal is to improve the effectiveness of the prevention, identification, investigation, prosecution and provision of services for CSECY. A partnership with LA 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. In support of developing and implementing a countywide protocol for minors whom testify as witnesses in adult criminal human trafficking cases, the Victim Witness Testimony (VWT) Workgroup partnership was initiated. Additionally, 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 of CSECY-identified clients and complex trauma. 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.

**CSECY Identified Client Data and Related Outcomes:** Over 500 clinical and non-clinical staff from Directly Operated (DO) clinics, outpatient county contracted clinics, juvenile justice camps, and specialized foster care programs participated in the sixteen CSEC 101 or specialty CSECY trainings that were offered between April 2016 and February 2017. Greater than 400 LACDMH CSECY trained clinicians were granted access to the CSEC SharePoint site and the Quality Improvement Division (QID) has continued to facilitate data collection, technical assistance, and SharePoint site demonstrations. The CSECY team has continued to discuss the purpose and process of gathering client data via the SharePoint site and/or secure client data sharing between QID and clinicians during all CSECY trainings, via email outreach to CSECY-trained clinicians and supervisors, and as announcements during LACDMH Executive Providers' and Quality

Improvement Committee (QIC) meetings. To date, 560 CSECY clients were identified in different settings – Juvenile Halls, Court Linkage Programs, and Outpatient Programs. A total of 264 CSECY clients were identified between April 2016 and February 2017. Of the CSECY clients identified, 255 clients were identified as receiving services from Juvenile Halls, 72 clients were from Outpatient programs and 233 individuals were reported from Juvenile Court Mental Health Services and MDT meetings. During FY 15-16, LACDMH participated in the validation of a screening tool developed by West Coast Children’s Clinic to further identify CSEC Youth. The screening tool was piloted and normed at Central Juvenile Hall and will be rolled out and used at the remaining juvenile halls.

The CSECY post-training experience survey has been developed by the CSECY team in further support of quality improvement and program development. The survey was designed to explore each trainee’s experiences with CSECY since participating in CSECY training. The survey will gather information on the clinician’s program (location, setting, and professional role), number of years of direct service experience, the clinician’s self-reported awareness and confidence levels, number of potential CSECY-victims that the trainee has identified following training, the types of services that were provided (i.e., assessment, case management, therapy, etc.), and the number of CSECY trainings that the clinician has received. In CY 2017, the CSECY Post-Training Experience survey will be administered to all CSEC 101 training participants.

### III. Language Interpreters Training and Monitoring

LACDMH conducts bilingual proficiency examinations and certifications for its bilingual employees. In accordance to DMH Policy No 602.01, Bilingual Bonus, a certified bilingual employee possesses “a valid Language Proficiency Certificate issued as a result of the County’s Bilingual Proficiency Examination, which tests for proficiency to either speak, read, and/or write the language.

- 4.1.1 Candidates tested for bilingual proficiency as part of the examination process, if successful, are issued a Language Proficiency Certificate.
- 4.1.2 Successful candidate names are placed on the eligible lists. LACDMH may select candidates from the eligible lists when the foreign language skills are needed, including translation of materials and/or interpretation services by diverse LACDMH Programs/Units.
- 4.1.3 Candidates who are selected from the eligible lists are employed on the condition that they use their bilingual skills while holding the position and may participate in translation of materials or interpretation services upon solicitation by various LACDMH Programs/Units.”

The following language interpretation trainings are available for bilingual certified staff:

- Introduction to Interpreting in Mental Health Settings  
Learning objectives:
  - For participants to describe the fundamental principles of interpreting in mental health settings
  - Federal and state laws and regulations for limited English proficiency



- Examine examples of compliance with the interpreter standards of practice of ethics
  - Practice the roles of a language interpreter with an emphasis on the cultural clarifier role
  - Interpret the impact of culture and mental health terms
  - Identify the fundamental components of recovery
  - Identify Patient's Rights related to language assistance services.
- Advanced Mental Health Interpreter Training
    - Learning objectives:
      - Describe the standards of practice for interpreters
      - Demonstrate and practice the role of a message converter and the elements in message passing
      - Practice the four models of interpreting commonly used in mental health settings
      - Perform memory development techniques
      - Demonstrate the cultural impact on language and communication
      - Practice one exercise on cultural sensitivity and cultural responsiveness
      - Build a glossary based on the interpreter's level of proficiency in both languages.
- Use of Interpreter Services in Mental Health Settings
    - Describe the fundamental principles of working with interpreters in mental health settings
    - List of federal and state laws and regulations for limited English proficiency
    - Learn techniques and practice skills for managing the clinical triad between interpreter, client and provider
    - Demonstrate an understanding of the interpreter's role with emphases on the cultural clarifier role
    - Include the impact of culture in diagnostic formulation and guide the interpreters in how to interpret it accurately.

The language interpretation training series is available to all LACDMH workforce, inclusive of administrative/management and support/clerical staff. The Department recognizes that even though administrative/management staff do not routinely perform language interpretation services, their positions may involve significant public contact which requires use of their bilingual skills.

Additionally, the trainings are strategically planned and include a series of Spanish Mental Health Terminology trainings along with trainings targeted at personnel who utilize interpreters (i.e., Psychiatrists).



Furthermore, in CY 2015, the PSB-CCU classified all offered trainings by the WET Division in accordance to areas of cultural competency content. The areas of classification included:

- Cultural formulation
- Multicultural knowledge
- Cultural sensitivity
- Cultural awareness
- Social/cultural diversity
- Mental health interpreter training series
- General cultural competency



WET Trainings table  
by CC area.docx

#### IV. Monitoring of staff's skills/post skills learned in trainings

The PSB-WET Division collects 25 to 30 specifically targeted training outcomes throughout the year. Certain trainings are identified through staff and management collaboration, focusing on different factors that may necessitate the assessment of the training effectiveness such as:

- Training cost
- New training
- Subject content
- Higher profile program
- Clinical impact
- Knowledge/skill transfer.

The outcomes are utilized by WET Division for refinement of ongoing trainings, justification for renewing training contracts, and planning for future trainings and training needs.