



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

CULTURAL COMPETENCE PLAN UPDATE – CY 2017

Criterion 1

Commitment to Cultural Competence

September 2017

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 constituents to: 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 its constituents, while providing a solid and supportive infrastructure for its 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 its aim to continuously assess the quality and effectiveness of its operations. LACDMH has a well-established Quality Improvement Program within the Program Support Bureau-Quality Improvement Division (PSB-QID) that 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 PSB-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 and wellbeing, as well as consumer and family member involvement. The PSB-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 funding projects to build the capacity of the system and increase service accessibility for underserved populations.

Additionally, the PSB-QID has administrative responsibility over the departmental Quality Improvement Council's (QIC) monthly meetings, which are attended by representatives from the eight the Service Area-based Quality Improvement Committees (SA QIC); 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 it serves. Its 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.” Its 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 its 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 its 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 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 clients, 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 systems.
- Vulnerable children and transition age youth – Improve the County's ability to link vulnerable children, including those currently in foster care, and Transition

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 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 language;
 - ✓ 95% of patients, out of 3,539 patients who responded to the question, stated that written information was available in their language.
 - DPH surveys were administered at all 14 Public Health Clinics between November 7, 2016 and December 6, 2016, with an 81% response rate. 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 spoken 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 now 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, and 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 Filipino, Somali, Native American/American Indian and Armenian communities as follows:
 - ✓ 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. 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); AI/AN; Asian Pacific Islander (API); Eastern European/Middle Easterner (EE/ME),

Latino, and Lesbian/Gay/Bisexual/ Transgender/Questioning/Intersex/Two-Spirit (LGBTQI2-S). In January 2016, the UREP Unit was renamed UsCC to be more inclusive of all cultural communities beyond ethnic groups. 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 15-16:

AAA

1) Black Male Mental Health Awareness Campaign

This campaign will build the mental health service capacity and spread learning through community presentations in LAC. The campaign will outreach to Black males 16 years and older. It will target those who are not currently involved in the public mental health system, but who stand to benefit from existing program developments of the Mental Health Services Act (MHSA).

2) Culturally Relevant Brochures

Brochures will be used to outreach and engage underserved, inappropriately served and hard-to-reach ethnic communities. The purpose is to reduce stigma by identifying common mental health conditions experienced in the AAA community. The brochures will be used to educate and inform these ethnically diverse communities of the benefits of utilizing mental health services, and to provide referrals and contact information. The informational brochure was translated into two different African languages: Amharic and Somali.

3) Resource Mapping Project

The focus of this project was to reduce stigma by funding agencies to provide outreach, engagement, training, education, non-traditional wellness activities, and using technology as approaches to address mental illness. Each agency will target a unique, subpopulation within the AAA community. This project was successfully completed on March 1, 2015.

4) Sierra Leone Community Mental Health Training and Education

This project is a joint effort of LACDMH and the African Communities Public Health Coalition (ACPHC) to reduce the stigma of mental illness, specifically in the Sierra Leone community. The purpose is to set a precedent of using culturally appropriate mental health education

when working with ethnic communities, and to increase access to culturally appropriate mental health services for people of Sierra Leone descent (especially during a mental health crisis). This nine-month project will provide training to trusted and selected volunteer community members, referred to as Sierra Leone Community Advocates (SLCAs), for them to become 'lay-experts' of mental health issues, crisis intervention, and appropriate mental health resources. This project is designed to increase the Sierra Leone community's knowledge of mental health, mental illness, and trauma; reduce the social stigma of mental illness; familiarize them with the public mental health system; and equip them with Afro-centric, culturally-based practices to help them cope with their losses and concerns related to the Ebola outbreak.

AI/AN

1) AI/AN Community Spirit Wellness Project

To implement the Community Spirit Healers Wellness Project, five community members were recruited and trained as Community Spirit Healers. The Community Spirit Healers were trained to conduct community trainings and forums, which focused on mental health awareness and education. The Community Spirit Healers Wellness Project was launched on August 1, 2014 and was completed on July 31, 2015.

2) AI/AN Outreach and Engagement Media Campaign

The AI/AN UsCC subcommittee funded the development of a media advertisement (commercials) campaign that aired from December 7, 2015 thru January 3, 2016 on the local radio and television channels in the LAC. This media campaign included the development of the TV/radio commercials and broadcasting. This project was successful and the final outcome report was submitted on February 2016.

