



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

**CULTURAL COMPETENCE PLAN UPDATE – CY 2016**

**Criterion 1**

**Commitment to Cultural Competence**

**February 2017**

## Criterion 1: Commitment to Cultural Competence

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

The County of Los Angeles Department of Mental Health (LACDMH) has implemented the following new policies and procedures to ensure that our commitment to cultural and linguistic competence services is reflected throughout the entire system.

| Policies/Procedures and Other Documents          |  |
|--|--|
| Mission Statement and Statements of Philosophy   | <ul style="list-style-type: none"> <li>• Parameters for Clinical Assessment                             <ul style="list-style-type: none"> <li>○ 2.2 Initial Psychiatric Assessment of Older Adults</li> <li>○ 2.6 Discharge Planning for Older Adults</li> </ul> </li> <li>• Parameters for Clinical Programs                             <ul style="list-style-type: none"> <li>○ 4.5 Parameters for Clinical Treatment of Individuals with Co- Occurring Substance Abuse</li> <li>○ 4.8 Delivery of Culturally Competent Clinical Services</li> <li>○ 4.13 Parameters for DMH Peer Advocates</li> <li>○ 4.15 Parameters for Spiritual Support</li> <li>○ 4.16 Parameters for Family Engagement and Inclusion for Adults</li> <li>○ 4.18 Parameters for Assessment and Treatment of Individuals with Co-Occurring Intellectual Disabilities</li> </ul> </li> </ul> |
| Policy and Procedure Manuals                     | <ul style="list-style-type: none"> <li>• Policy No. 302.07 - Scheduling of the Initial Clinical Appointments and Associated Documentation</li> <li>• Policy No. 305.01 – Assessment and Treatment of Co-Occurring Substance Abuse</li> <li>• Policy No. 310.01 – HIV and AIDS Clinical Documentation and Confidentiality</li> <li>• Policy No. 311.01 – Integration of Spiritual Interests of Clients in the Provision of Mental Health Services and Support</li> <li>• Short-Doyle/Medi-Cal Organizational Provider’s Manual for Specialty Mental Health Services under the Rehabilitation Option and Targeted Case Management Services</li> </ul>  |
| Human Resource Training and Recruitment Policies | <ul style="list-style-type: none"> <li>• Los Angeles County Policy of Equity</li> </ul>  |

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

### **1) Health Agency**

The mission of the Health Agency is to improve the health and wellness of the County of Los Angeles residents through the provision of integrated, comprehensive, culturally appropriate services, programs, and policies that promote healthy people living in healthy communities. The Health Agency will accomplish its mission by aligning the efforts of the Departments of Health Services, Mental Health, and Public Health (“Departments”) and in partnership with various stakeholders such as: consumers, family members, local communities, organized labor, faith-based organizations, community providers and agencies, health plans, academia, among others. The Health Agency became effective on August 11, 2016.

The Health Agency has established priorities relevant to health and well-being of Los Angeles County residents while determining that the three Departments maintain their individual mission and scope of activities to ensure wellness needs of individuals are met across the life course and reflecting different social, cultural, and demographic groups.

The strategic priorities of the Health Agency include:

1. Consumer access to an experience with clinical services – Streamline access and enhance customer experience for those who need services from more than one Department, including by promoting information-sharing, registration, care management, and referral processes, training staff on cross-discipline practice, and increasing co-location of services.
2. 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.
3. 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
4. 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.
5. Diversion of corrections-in both 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.
6. 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 LA County’s mental and physical health care delivery system.
7. Vulnerable children and transitional age youth - Improve the County’s ability to link vulnerable children, including those currently in foster care, and Transitional Age Youth (TAY) to comprehensive health services (i.e., physical health, mental health, public health, and SUD services).

8. 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.

## **2) Health Neighborhoods Initiative/ Innovation 2**

One of the major departmental initiatives for 2015 is the development of Health Neighborhoods, as part of the MHSA Implementation Plan. The framework of the Health Neighborhood consists of integrated mental health, primary health, and substance abuse services along with community resources to make service delivery comprehensive and most of all, effective for our consumers. The Health Neighborhoods Initiative empowers communities to identify their sources of trauma and its impact on social determinants of health for community members. Each Health Neighborhood determines the community organizations and resources to be in the partnerships in order to provide culturally and linguistically appropriate services. These community-based organizations and resources may include, but not be limited to: Social services, homeless/housing services, vocational/employment services, domestic violence services, law enforcement, mentoring/tutoring services, faith-based organizations, schools, public health, or other community organizations and auxiliary support. Together, the service providers participating in the Health Neighborhoods form an extensive network of governmental and community supports to enhance the health and well-being of neighborhood residents.

The primary purposes of the Health Neighborhoods include:

1. Increase access to underserved groups
2. Increase access to mental health services
3. Promote inter-agency or community collaboration related to mental health Services

The Health Neighborhoods aim at building the community's capacity to take collective ownership and coordinated action to prevent or reduce the incidence of trauma-related mental illness. Conceptualized as a prevention or early intervention approach, Health Neighborhoods recognize:

- The interdependence between LACDMH and diverse communities to partner together to increase each community's capacity to promote health and the wellbeing of their members, and for the Department to achieve its mission of increasing hope, wellness and recovery
- The reciprocal interconnectedness between the community's health and well-being and that of individual community members
- The positive correlation between health status and socioeconomic status, in which communities with greater levels of poverty tend to have members who are more disconnected from community supports and services, with fewer health resources and poorer health

As a starting point, LACDMH has implemented a total of eight (8) Health Neighborhoods in all Service Areas. The Department will build upon existing community-based partnerships as the basis for the health neighborhoods. The principle tenants of the health neighborhoods are residents of the community as well as health, mental health and substance abuse providers. In response to the 1115b Medicaid State Waiver, which was intended to serve as a bridge to health care reform, LACDMH facilitated partnerships among health and adult mental health providers with the goal of increasing timely access to needed services at the community level. In those communities who had already begun this process, as well as the

newly formed partnerships, LACDMH played a key role in providing training in an evidence-based clinical intervention model designed to better integrate care among health and mental health providers.