API

1) API Family Member Mental Health Outreach, Education, and Engagement Program

The purpose of this program was to increase awareness of mental illness signs and symptoms for API families so that they know when and how to connect family members to mental health services. The ethnic communities who were targeted include the following: Chinese community (Cantonese- and Mandarin-speaking); Vietnamese community; Korean community; South Asian (Indian/Hindi-speaking) community; Cambodian community; and the Samoan community. The program entailed: 1) The collection and distribution of linguistically and culturally appropriate mental health education and resource materials; 2) the development of an API Family Mental Health Resource List of mental health services and supports for API families in LA County; and 3) the implementation of Outreach, Education, and Engagement (OEE) events countywide targeting API families from specific SAs and API

ethnic communities. The OEE events were held in collaboration with consumer and family member support groups that serve the API community.

2) API Underrepresented Ethnic Populations (UREP) Consumer and Family Member Employment Training Program

For FY 13-14 the API UREP hired a consultant to launch the API UREP Consumer and Family Member Employment Training Program. The purpose of this program was to increase the number of culturally competent API Peer/Family Advocates and Health Navigators at mental health agencies that serve the API community. Further, this program trained API consumers and family members to become culturally competent Peer/Family Advocates and Health Navigators. Once trained, the consultant facilitated employment of trainees into mental health agencies that serve the API community. This project was completed on June 30, 2015.

3) The Samoan Outreach Engagement Program

This program was implemented 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 partnered with two Samoan community based agencies, to conduct individual and group outreach and engagement activities with the Samoan community in SA 8, which has the largest concentration of Samoans in LAC.

EE/ME

1) The Armenian Talk Show

For the Armenian community, a televised mental health talk show was funded to increase mental health awareness and access, reduce stigma, and increase penetration rates. This project consisted of 44 LACDMH approved mental health TV talk shows to inform the Armenian community about common mental health issues and how to access services in LAC. The TV shows included, but were not limited to the following mental health topics: introduction to mental health, immigration and acculturation, loss and grief, divorce and its effects on children, bullying, depression, and parenting. The last recording aired on March 13, 2016.

2) Community Mental Health Education Project

For the Arabic-speaking community of LAC, the Community Mental Health Education Project was funded to increase mental health awareness. This project will provide outreach and engagement services by partnering with faith-based organizations and schools to facilitate mental health community presentations as well as making these materials available by using technological approaches such as web-based informational sites.

- 3) Farsi-Speaking Mental Health Radio Talk Shows
For the Farsi-speaking community, the second phase of the mental health radio talk shows was implemented. A total of 22 new mental health radio shows aired on the local Farsi speaking radio station. The radio talk shows included, but was not limited to the following mental health topics: definition of psychology, mental health issues related to aging, the psychological effects of violence, and healthy relationships. This project was completed on November 1, 2015.
- 4) Mental Health Awareness Project for Law Enforcement
For FY14-15, the EE/ME UsCC subcommittee funded a project that will train law enforcement personnel on relevant mental health issues pertaining to the Arabic-speaking community. A Licensed Mental Health Consultant was hired to coordinate and facilitate community presentations.

Latino

- 1) Health Neighborhoods Mental Health Awareness Outreach Campaign
The Latino UsCC subcommittee funded the printing of mental health promotional materials that will be disseminated to increase awareness and promote mental health services targeting all age groups who are monolingual Spanish speakers. These promotional materials will include mental health information and resources to unserved Latino communities within LAC.
- 2) Media Outreach Campaign
The Latino UsCC subcommittee funded a media outreach campaign. This campaign consisted of two LACDMH approved media advertisements (commercials) that aired from December 10, 2015 thru January 3, 2016 in the local Spanish-speaking television and radio stations. The Ads aired on KMEX and on radio channel KLVE-FM. This project was successfully completed by January 3, 2016.
- 3) Promotoras de Salud Research Project
As an expansion of a previous capacity building project that funded the recruitment, training, and integration of Promotoras de Salud Project Model (Health Promoters) within the Latino Community, the Latino UsCC subcommittee funded a six-month research project that was implemented in 2015. This research project measured the effectiveness of the Promotores Project Model (PPM) as an outreach and engagement strategy aimed at Latinos within LAC. This project was completed on August 2015.

LGBTQI2-S

- 1) Clinical Mental Health Trainings for LGBTQI2-S Youth
Four two-day clinical trainings were conducted to educate and improve the therapeutic skills of licensed mental health clinicians who provide mental health services to LGBTQI2-S youth. This training provided a

total of 12 Continuing Education Units for mental health clinicians. The training was offered in SAs 2, 4, 6, and 8.

2) LGBTQ Survey

The LGBTQI2-S UsCC subcommittee will be launching a LGBTQI2-S survey, which aims to gather data pertaining to mental health clinician's level of awareness and sensitivity when providing services for the LGBTQI2-S population.

Please refer to Criterion 3, pages 146-156 for additional details on the UsCC projects.

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 and 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 Native American/American Indian proposal currently being drafted
- One Middle Easter/Eastern European 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 and service improvement, as well as fight stigma and discrimination. 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.

Since 2001, LACDMH has sponsored an annual Mental Health and Spirituality Conference since 2001. This conference originated in response to the desires of consumers to integrate their spirituality into their recovery journey. Over the course of 14 years, the conference has highlighted 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. It 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 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. The Integrated Mobile Health Team (IMHT) also provides O & E aimed at reducing 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, 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. In May 2017, the Department partnered with “Give an Hour” and other organizations to implement the “Change Direction Campaign” in Los Angeles County. This national initiative promotes 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 highlights 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 goals of the campaign are to create a change in perceptions about mental health, to educate society on how to identify emotional suffering in others, and to empower all citizens to reach out. LACDMH launched a massive metro bus advertisement campaign about the five signs of emotional suffering and emotional wellbeing in the threshold languages. Bilingual certified departmental staff translated the campaign flyers in all threshold languages. Additionally, the information about the campaign was widely distributed to stakeholder and consumer groups.

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 will be implemented in the spring of 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 days post-discharge, and linkages to mental health, physical health, and community based services. After 60 days, services transfer to MHSa Full Service Partnerships. Services 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 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 its MH-LET to provide field based crisis intervention services to children, adolescents, TAY and adults throughout Los Angeles County. The teams are based on a co-response model: one licensed mental health clinician is partnered with a law enforcement officer to respond to 911 calls or patrol car requests for assistance involving persons suspected of having a mental illness. Teams provide crisis intervention including assessment for WIC 5150, de-escalate potentially violent interactions between clients, family members and police, make appropriate referrals to community agencies, and/or facilitate hospitalization. The teams/programs serve to 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 and strategies when engaging persons with mental illness. The expansion has allowed the Department to have a collaborative with 36 law enforcement agencies, including the Sheriff's Department. The funding for clinicians is through the MHSA and SB82, law enforcement agencies fund their officers and provide space to clinicians at their respective police departments. The goal of the Department is to add Community Health Workers/Peers to provide additional services and assist individuals to navigate the system and provide follow-up services. The expansion of MH-LET demonstrates the implementation of CLAS standards 1, 2, 3, and 13.

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 PSB-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 15-16. 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 PSB-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 PSB-QID made the training available digitally to all SA QICs. Please see Section III below for additional information about this training.

Cultural Competency (CC) Web-based Training

The Cultural Competency Unit (CCU) is currently developing a three-hour foundational Cultural Competence (CC) Web-based Training that is relevant to the diverse cultural and linguistic populations served by LACDMH. The purpose of this training is for administration/management, direct service providers (including, but not limited to Clinicians, Psychiatrists, Case Managers, Mental Health Services Coordinators, Community Workers, Mental Health Advocates, and Wellness Outreach Workers), and support/clerical staff to acquire and build cross-cultural knowledge and skills to serve our communities with culturally sound and linguistically appropriate services. The consultant hired for this project is Ontrack Program Resources and collaborations are underway with the QID Administrative Teams, the CCU, the ESM, and our in-house multimedia analyst. This team will ensure that the CC web-based training curriculum is developed in accordance with the CCPR, CLAS standards, other LACDMH regulations, and the technology required to make the training available online. The implementation of this project started on June 5, 2017 with a proposed ending date of December 31, 2017.