The Department is currently working with children's providers of mental health services to incorporate them into the existing partnerships. In addition, discussions have taken place with the Department of Public Health, both substance abuse providers and regional public health representatives, as well as representatives of the Managed Care Plans to add them into the existing partnerships based in the health neighborhoods. It is important to recognize that while many partnerships may in fact be geographically bound, many will be formed and organized less by geography and more by culture, ethnicity and linguistic capabilities as a means to address the diversity that is found in Los Angeles. Social service and faith-based providers will join the community-based partnerships.

Over the course of the coming years, LACDMH will continue to assess, monitor and support the expanding neighborhoods to determine their stages of development, to identify their strengths and challenges, as well as the optimal number of agencies participating in fully functioning health neighborhoods. Additionally, LACDMH will continue to join with representatives and stakeholders across Los Angeles County to ensure the success of the health neighborhoods, to improve access to timely quality mental health services and to improve the overall well-being of the communities.

The County to Los Angeles cities that currently have Health Neighborhoods include: Lancaster, Pacoima, El Monte, Boyle Heights, Willowbrook/Watts, Southeast Los Angeles and Central Long Beach. Please see Criterion 8 for a more detailed description of this initiative.

### **3) The Faith-based Advocacy Council**

Formerly known as the Clergy Advisory Committee (CAC), this committee was originally convened by Dr. Marvin J. Southard (LACDMH former Director) to create a relationship between LACDMH and the faith-based communities. The mission statement of the Council is: "Integrating spirituality for hope, wellness and recovery through community partnership". The Faith-based Advisory Council allows for dialogue, collaboration and learning opportunities among clergy and lay leaders representing various religious affiliations and places of worship such as: the Greek Orthodox Church, Jewish Temples, Muslim Temples, Christian churches, the Archdiocese of the Catholic Church, etc. The Faith-Based Advocacy Council operates under the following values:

- Caring for the whole person
- Utilizing spirituality as a resource in the journey of wellness, 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 Department of Mental Health services

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

### **4) Mental Health Academy**

LACDMH recognizes the important role that spirituality plays in the process of mental health recovery. The LACDMH Mental Health Academy, previously known as 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, wellness, and recovery. Together, they advocate for the rights of consumers, fight stigma and discrimination, and further improve services. 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 [depression, anxiety, posttraumatic stress disorder, and substance use], crisis management and suicidality, and effective communication and conflict management, support groups, healthy work environment, grief and loss, gangs, etc. Some of the courses are available in Spanish and Mandarin. Please refer to Criterion 5 for a detailed list of all training topics.

Additionally, LACDMH has sponsored an annual Mental Health and Spirituality Conference since 2001. This conference originated in response to the desires of consumers to integrate their spirituality in their personal journey of mental health recovery. 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.

#### **5) The Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Workgroup**

In February 2014, the CCU implemented the LACDMH LGBTQ Workgroup with 16 members in attendance. Continuous recruitment efforts to bring ethnic/racial, age, gender, and sexual orientation diversity to the Workgroup flourished and membership quickly doubled. At the time of its implementation, the mission statement for this Workgroup was to “Enhance service delivery for LGBTQ communities.” In September 2014, this Workgroup became the UREP subcommittee. As a UREP entity, the LGBTQ subcommittee qualifies for funding to develop capacity building projects that increase access and penetration rates for the LGBTQ population of the County of Los Angeles. Since, the LGBTQ UREP subcommittee expanded its acronym in November 2015 to include “I” for Intersex and “2S” for two-spirit. This was done to be inclusive of the diversity within the LGBTQ community. The new acronym now reads “LGBTQI2-S”.

#### **6) Underserved Cultural Communities (UsCC) Capacity Building Projects, formerly known as Underrepresented Ethnic Populations (UREP)**

In June 2007, LACDMH established an internal UREP/Innovation Unit within the former Program Support Bureau - Planning, Outreach and Engagement Division to address the ongoing needs of targeted ethnic and cultural groups. In March 2012, the UREP/Innovation Unit became one of three Units of the Program Support Bureau - Quality Improvement Division (PSB-QID). The UREP/Innovation Unit established subcommittees dedicated to working with the various underrepresented ethnic populations in order to address their individual needs. These groups are: African/African-American; American Indian/Alaska Native; Asian Pacific Islander; Eastern European/Middle Eastern, Latino and Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, and Two Spirit (LGBTQI2-S). In January 2016, the UREP/Innovation Unit became the UsCC/Innovation Unit. Through the use of one-time funding, LACDMH has funded projects that build system capacity and accessibility

to services by unserved, underserved and inappropriately served populations with the goal of reducing racial/ethnic mental health disparities. Each UsCC subcommittee is allotted one-time funding totaling \$100,000 per Fiscal Year (FY) to focus on Community Services and Supports (CSS) based capacity-building projects. This unique opportunity draws on the collective wisdom and experience of community members to determine the greatest needs and priorities in their communities. New project proposals are created for each FY and submitted via a participatory and consensus-based approach.

Examples of UsCC projects that target community outreach, engagement, and involvement efforts with identified racial, ethnic, cultural, and linguistic communities include:

- **African/African American (AAA)**

1. 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.
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 will be translated into two (2) different African languages: Amharic and Somali.
3. Black Male Mental Health Awareness Campaign: This campaign will build mental health service capacity and spread learning through community presentations in the County of Los Angeles. The campaign will outreach to Black males 16 years and older, particularly targeting athletes in the Transitional Age Youth (TAY) age group. 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.
4. Sierra Leone Community Mental Health Training and Education: This project is a joint effort of the Los Angeles County Department of Mental Health (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. 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.