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 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 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, eCPR teaches 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 the deepening of 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). 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. 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. 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.

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 process, 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 as 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 its 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 these resources.

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 ascertain 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

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, 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 served by the Department. 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 PSB-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:

- Promoting quality and equitable care as it relates to ethnic and other cultural populations with both Directly Operated and Contracted programs. In February 2014, the ESM implemented the LACDMH LGBTQI2-S workgroup, which later became the LGBTQI2-S UsCC subcommittee. In 2017, the ESM has been collaborating with the UsCC Unit in contacting and recruiting community-based organizations that specialize in serving persons with

- physical disabilities to join the Cultural Competency Committee. This groundwork is based on the Department's goal of implementing a seventh UsCC subcommittee specifically dedicated to persons with hearing impairments and other physical disabilities;
- 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;
 - Reviewing and providing recommendations in various State cultural competency initiatives such as the five CRDP Strategic Plans, Each Mind Matters/ Sanamente website and materials, and the MHSA Plan updates such as the Three-Year Program and Expenditure Plan;
 - Promoting knowledge of local and state cultural competency projects at various departmental venues;
 - Participating in LACDMH SLT workgroups such as the PEI Countywide workgroup;
 - 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. She has headed various CCC ad hoc workgroups such as the CRDP Strategic Plan feedback and recommendations and the CCC logo development workgroups;
 - 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, MHSA Implementation, UsCC subcommittees, and System Leadership Team meetings. The ESM is also a member of the UsCC and CCC Leadership Groups;

- Collaborating with 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 2016 include:

Cultural Competency Trainings and Presentations

New Employee Orientation (NEO)

The CCU participates in the NEO and provides cultural competency presentations to introduce new employees to the functions of the CCU, Los Angeles County Demographics and threshold languages, the CLAS standards, the CCPR, and the Department’s strategies to reduce mental health disparities.

“Cultural Competency 101” Training

In response to the 2016 EQRO Review recommendation for system wide training in cultural humility; 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
- How Cultural Competency Applies 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 participants expressed great appreciation for the comprehensive content of this training. Additionally, training evaluation feedback included requests for Cultural Competency 101 to become available to all Providers. Currently, the PSB-QID is working on making the training available digitally.

Furthermore, the pretests and posttests utilized for the Cultural Competency 101 training allowed the CCU to gather feedback from the participants on how to advance cultural competency in our system of care. The following themes were recurrent in the feedback collected:

- Continue providing on-going cultural competence training

- Promote opportunities for staff cross-cultural dialogue and self-reflection/ experiential exercises
- Partner with consumers and obtain their input on the effectiveness of existing programs
- Translate all departmental forms into the threshold languages
- Assess and evaluate the effectiveness of programs, interventions, and whether consumer needs are being properly met
- Assess and evaluate changes in cultural groups and barriers to service accessibility
- Gather feedback from staff
- Provide a safe workplace environment conducive to the exploration of cultural issues
- Secure professional American Sign Language interpreters
- Continue providing language translation and interpretation services
- Follow a strength-based model
- Promote kindness
- Remove waterproof glass and security guards from lobbies

The Cultural Competency 101 training was recorded and the hyperlinks were made available to the SA QICs for dissemination to all Directly Operated and Contracted providers. The total time duration of the online version of the training is approximately 1.5 hours. The training was strategically divided into three parts, in the event Providers preferred to show the training video in shorter segments, as follows:

Part 1: Basic definitions, regulations related to cultural competency, demographical and consumer utilization data, and LACDMH strategies to reduce mental health disparities [Duration: 37 minutes]

http://file.lacounty.gov/SDSInter/dmh/1010011_CulturalCompetenceVideov4part1.wmv.wmv

Part 2: Cultural humility, consumer culture, stigma, elements of cultural competency in service delivery, and resources [Duration: 31 minutes]

http://file.lacounty.gov/SDSInter/dmh/1009914_CulturalCompetenceVideov3part2.mv.wmv

Part 3: Cultural competency scenarios and group discussion [Duration: 18.5 minutes]

http://file.lacounty.gov/SDSInter/dmh/1009805_CulturalCompetenceVideov3part3.wmv.wmv

The SA QICs were informed that this training meets the Cultural Competence Plan Requirement for 100% of staff to receive annual cultural competence training, inclusive of clerical/support staff, direct service providers, and management/ administration. Additionally, it was brought to their attention that all Program Directors/Program Managers will be

required to attest that 100% of their staff completed an annual cultural competence training in the Quality Assurance monitoring report for the last quarter of CY 2017.

Health Agency Workgroup: Access to Culturally Competent and Linguistically Appropriate Programs and Services

Cultural competency is one of the Board of Supervisor's Health Agency strategic priorities. From its inception, the ESM participated in this workgroup for the implementation of cultural competency across the Departments of Health Services, Mental Health and Public Health.

Cultural Competence Plan Requirements (CCPR)

The ESM develops the annual LACDMH Cultural Competence Plan Update. Information was gathered from various Departmental Programs/Units and organized as evidence of the Department meeting the CCPR in the following areas:

- A commitment to cultural competence
- Updated assessment of service needs
- Strategies and efforts for reducing racial, ethnic, cultural, and linguistic mental health disparities
- Consumer/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

LACDMH Cultural Competence Training Plan

The ESM, in collaboration with the PSB-QID and PSB-WET Division managers, developed the LACDMH Cultural Competence Training Plan in accordance with the CCPR. The Plan highlights the following information:

- LACDMH's commitment to provide quality cultural competence trainings to build a multicultural awareness, knowledge, sensitivity, skills and values of its workforce
- Specialized trainings provided by the PSB-WET Division, which address a multiplicity of cultural competency elements such as ethnicity, age, gender, sexual orientation, forensic population, homeless population, hearing-impaired population, spirituality, and consumer care
- Guidelines for inclusion of cultural responsiveness in all trainings
- LACDMH foundational cultural competence trainings
- Sample cultural competence related specialty mental health trainings
- Language interpreters training and monitoring
- Monitoring of staff skills/post skills learned in trainings

Over 300 trainings are offered during each FY, covering a wide spectrum of culturally relevant issues including lived experience concerns, language

interpreter trainings and culture-specific conferences. The majority of these training opportunities are equally available to Directly Operated and Contracted providers.

Participation in the 2016 Medi-Cal Systems Review

The CCU played an active role in the preparation and presentation of evidentiary documentation for the Access Section of the 2016 Medi-Cal Systems Review, which involved demonstrating that LACDMH has:

- A mechanism to ensure that interpreter services are offered to limited English proficiency individuals.
- Policies and procedures that comply with the prohibition of utilizing family members and minor children as language interpreters.
- Community information and education plans for specialty mental health services.
- Cultural Competence Plan annual updates
- A Departmental Cultural Competence Committee that participates in the planning provides reports to quality assurance/quality improvement programs, and documents its activities in an annual report as required by the CCPR.

External Quality Review Organization (EQRO) Review

The CCU actively participated in the annual EQRO Review in April 2017. The Unit coordinated the collection of reports from 25 programs regarding their current strategies to reduce mental health disparities, consumer utilization data, staff trainings and workforce development. The CCU also provided technical assistance to the Programs for the 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 an in-depth presentation on the CCU's activities in the disparities session of the EQRO Review.

CCC Administrative Oversight

The CCU continues to provide on-going technical assistance and administrative oversight conducive to the attainment of the Committee's goals and objectives. The ESM monitors all activities pertaining to the CCC and provides updates on the CCU's projects as well as cultural competency initiatives at the State and County levels during CCC meetings. The ESM participates in the CCC Leadership meetings, with the CCC Co-Chairs and the PSB Deputy Director to plan meeting agendas, objectives and activities. The ESM develops the CCC annual report including tracking of committee demographics such as ethnic, gender, cultural expertise, language expertise of the membership. The report contains an in depth summary of the goals, objectives, and activities of the committee. In accordance with the Cultural Competence Plan Requirements, the CCC provides feedback and recommendations to various programs to advocate for the needs or unserved/underserved communities. Additionally, the CCC reviews the goals of cultural competence plans, human resources report, County organizational assessment and training plans.

Provision of Technical Assistance for Various LACDMH Programs

PSB-WET Division

The ESM participated in meetings regarding the implementation of a mechanism to track staff participation in cultural competence trainings offered by the PSB-WET Division. The tracking by staff function (administration/management, direct service, and clerical/support) will satisfy the CCPR related to the provision of cultural competence training to 100% of the workforce.