- **American Indian/Alaska Native (AI/NA)**
  1. American Indian/Alaska Native Community Spirit Wellness Project: To implement the Community Spirit Healers Wellness Project, five (5) 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.
  2. American Indian/Alaska Native 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 County of Los Angeles. This media campaign included the development of the TV/radio commercials and broadcasting.
- **Asian Pacific Islander (API)**
  1. API UREP Consumer and Family Member Employment Training Program: For FY 2013-2014 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.
  2. Asian Pacific Islander Family Member Mental Health Outreach, Education, and Engagement Program: The purpose of this program is 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 being 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 entails: 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, 3) The implementation of Outreach, Education and Engagement (OEE) events countywide targeting API families from specific Service Areas and API ethnic communities. The OEE events will be held in collaboration with consumer and family member support groups that serve the API community.
  3. The Samoan Outreach and 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. DMH contracted with Special Services for Groups (SSG) who partners with two Samoan community based agencies to conduct individual and group outreach and engagement activities with the Samoan community in Service Area 8, which has the largest concentration of Samoans in LA County.
- **Eastern European/Middle Eastern (EE/ME)**
  1. Armenian Mental Health Talk Show: For the Armenian community, a televised mental health talk show was funded to increase mental health awareness, access, reduce stigma, and increase penetration rates. This project consisted of forty-four



(44) DMH approved mental health TV talk shows to inform the Armenian community about common mental health issues and how to access services in the County of Los Angeles. The TV shows included, but 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.

2. 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 twenty two (22) new mental health radio shows aired on the local Farsi speaking radio station. The radio talk shows included, but 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.
  3. Community Mental Health Education Project: For the Arabic-speaking community of Los Angeles County, 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.
  4. Mental Health Awareness Project for Law Enforcement: FY 2014-2015, 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. 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 Promotoras Project Model as an outreach and engagement strategy aimed at Latinos within the County of Los Angeles.
    2. 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 the County of Los Angeles.
    3. Media Outreach Campaign: the Latino UsCC subcommittee funded a media outreach campaign. The media outreach 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 on television and KLVE-FM on the radio.

- **Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, and Two Spirit (LGBTQI2-S)**

1. The 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.
2. Clinical Mental Health Trainings for LGBTQ Youth: The LGBTQI2-S UsCC subcommittee funded the LGBTQI2-S Clinical Mental Health Training Project, which focuses on providing mental health clinicians with the unprecedented opportunity to become trained in identifying and treating the unique mental health needs and challenges faced by the LGBTQI2-S youth population. This will be a two-day clinical training with a total of twelve (12) Continuing Education Units for mental health clinicians and there will be one training in Service Areas 2, 4, 6, and 8.

## **7) 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, wellness, and recovery to Los Angeles County veterans and their families who need mental health services. VALOR staff recognizes they must start by helping veterans fulfill basic needs. Consequently, there is a strong emphasis on reducing homelessness among veterans, increasing housing linkages and mental health services, and building partnerships with veteran's service providers.

In six years, the VALOR Program has grown to include a small cadre of clinical and administrative staff. The VALOR Program has implemented DMH veteran liaisons in all the Service Areas, a Homeless Outreach Team, A Veterans Affairs Walk-in Screening Clinic and veterans system navigators. These strategies converge in concentrated efforts to link our veterans to mental health services, supports, and community-based organizations that are part of a locally-based support network that specializes in service since to the veteran population. The 20 VALOR staff is headquartered at Bob Hope Patriotic Hall, where any Veteran, regardless of their Military Discharge status and eligibility for Veterans Affairs (VA) benefits, will be served. The rapid growth and formal organizational status signifies the importance and high priority given to this population by the County and Department management.

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, benefits establishment or others depending on their specific needs. VALOR staff has fostered positive relationships with local veteran's affairs 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 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 Service Planning Area.

Costs for the VALOR program are currently covered by using existing federal and state funding. Federal SAMHSA PATH grant funds are used for outreach, engagement, and initial case management services for homeless veterans. Clinical services, including individual, family, and group counseling, ongoing case management, and crisis intervention are funded using the Department's Prevention and Early Intervention (PEI) and Community Services and Supports (CSS) funds available through state MSHA funding. The VALOR Program was also awarded a Federal HUD-VASH grant to house 64 homeless veterans, while providing case management services.

#### **8) 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 UsCC Unit. 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 disseminate information and provide services by effectively bridging gaps between governmental and nongovernmental systems and the communities they serve. They 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. Mental Health Promoters facilitate classes 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, the 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. The four additional target UsCC populations include African/African American (Somali), American Indian/Alaska Native (English), Asian Pacific Islander (Tagalog), and Middle Eastern/Eastern European (Armenian). The LGBTQI2S community will also be served as part of the specified UsCC populations.

#### **9) Outreach and Engagement (O&E)**

The Service Area-based O&E Teams represent one of LACDMH's primary approaches to reduce disparities, funding is set aside in this fiscal year to provide O&E coordinators with promotional items, snacks and refreshments, and professional items necessary for them to conduct their functions in promoting mental health awareness and education, linkage of community members to LACDMH services and other services in the community as well as networking with diverse community based organizations. Please see Criterion 3 for a detailed list of O&E activities in each Service Area.

O&E endeavors also take place within various LACDMH programs. For example, LACDMH's Homelessness Initiative includes the dedicated O&E efforts of various programs to strategically serve persons who are homeless and who have difficulties accessing mental health services. Among these programs is **the Homeless Outreach and Mobile**

**Engagement Team (HOME).** This Program provides countywide, the field-based, and dedicated outreach and engagement services to the most unserved and underserved of the TAY, adult and older adult homeless population. HOME staff function as the “first link in the chain” to connect homeless mentally ill persons to recovery and mental health wellness services through a collaborative effort with all their caregiving agencies and County entities. A particular focus of the home team is Service Areas 4 and 6, which have the largest population of homeless individuals in the County of Los Angeles. Homeless outreach is also conducted by the **SB 82 Mobile Triage Teams.** These teams reach out to homeless mentally ill adults in providing them with supportive services where they are including but not limited to the streets, riverbeds, shelters, and hospital emergency rooms. The **VALOR Program** previously mentioned serves homeless Veterans as a specialty within the Countywide SB-82 Mobile Crisis Response Teams. The VALOR program provides a full range of services to homeless veterans who have a Serious Mental Illness (SMI) and substance use disorders. Furthermore, the **Integrated Mobile Health Team (IMHT)** services aim to reduce homelessness, incarcerations, and medical and psychiatric emergency room visits by persons with SMI. Taking into consideration the many vulnerabilities that homeless persons may present due to age, number of years homeless, substance use and/or other physical health conditions, IMHT services are provided in the field by a multidisciplinary staff. The IMHT includes a licensed mental health professional, psychiatrist, physical health physician, certified substance abuse counselor, peer advocate and case managers. The IMHTs use evidence-based practices including Housing First, permanent supportive housing, harm reduction, and motivational interviewing.

Another example is **Laura’s Law, also known as the Assisted Outpatient Treatment Program (AOT)**, which provides intensive outreach and engagement, develops petitions, engages the court processes to connect AOT enrollees with intensive mental health service providers or and reach residential services. Additionally, Programs such as: FSPs, FCCS, and Service Extenders also have outreach and engagement activities specific to the populations they serve. For example, the Genesis countywide older adult field capable clinical services serve older adults with mental health conditions in ways that support their independence and empower them to pursue wellness and ultimately, their 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”.

Detailed information on these Programs can also be found in Criterion 3.

#### **10) Countywide Resource Management (CRM) – Community Reintegration Program (CRP)**

The California Legislature passed the Public Safety Realignment Act transfers responsibility for supervising specific current non-violent, non-serious, and non-sex offenders to be supervised at the local County level by county probation officers after they are released from California State 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. Staff also collaborate with community mental health agencies and directly operated program that specialize on the target population regarding community alternatives available

to inmates on reentry to the community. Linkage services are provided to inmates being released from jail to various levels of care, and system barriers to the successful reintegration of inmates into communities is another priority of this program.

### **11) Law Enforcement Teams**

LACDMH collaborates with 24 legal entity providers to create law enforcement teams that pair a clinician with a law enforcement officer. Together, they respond to calls to 911 or but show car requests and provide services to persons with mental illness such as: crisis intervention, de-escalation, reduction of incarceration, and trainings for law enforcement officers regarding mental health and strategies to engage with persons who have a mental health condition.

### **12) Specialized Foster Care (SFC) Program**

This program consists of a multidisciplinary team, which is co-located in each of the DCFS offices throughout the County of Los Angeles. 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 they need, decrease placement disruptions, and that services are driven by the needs of each child and his/her family. In The SFC teams consist of mental health clinical supervisors, psychiatric social workers, and clinical psychologist.

### **13) 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. 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
- Forensic population
- Homeless population
- Hearing impaired population
- Human Immunodeficiency Virus Positive (HIV+)/ Acquired Immunodeficiency Syndrome (AIDS) population
- Spirituality
- Client culture

Please see Criterion 5 for a detailed list of cultural competence trainings offered in Calendar Year (CY) 2016.

#### Cultural Competency 101 Training

In 2016, the ESM developed a two (2)-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 Client Culture and stigma
- Elements of Cultural Competency in Service delivery
- County of Los Angeles and LACDMH demographics
- How Cultural Competency Applies to Service Delivery
- 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 CCU produced a Statement of Work to implement 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 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 Mental Health First Aid Training

In addition to trainings that build the clinical skills of staff, LACDMH has also invested in the implementation of the “Mental Health First Aid” training for community members to educate community members on basic mental health topics. 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 as inclusive as possible of diverse populations.

The Mental Health First Aid training has two modules:

- **Adult Mental Health First Aid:** This course is appropriate for anyone 16 years and older who wants to learn how to help a person who may be experiencing a mental health related crisis or problem. Topics covered include anxiety, depression, psychosis, and addictions. The adult course is available in both English and Spanish. Training participants come from a variety of backgrounds and play various roles in a community. Instructors may specialize in providing the course to groups such as police officers and faith leaders.
- **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 an adolescent (age 12-18) who is experiencing a mental health or substance use challenge, or is in crisis. Youth Mental Health First Aid is primarily designed for adults who regularly interact with young people. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations. Topics covered include anxiety,

depression, substance use, disorders in which psychosis may occur, disruptive behavior disorders and eating disorders.

Instructors may specialize in providing the course to particular types of groups such as: Public safety, higher education, faith-based organizations, military families and rural audiences.

#### Emotional CPR (e-CPR) Trainings

Designed as a public health education program to teach participants how to assist others through an emotional crisis by following three simple steps:

C = Connecting, P = emPowering, and R = Revitalizing. The Connecting process of eCPR involves deepening listening skills, practicing presence, and creating a sense of safety for the person experiencing a crisis. The emPowering process teaches how to attain self-empowerment as well as how to assist others to feel more hopeful and engaged in life. In the Revitalizing process, people re-engage in relationships with their loved ones or their support system, how to resume or begin routines that support health and wellness. Additionally, a specific eCPR training is available for Law Enforcement organizations. An advisory group has assisted in establishing the multicultural applicability of eCPR. The training itself can be adapted to fit specific populations.

### **14) Mental Health Services Act (MHSA)**

#### 1. 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 2014-2015 through FY 2016-2017. These included the System Leadership Team (SLT), an SLT ad hoc workgroup and the Service Area Advisory Committees (SAAC).

- The SLT serves as the Department's stakeholder workgroup 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 its 50 members to 55 members. The composition of the expanded SLT is as follows:
  - LA County Chief Executive Office
  - Representation from each SAAC
  - Consumer and family member representation, including NAMI, self-help and the LA County Client Coalition
  - Department of Public Social Services
  - Health Care, including the Hospital Association and LA County Department of Public Health, LA County Department of Health Services
  - LA Police Department
  - Probation Department
  - Housing Development
  - Older Adult service providers and LA County Community and Senior Services
  - Underrepresented Ethnic Populations
  - Clergy
  - City of Long Beach
  - Veterans
  - LA County Mental Health Commission
  - Unions
  - Co-Occurring Joint Action Council

- Education, including the LA Unified School District, universities and charter schools
  - Lesbian, Bisexual, Gay, Transgender and Questioning (LBGTQ)
  - LA County Department of Children and Family Services
  - LA County Commission on Children and Families
  - Junior Blind
  - Statewide perspective
- The efforts of the SLT were guided by an ad hoc workgroup that was formed and comprised of volunteers from the SLT and Department managers with responsibility for planning, implementing and managing MHSA programs. The ad hoc workgroup represented diverse perspectives and was a microcosm of the larger SLT. The ad hoc workgroup served to make recommendations to the Department on the process for developing the Three Year Program and Expenditure Plan. The ad hoc workgroup met from August 2013 through March 2014.
  - The SAACs were given information on MHSA programs, including program descriptions, service information for FY 2012-2013 at the Countywide and Service Area levels, program outcome data at the Countywide and Service Area levels and a comprehensive set of slides to orient SAAC members and the general public on the MHSA and on MHSA programs. SAACs were offered orientation presentations conducted by the MHSA Implementation and Outcomes Division District Chief, who was also the lead for the Three Year Program and Expenditure Plan. Seven of the eight SAACs requested orientation presentations.

## 2. Workforce Education and Training (WET)

Several WET Programs support the County's mandate to strengthen our partnerships with community organizations/partners. Examples of WET Programs that involve community agencies include:

- 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 the County of Los Angeles where ethnically diverse populations reside.
- 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.
- The Training for Community Partners Program - This training engages college students, faculty and the community at large at the respective community colleges. Collaborative events provide information regarding recovery oriented mental health services in the community and ways to access them.
- 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.
- The WET Regional Partnership - Translational Research Program Project - Designed to improve access to and effectiveness of client-centered, culturally competent mental health services in Los Angeles County to investigate 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.

### 3. Prevention and Early Intervention (PEI)

PEI programs are largely evidence-based practices, considerable effort has been placed on identifying agencies that need training and technical assistance in sustaining these programs. In the initial roll out of PEI programs, Los Angeles County worked with 103 qualified agencies. A total of 55 agencies completed all the requirements for the Request for Information (RFI) including those that serve specific UsCC and other cultural populations. The 53 agencies selected their focus out of six programs intended to prevent and minimize the impact of mental health issues for consumers and their families. These included:

- Making Parenting a Pleasure (MPAP)
- Outreach and education pilot for underserved populations
- Outreach and education pilot for Transitional Age Youth (TAY) at risk of or involved with the juvenile justice system and at risk for school failure
- Outreach and education pilot for TAY at risk or on probation
- Outreach and education pilot for TAY at risk of substance abuse
- Positive Parenting Program (Triple P)

| PREVENTION PROGRAM   | AGE GROUP SERVED                        | NO. AGENCIES FUNDED | SERVICE AREAS       |
|--|---|---------------------|---------------------|
| Making Parenting a Pleasure (MPAP)   | Parents of Children (ages 0-8 years)    | 11                  | 1, 2, 3, 4, 6, 7, 8 |
| OEP for TAY At-Risk of or Involved with the Juvenile Justice System and At-Risk for School Failure | TAY (ages 16-25)                        | 8                   | 2, 4, 6, 8          |
| OEP for TAY At-Risk or on Probation  | TAY (ages 16-25)                        | 3                   | 1, 2, 4, 6, 8       |
| OEP for TAY At-Risk of Substance Abuse   | TAY (ages 16-25)                        | 7                   | 2, 3, 4, 6, 7, 8    |
| OEP for Underserved Populations  | All Ages                                | 16                  | 2, 3, 4, 5, 6, 7, 8 |
| Positive Parenting Program (Triple P) Levels 2 and 3   | Parents of Children (ages 0 – 12 years) | 7                   | 2, 3, 4, 5, 6, 7, 8 |

As of October 1, 2013, LACDMH has implemented a total of 51 PEI practices. Please see Criterion 3, Section III, for a full list of these practices. For each practice, PEI has developed a training protocol and support package to insure that agencies and rendering providers conduct the practice in a model-adherent manner.

### 4. Innovation Plan (INN)

The overall goal of the MHSA-funded Innovation (INN) Program was to identify new practices that integrate mental health, physical health, and substance use services. As a learning grant, INN explored creative and effective approaches that could be applied to the integration of services for uninsured, homeless, and under-represented populations. In order to achieve the goals of the INN program, four models of care were developed, each focusing on innovative recruitment and care delivery services.

- The Integrated Clinic Model (ICM) - Designed to improve access to high quality, culturally competent care for individuals with physical health, mental health, and co-

occurring substance use diagnoses by integrating care within both mental health and primary care provider sites. The ICM model consists of six programs: Exodus recovery Inc., JWCAH/SHARP (Bellflower and Lynwood), Los Angeles Gay and Lesbian Center, Special Service for Groups, HOPICS, and Saban Free Clinic.

- The Integrated Mobile Health Team Model (IMHT) - Designed as a client-centered, housing-first approach that uses harm reduction strategies across all modalities of mental health, physical health, and substance abuse treatment. IMHT particularly focuses on individuals who are homeless or recently moved to Permanent Supportive Housing (PSH) and are considered to have vulnerabilities such as age, homeless, co-occurring substance use disorders, and/or physical health conditions. The IMHT model consists of five programs which include: Exodus recovery Inc., John Wesley Community Health Institute/South Central Health and Rehabilitation Center/Behavioral Health Services, Mental Health America of Los Angeles-Homeless INN Project (HIP), St. Joseph/Ocean Park community Center and Step up on Second/Project 180.
- The Community-Designed Integrated Services Management Model (ISM) – Designed to incorporate the components of healthcare as defined by specific ethnic communities, and which promote collaboration and community-based partnerships to integrate health, mental health, and substance abuse services with needed non-traditional care to support recovery. The ISM model was implemented for five ethnic groups: African/African American, American Indian/Alaska Native, Asian Pacific Islander, Eastern European/Middle Eastern, and Latino. The ISM providers include: Kedren Community Health Center, 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 Service for Groups, Didi Hirsch Psychiatric Services, The Institute for Multicultural Counseling and Education Services, Jewish Family Service of Los Angeles, Alma Family Services, The Los Angeles Child Guidance Clinic, St. Joseph Center, and Tarzana Treatment Center
- The Integrated Peer-Run Model serves individuals with mental health needs who also have additional health and/or substance abuse treatment needs by providing programs that are designed and run by people with lived experience of mental health issues. Providers include: Hacienda of Hope Respite House and Hope Well.

In order to evaluate the implementation of the INN program goals, LACDMH contracted an evaluation team comprising of the University of California, San Diego's Health Services Research Center (HSRC), Harder+Company Community Research, and the University of Southern California (USC). The outcomes of the INN Models were impressive. On July 17, 2013 the System Leadership Team approved a motion to extend the Innovation Project so that each model will have three FYs to engage in the learning described above. As such, the Integrated Clinic Model, Community-designed Integrated Services Management Model, and Integrated Mobile Health Team Model will be extended through FY 14-15 and the Integrated Peer Run Model will be extended through the end of Fiscal Year 15-16.

Following the success of the INN Models, the Department implemented a service grant, called the Integrated Care Program/Community Designed Integrated Service Management Model (ICP/ISM), which is designed to improve access to quality services for individuals in underserved ethnic communities with co-occurring mental health, substance abuse and physical health conditions. The ICP/ISM will integrate mental

health, substance use, physical health and non-traditional services through the formation of partnerships between formal and non-traditional service providers. ICP/ISM services will be provided by a multi-disciplinary team of professionals and paraprofessionals. The goal is for the integrated services to provide more holistic and client-centered care which will yield the best results, be the most acceptable and effective approach to those being served, and support the recovery and wellness of clients served.

The ICP/ISM is designed to increase the quality of services, specifically for underserved ethnic communities by building on the strengths of a particular UsCC. The six UsCC communities targeted in the ICP/ISM include the following: African/African American; American Indian/Alaska Native; Asian Pacific Islander; Eastern European/Middle Eastern; Latino; and Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ). The ICP/ISM envisions models of care that are defined by and grounded in the UsCC communities. The ICP/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.

- Values and Principles of the ICP/ISM

The ICP/ISM providers shall adhere to the following values and principles:

- ICP/ISM services are designed to assist individuals to achieve their wellness and recovery/resiliency goals.
- ICP/ISM services are voluntary and focus on helping individuals integrate into the community.
- ICP/ISM services are provided in an individual's preferred language and in a culturally congruent manner.
- ICP/ISM 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.
- ICP/ISM programs will be voluntary and provide client-centered services that are driven by a client's own goals and interests.
- ICP/ISM programs will work within and actively strengthen the natural support systems of specific UsCC communities, so that these supports can be part of a client's recovery process.
- ICP/ISM programs will encourage a client as well as family members, parents, and caregivers to inform service providers on what is helpful and needed to assist him/her toward recovery.
- ICP/ISM programs will advocate for a client's needs and for changes in the system of care that will better support the integration of services and improved outcomes for the client.
- ICP/ISM programs will provide mental health, substance abuse and physical health promotion and awareness through culturally competent outreach, education and engagement strategies.

- ICP/ISM Culturally and linguistically appropriate services  
Prime Contractor and Partnering Contractor(s) and Subcontractor(s) shall ensure that all ICP/ISM 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 a client's 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 a client's culture, 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 shall ensure that all staff has the ability to provide culturally and linguistically appropriate services.
- Target population  
The ICP/ISM are designed to serve the mental health, substance abuse, and physical health needs of UsCC communities that have limited access to culturally-appropriate services and/or may be potentially displaced from services due to funding gaps. LACDMH has identified specific UsCC communities, based on existing penetration and enrollment rates, that will be targeted by the ICP/ISM providers and include the following: African/African American, American Indian/Alaska Native, Asian/Pacific Islander, Eastern European/Middle Eastern 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.

The Prime Contractor, Partnering Contractor(s) and Subcontractor(s) within each ICP/ISM shall provide services to unduplicated clients of all ages to one of the targeted UsCC communities. Based on existing penetration and enrollment rates, LACDMH has determined the following target enrollment numbers per FY for each specific UsCC community: African/African American: 116 clients; American Indian/Alaska Native: 88 clients; Asian/Pacific Islander: 54 clients; Eastern European/Middle Eastern: 60 clients; Latino: 92 clients. The target number is the minimum number of clients to be served. Prime and Partnering Contractor(s) may serve more clients and must maximize their budget in order to meet the demand for services within each UsCC community. While each ICP/ISM will target 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

ICP/ISM programs will serve all age groups. It is recommended that 25-50% of the clients enrolled are indigent/uninsured.

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

Sandra Chang Ptasinski, Ph.D. is the LACDMH ESM and also serves as the supervisor for the CCU. Organizationally, the CCU is under the direction of the Program Support Bureau-Quality Improvement Division (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 promotes the implementation of the Cultural Competence Plan Requirements (CCPR) and the California Reducing Disparities Project (CRDP) Reports in our system of care. The ESM also promotes the development of appropriate mental health services to meet the needs of our culturally and linguistically diverse populations. Furthermore, she is invested in making the CCPR, the National Standards for Culturally and Linguistically Appropriate Services (CLAS), and CRDP recommendations active components in our departmental framework to integrate cultural competency in service planning and delivery.

Examples of how the LACDMH ESM accomplishes these tasks include:

- Promoting quality and equitable care as it relates to ethnic and other cultural populations with both county-operated and contracted mental health programs. In February 2014, the ESM implemented the LACDMH LGBTQ Workgroup. In September 2014, this Workgroup became the LGBTQI2-S UsCC subcommittee. As an entity, the LGBTQI2S subcommittee qualifies for funding to develop capacity building projects that increase access and penetration rates for the LGBTQI2-S population of the County of Los Angeles.
- 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) Systems Reviews.
- Providing training and in-services on cultural competency at the LACDMH New Employee Orientation and the SA QICs.
- Collaborating with diverse community organizations by providing presentations regarding the integration of cultural competency in service delivery.
- 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 Plan, 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 System Leadership Team workgroups such as the Intergenerational and PEI regulations Workgroup.
- Completing write-ups for inclusion in the LACDMH CC Plan, Medi-Cal Triennial System Reviews, the annual Quality Improvement Evaluation Report by the PSB-QID, among others.
- 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 at the time they are seeking language translation and interpretation services.
- Participating in the Department's Quality Improvement Council monthly meetings to provide departmental updates related to the CCU as well as the CCC projects and activities.
- Representing the CCU in various departmental committee meetings 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 Leadership Group as well as the CCC Leadership Group.
- Providing presentations on cultural competency-related topics to various human service community-based organizations.
- Collaborating with all other Southern Region ESMs in the County Behavioral Health Directors Association of California Cultural Competency, Equity and Social Justice Committee.

Under the supervision of the ESM, the most salient activities of the CCU for CY 2016 include:

1) Cultural Competency Trainings and Presentations

A. 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, the County of Los Angeles Demographics and threshold languages, the national standards for Culturally and Linguistically Appropriate Services (CLAS), the CCPR, and the Department's strategies to reduce mental health disparities.

B. "Cultural Competency 101" Training

In response to the 2016 EQRO Review recommendation for system wide training in cultural humility; the ESM developed a two (2)-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 Client Culture and stigma
- Elements of Cultural Competency in Service delivery
- County of Los Angeles and LACDMH demographics
- How Cultural Competency Applies to Service Delivery
- 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 ESM was praised beyond expectation for the development and delivery of the “Cultural Competency 101” 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 client 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 on need to do it got back on perfecting

The Cultural Competency 101 training was recorded and the hyperlinks were made available to the Service Area Quality Improvement Committees (SA QICs) for dissemination to all Directly Operated and Contract Providers. The total time duration of the online version of the training is approximately 1.5 hours. It 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, LACDMH strategies to reduce mental health disparities, and LACDMH demographical and client utilization data  
[Duration: 37 minutes]

[http://file.lacounty.gov/SDSInter/dmh/1010011\\_CulturalCompetenceVideov4part1.wmv.wmv](http://file.lacounty.gov/SDSInter/dmh/1010011_CulturalCompetenceVideov4part1.wmv.wmv)

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

[http://file.lacounty.gov/SDSInter/dmh/1009914\\_CulturalCompetenceVideov3part2.wmv](http://file.lacounty.gov/SDSInter/dmh/1009914_CulturalCompetenceVideov3part2.wmv)

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

[http://file.lacounty.gov/SDSInter/dmh/1009805\\_CulturalCompetenceVideov3part3.wmv](http://file.lacounty.gov/SDSInter/dmh/1009805_CulturalCompetenceVideov3part3.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, direct service providers, and management/ administration. Additionally, it was brought up 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.

2) 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 was invited to participate in this Workgroup for the implementation of cultural competency across the Departments of Health Services, Mental Health and Public Health. The overarching priority of the Workgroup is to "Ensure access to culturally competent and linguistically appropriate programs and services as a means of improving service quality, enhancing customer experience, and helping to reduce health disparities." Examples of the Workgroup's accomplishments for CY 2016 include:

- The standardization of three survey questions that assess the consumers' experience with cultural and linguistic services received at outpatient clinics:
  - Were services provided in the consumers' preferred language?
  - Was written information provided in the language spoken by the consumer?
  - Was the staff sensitive to the consumers' cultural background?
- Review of demographic information pertinent to race, ethnicity, language, sexual orientation, and homeless status for standardization in the Health Agency
- Identification of community-based programs to be implemented and strategies to cross train existing staff

3) Cultural Competence Plan Requirements (CCPR)

The Ethnic Services Manager (ESM) developed the LACDMH 2016 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
- Client/family member/community committee: Integration of the committee within the County mental health system
- Culturally competent training activities
- County's commitment to growing a multicultural workforce: hiring and retaining culturally and linguistically competent staff
- Language capacity



- Adaptation of services

4) 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 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 client 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 Fiscal Year (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.

5) 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

6) External Quality Review Organization (EQRO) Review

The CCU actively participated in the annual EQRO Review. The Unit coordinated the collection of reports from fourteen (14) 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 2016 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.

7) Countywide Community Mental Health Promoters Program

The CCU continues to be involved in the implementation of the Countywide Mental Health Promoters Program. Cultural and linguistic adaptations will increase mental health accessibility, mental health education, and knowledge of mental health resources to four

additional ethnic groups in the specific languages selected by the UsCC subcommittees: For American Indian/Alaska Native - English, African/African American - Somali, Asian Pacific Islanders - Tagalog, and Eastern European/Middle Easterner - Armenian.

In September 2016, the CCU completed a careful review of the 73-page long Request for Services (RFS) "Training for and Services Provided by Community Mental Health Promoters". Detailed recommendations were provided to SA 7 Administration. For example:

- Train Mental Health Promoters to address the LACDMH mental health disparities by SA in terms of ethnicity, age group and gender
- Develop a backup plan for attrition within the original group of 12 mental health promoters
- Ensure that the project coordinator/supervisor is clinically trained to assist the Mental Health Promoters with crisis intervention (e.g. community members who are suicidal)

8) 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 also participates in the CCC Leadership meetings, with the CCC Co-Chairs and the Acting Chief 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 also summarizes in-depth the goals and objectives of the committee and its activities of the committee according to the Cultural Competence Plan Requirements: reviews and recommendations to County programs and services, goals of cultural competence plans, human resources report, County organizational assessment, training plans.

9) 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.
- Underserved Cultural Communities (UsCC) subcommittee involvement  
The ESM continues to participate and collaborate with the UsCC Latino and LGBTQ subcommittees, and other subcommittees upon request.
- MHA 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.
- Three-Year MHA Program and Expenditure Plan  
The ESM participated in the Countywide PEI Workgroup for the Three-Year MHA 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 County of Los Angeles demographics, risk factors, and protective factors pertinent to the growing refugee population.

10) 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 Service Area. These reports are utilized to track the language requests from LEP consumers at the time they access mental health services.

11) 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](mailto:PSBCC@dmh.lacounty.gov) and this will be operational in January 2017.

**IV. Budget resources targeted for cultural competent activities:**

LACDMH allocates approximately \$2.9 Million each FY for staff training including conferences. A major portion of this is related to cultural competence related trainings. For FY 14-15, funding in the amount of \$697,289 was dedicated to cultural competence trainings delivered by hired trainers. Language interpretation trainings offered annually are allocated \$100,000 per year. Cultural competence related trainings accounted for 46% of the total training dollars expenditure.

The Department also dedicated \$35 Million over a period of three FYs ending in FY 14-15 to the Community-Designed Integrated Services Management Model (ISM) designed to incorporate the components of healthcare as defined by specific ethnic communities, and which promote collaboration and community-based partnerships to integrate health, mental health, and substance abuse services with needed non-traditional care to support recovery. The ISM model was implemented for five ethnic groups: African/African American, American Indian/Alaska Native, Asian Pacific Islander, Eastern European/Middle Eastern, and Latino. Fourteen of the ISM providers received ongoing funding to provide the integrated services to these ethnic groups.

Additionally, LACDMH allocated \$860,000 per FY for the Countywide Community Mental Health Promoters project and to adapt the Promotores model implemented for the Latino community to four other ethnic groups: African/African American, American Indian/Alaska Native, Asian Pacific Islander, and Eastern European/Middle Eastern. Furthermore, each of the six UsCC subcommittees received one-time funding in the amount of \$100,000 per FY, totaling \$600,000 to focus on Community Services and Supports (CSS) based capacity-building projects. Also in FY 15-16, an outreach and engagement program for the Samoan community was funded with \$200,000.

Besides the figures listed above, the Department allocates funding for several other cultural competence related activities and projects such as those listed below in the \$84 million MHA 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 (A-04) \$17.5 million + \$200,000 & MHSA Housing Trust Fund (A-04) \$7.5 million
- Assisted Outpatient Treatment (AOT) Evaluation (A-01) \$300,000
- Katie A. – FCCS expansion for Intensive Care Coordination (ICC) and Intensive In-Home Behavioral Services (IHBS) (C-05) \$3.3 million & Katie A. – Intensive Care Coordination Services for FSP (C-01) \$1.6 million
- Health Neighborhood and Faith Outreach and Coordination (POE-1) \$900,000
- Expansion of FCCS Capacity (C-05, T-05, A-06, OA-3) \$3.6 Million & FCCS Service Expansion in Skid Row (A-06) \$1.5 million
- Increased capacity to outreach, engage and serve UsCC communities (A-06 Adult FCCS and POE-01) \$1.3 million
- Service Redirection from PEI to FCCS (C-05, T-05, A-06, OA-3) \$28.4 million
- Men’s Jail Integration Program (A-05) \$2.5 million
- Law Enforcement Team (New Work Plan Proposed - LE-01) \$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, July 2015 who receive a monthly compensation ranging between \$85 and \$100. All LACDMH bilingual certified employees are placed on the eligibility lists and are contacted when their foreign language skills are needed for translation of materials and/or language interpretation services by diverse LACDMH Programs/Units.

The Department currently allocates \$250,000 per FY for language translation requests and \$89,950 for language interpretation services for meetings and conferences. Further, telephonic interpretation services are provided via the ACCESS Center and Directly Operated (DO) programs that cost approximately \$200,000 annually. For FY 14-15, the cost of the hearing impaired interpreter services offered to consumers from both DO and contract clinics was \$116,000.