1) UsCC subcommittee involvement

The ESM continues to participate and collaborate with the UsCC Latino and LGBTQI2-S subcommittees, and other subcommittees upon request.

2) MHSA Implementation and Outcomes Division

The ESM participated in the Prevention and Early Intervention (PEI) Regulations Stakeholder workgroup with representatives from the State. One of the main areas of focus was the culturally appropriate collection of sexual orientation and gender identity data.

3) Three-Year MHSA Program and Expenditure Plan

The ESM participated in the Countywide PEI workgroup for the Three-Year MHSA Program and Expenditure Plan to ensure inclusion of cultural competency in PEI program planning and development. A series of six weekly meetings were attended during which, the ESM advocated for emerging ethnic populations to be included in the PEI Plan. The workgroup responded positively to the ESM's recommendations and is currently gathering information on the Los Angeles County demographics, risk factors, and protective factors pertinent to the growing refugee population.

Data Collection, Analysis and Reporting of Preferred Language Requests

The CCU continues 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 produces monthly and annual summaries of the total requests for preferred threshold and non-threshold languages by SA. These reports are utilized to track the language requests from LEP consumers at the time they access mental health services.

Implementation of the PSB-CC Mailbox for Technical Assistance

In December 2016, the CCU implemented a mailbox to address questions regarding the annual cultural competence training requirements, other Cultural Competence Plan Requirements, and questions related to cultural competence in general. The mailbox address is PSBCC@dmh.lacounty.gov and this became operational in February 2017. As of July 2017, 13 inquiries were received via the CCU mailbox. The majority were requests related to the Cultural Competency 101 training PowerPoint presentation.

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 \$2.9 Million each FY for staff training including conferences. A major portion of this is allocated to cultural competence related trainings. For FY 15-16, funding in the amount of \$1,029,005 was dedicated to cultural competence trainings delivered through the WET Division and \$55,000 for Human Resources-related trainings such as CPOE and Sexual Harassment. 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 \$48,000 for co-occurring intellectual disability trainings; \$30,000 for the commercially sexually exploited youth trainings; and \$41,250 for the LGBTQI2-S Families Dialogues training series. Language interpretation trainings continue to be offered annually with an allocation of \$100,000 per year. Funding in the amount of \$410,000 per FY has been allocated for the UsCC Recruitment Program. An additional \$35,000 has been allocated for the development of the Cultural Competence Web-based Training by a hired consultant. The 2017 Cultural Competence Organizational Assessment project currently underway has been allocated \$85,000.

The Department has 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. LACDMH allocated funding for mental health awareness multimedia campaigns targeting unserved cultural communities in various languages in the amount of \$1,352,799.

Besides the figures listed above, the Department funds several other cultural competence-related projects as listed below in the \$84 million MHSA Three Year Program and Expenditure Plan (FY 14-15 through FY 16-17) focusing on the homeless, age group related, and faith outreach.

- MHSA Housing Program \$17.5 million + \$200,000 and MHSA 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 and Katie A. – Intensive Care Coordination Services for FSP, \$1.6 million
- Health Neighborhood and Faith Outreach and Coordination, \$900,000
- Expansion of FCCS Capacity, \$3.6 million and FCCS Service Expansion in Skid Row, \$1.5 million
- Increased capacity to outreach, engage, and serve UsCC communities, \$1.3 million
- Service Redirection from PEI to FCCS, \$28.4 million
- Men’s Jail Integration Program, \$2.5 million

- Law Enforcement Team, \$5.7 million

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 allocates approximately \$200,000 annually for telephonic interpretation services provided via the ACCESS Center and Directly Operated programs. Finally, for FY 15-16, the cost of the hearing impaired interpreter services offered to consumers from both DO and Contracted clinics was \$149,254.

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 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

CLAS Standard	CCPR Criterion	Examples of CLAS Standards Implementation in Departmental Practices
		culturally meaningful and linguistically appropriate
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 telepsychiatry 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 • Monitoring of consumers/family satisfaction with services received • Monitoring of beneficiary requests for change of provider

CLAS Standard	CCPR Criterion	Examples of CLAS Standards Implementation in Departmental Practices
		<ul style="list-style-type: none"> • 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: