

**Riverside University Health System – Behavioral Health
Cultural Competency Program**

**Cultural Competence Plan Requirements
Goals and Objectives 2016-2017**

**CRITERION 1
COUNTY MENTAL HEALTH SYSTEM
COMMITMENT TO CULTURAL COMPETENCE**

**Goal 1: Service delivery system meets the cultural and linguistic needs of target population.
Enhancement of the compliance with CLAS standards 2 and 9**

- 1.1. Objective: Hire a CC/ESM who is responsible for Cultural Competence Program (CC/ESM retired July 8, 2015)**
- 1.2. Objective: Cultural Competence Plan Requirements distribute to all Department clinics and contractors**
- 1.3. Objective: Budget allocations for Cultural Competence Activities**

ACTIVITIES	TASKS	STATUS
1.1. CC/ESM Recruitment Process.	1.1.1 Completed flyer approved by H.R. and Department Administration for County and Statewide distribution. Application deadline May 16, 2016, 11:59 pm. 1.1.2 Interview of applicants and selection process, June/July 2016. 1.1.3 Start Date CCPM – August 25, 2016.	Completed Date of Hire: 8/25/16
1.2. CCPR process for distribution and reporting of compliance.	1.2.1 Posting CCPR in website. 1.2.2 Scheduled presentations at management and directors meetings. 1.2.3 Scheduled presentations with contract agencies. 1.2.4 Develop a monitoring system of compliance with plan requirements.	Completed
Budget allocations for Cultural Competence Program activities.	1.3.1 Monthly meetings with Staff Analyst regarding allocation of funds/budget. 1.3.2 Develop line item budget. 1.3.3 Develop Budget Expenditure Reports.	Ongoing

**Riverside University Health System – Behavioral Health
Cultural Competency Program**

**Cultural Competence Plan Requirements
Goals and Objectives 2016-2017**

**CRITERION 2
COUNTY MENTAL HEALTH SYSTEM
UPDATED ASSESSMENT OF SERVICE NEEDS**

Goal 2: Ongoing analysis of disparities by race, ethnicity, language, age, gender, and other additional in-depth categories considered relevant of the target population. Enhancement of compliance of CLAS standard 11.

- 2.1. Objective: Presentation of analysis of disparities at Cultural Competence Reducing Disparities Committee.**
- 2.2. Objective: Develop a targeted outreach and engagement activities designed to reduce disparities.**

ACTIVITIES		TASKS	STATUS
2.1	Presentation of a Summary of Consumers' Utilization Data and Clients Population Profile Report and Analysis of Disparities, "Who We Serve", to the Cultural Competence Reducing Disparities Committee.	2.1.1 Ongoing training to the Cultural Competence Reducing Disparities Committee (CCRD) on mental health disparities issues and strategies for reducing disparities. 2.1.2 Bi-annual presentation of the utilization data and analysis of disparities to the CCRD committee. 2.1.3 Documentation of CCRD input on recommended strategies to reduce disparities.	6/14/17 Service Disparities Report – Ryan Quist. Monthly QI meetings.
2.2	Target Outreach and Engagement activities.	2.2.1 List of populations with higher levels of disparities/low penetration rates. 2.2.2 List of activities targeting hard to reach populations. 2.2.3 Develop outcome measures.	1/10/18 CCRD Meeting – Ryan Quist or Suzanna Juarez-Williamson

**Riverside University Health System – Behavioral Health
Cultural Competency Program**

**Cultural Competence Plan Requirements
Goals and Objectives 2016-2017**

**CRITERION 3
COUNTY MENTAL HEALTH SYSTEM
STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL
AND LINGUISTIC MENTAL HEALTH DISPARITIES**

Goal 3: Implementation of Community Outreach and engagement activities developed by the Cultural Competence Reducing Disparities Committee Ethnic and Cultural Community Advisory Groups. Enhancement of compliance with CLAS standards 10, 11, and 12.

- 3.1 Objective: Implementation of Ethnic and Cultural Specific Community Outreach and Engagement Activities recommended by the Ethnic and Cultural Specific Community Advisory Groups.**
- 3.2 Objective: Develop the infrastructure to support continuity of outreach and engagement activities.**

ACTIVITIES	TASKS	STATUS
3.1.1 Outreach and Engagement Coordinators and Community Liaison/consultants	3.1.1 Full time outreach and engagement coordinator positions : <ul style="list-style-type: none"> • 3 FTE Regional Outreach and Engagement Coordinators • Identify Deaf and Hard of Hearing Outreach and Engagement Consultant • Service agreements with Community Leaders experts to function as Community Liaison/ Consultants for African Americans, Native Americans, Asian Americans, LGBTQ, Deaf and Hard of Hearing, and Blindness Support. 	Completed

Riverside University Health System – Behavioral Health Cultural Competency Program

Cultural Competence Plan Requirements Goals and Objectives 2016-2017

<p>3.1.4. Native American Wellness Council: the focus of this group has been on decolonizing approaches related to the reduction of disparities of native Americans seeking mental health services through revitalizing and increasing access for American Indians to culture, tradition, and contemplative practices. Design a series of traditional gatherings in a retreat style setting.</p> <p>3.1.5 Community Advocacy for Gender and Sexuality Issues (CAGSI). The goal of CAGSI is to assist RUHS-BH in reducing disparities in the mental health system by ensuring the implementation of culturally competent services by advocating and implementing early intervention strategies for the LGBTQ community.</p>	<p>d) To collaborate with local business and non-profit organizations, such as the Perris Valley Filipino American Association (PVFAA), and Asian Americans serving churches/spiritual organizations, through active participation in cultural traditions (such as festivals and dedicated history and heritage celebration activities), to increase cultural pride and mental health awareness.</p> <p>e) To advocate for community awareness of the mental health needs of Transition-Age Youth in the Asian American population.</p> <p>3.1.4. a) Develop a series of workshops on Utilizing Decolonizing, Revitalization, Mindfulness and Traditional Practices for American Indian Natural Helpers. Use storytelling as part of Cultural Competency Program’s outreach to Natives.</p> <p>b) A series of 3 one-day retreats with 25 community helpers/clinicians.</p> <p>c) Promote and attend California Indian Conference with Native Community Helpers.</p> <p>3.1.5 a) The LGBTQ Community Peer Educator Program (C-PEP) - Community based focus groups to conducted to introduce the approved C-PEP curriculum. C-PEP is the grassroots education LGBTQ Community Mental Health 101 Project. Facilitators strategic sessions include "Coming Out", Suicide within the LGBTQ community; and Depression to ascertain relatability, effectiveness of approach and accessibility to average audience.</p> <p>b) Transgender Youth Empowerment Program (TYEP) - TYEP targets vulnerable transgender youth who possess leadership potential, but lack opportunities to develop it in a positive way. Teens, ages 13 to 21, are taught leadership skills, civic engagement, critical thinking, and team building. Provide monthly empowerment sessions. The Trans*Formation series provides education, training and support to help create a gender sensitive and inclusive environment for children, teens and their families.</p> <p>c) Collaboration with PFLAG Temecula.</p> <p>d) Community Outreach Subcommittees, Desert Region Health Access for Trans-Community (Palm Springs) TDOR Palm Springs.</p> <p>e) Conduct Community Workshops on Mental Health Challenges in LGBTQ Community.</p> <p>f) Participation in “Palm Springs Pride” to provide mental health education.</p>	<p>Lunar Fest 1/28/17 Healthy Options for Positive Engagement 5/31/17 PVFAA Fun Walk 6/22/17</p> <p>Series #1 held on 6/15/17 Series #2 held on 8/31/17 Series #3 held on 10/26/17</p> <p>5/6 + 5/7/17 Transyouth Care Symposium 5/6/17 Coachella PRIDE</p>
--	---	---

Riverside University Health System – Behavioral Health Cultural Competency Program

Cultural Competence Plan Requirements Goals and Objectives 2016-2017

<p>3.1.6 Deaf and Hard of Hearing Outreach and Engagement.</p>	<p>g) Continue Community Education and Outreach, by giving presentations to participants in diverse groups including, but not limited to: the faith community, foster parents, RUHS-BH staff, and consumers and family members, and other community groups.</p> <p>3.1.6 a) Continue the Cooperative Agreement between Center for Deafness Inland Empire (CODIE) and RUHS-BH (Attachment #13). b) Conduct Coachella Valley DHH Wellness Walk and community activities. c) Hire a consultant to coordinate DHH community outreach. d) Review and finalize 5 videos on mental health topics for the DHH community.</p>	<p>11/4 + 11/5/17 5/6/17 Coachella PRIDE San Bernardino event</p> <p>Pending update</p>
<p>3.1.7 Blind and Visual Impaired Outreach and Engagement.</p>	<p>3.1.7 Established a Cooperative Agreement between Blindness Support Services and RUHS-BH Monthly Mental Health Awareness meeting with Blind community at the Blindness support Services in Riverside.</p> <p>a) Bi-weekly counseling/education and referrals provided by the Western Outreach and Engagement Coordinator Clinician. b) Provide Blindness Awareness Training to RUHS-BH staff.</p>	<p>Draft #3 received 11/2017</p> <p>In progress</p>
<p>3.1.8 Hispanic/Latino Outreach and Engagement Program.</p>	<p>3.1.8 Latino Advisory group priorities:</p> <ol style="list-style-type: none"> 1) Cultural and linguistic competence training for Latino providers. 2) Consulate of Mexico <ol style="list-style-type: none"> a. Ventanilla de la Salud b. Binational Health Fair c. Binational Health Week 3) Promotores(as) de Salud Mental 4) UCR School of Medicine, Latino Health Project <ol style="list-style-type: none"> a. Arlanza b. Casa Blanca c. Eastside 5) Nosotros Family Wellness Group (Eastside) 6) Grassroots approach to community Mental Health education: <ol style="list-style-type: none"> a. Dr. Carlos Fernandez 	<p>Carlos Lamadrid, every other Tuesday In development</p> <p>Completed</p> <p>Renewal not funded</p>
		<p>Ongoing Spring & Winter 2018</p>

**Riverside University Health System – Behavioral Health
Cultural Competency Program**

**Cultural Competence Plan Requirements
Goals and Objectives 2016-2017**

**CRITERION 4
COUNTY MENTAL HEALTH SYSTEM
CLIENT/FAMILY MEMBER/COMMUNITY COMMITTEE: INTEGRATION OF THE
COMMITTEE WITHIN THE COUNTY MENTAL HEALTH SYSTEM**

Goal 4: Cultural Competence Reducing Disparities Committee (CCRD) and the Ethnic and Cultural Specific Community Advisory Groups actively and consistently participate in the overall planning and implementation of services. Enhancement of compliance with CLAS standards 13 and 15.

4.1. Objective: Increase and sustain the participation of CCRD committee members and the members of the Ethnic and Cultural Specific Advisory groups in the review of all services, programs, and the overall planning and implementation of services at the county.

ACTIVITIES	TASKS	STATUS
4.1.1. Assure that the members of the CCRD committee and the Ethnic and Cultural Specific Advisory groups are representative of the diverse community.	4.1.1 a) Cultural Competence and Ethnic Service Manager maintains a list of members of the committees by organization/agencies, their self-identified membership affiliation and language preference. b) CCRD committee meetings provide interpretation services, including American Sign Language at all meetings to ensure language access to members.	Ongoing
4.1.2 Cultural Competence Program Manager (CCPM) participates in Quality Assurance/Quality Improvement (QI) Committee in the County.	4.1.2 CCPM provides reports to the QI committee of CCRD recommendations on a monthly basis.	Monthly meetings
4.1.3 CCRD committee participates in the review and provides feedback of MHSAs planning and stakeholder process.	4.1.3 MHSAs Program Administration presentation to CCRD regarding planning and stakeholder process.	
4.1.4 CCRD committee participates in the review and implementation of programs, including the MHSAs program components.	4.1.4 CCRD committee members and Community Liaison Consultants actively participate in the development and implementation of programs designed to reach their target populations.	Completed

**Riverside University Health System – Behavioral Health
Cultural Competency Program**

**Cultural Competence Plan Requirements
Goals and Objectives 2016-2017**

**CRITERION 5
COUNTY MENTAL HEALTH SYSTEM
CULTURALLY COMPETENT TRAINING ACTIVITIES**

Goal 5: Provide Cultural Competence training for mental health staff and contract agencies including management, supervisory, clinical and support staff. Enhancement of compliance with CLAS standard 4

- 5.1. Objective: Provide county staff and contract agencies staff with a 4-hour training that focuses on the department’s implementation of Cultural Competence Plan Requirements.**
- 5.2. Objective: Provide county staff and contract agencies staff with California Brief Multicultural Training Program (CBMCS)**
- 5.3. Objective: Provide county department staff and contract agencies staff with a 4 hours training on how to provide services using interpreters.**
- 5.4. Objective: Provide Department staff and contract agencies staff with Ethnic and Cultural Specific Trainings**

ACTIVITIES		TASKS	STATUS
5.1.1	Provide two 4-hour trainings a year to introduce the Cultural Competence Plan Requirements.	5.1.1 CCPM develops a 4-hour training curriculum to present a summary of each of the CCPR 8 criteria and recommendations for implementation of goals and objectives.	To be determined
5.2.1	Cultural Competence Training Program.	5.2.1 a) 1-day CBMCS Training & 1-day of practical applications b) 1-day training on Cultural Competence Assessments and Treatment Plan for Mental Health Clinicians. c) 1-day Training on Cultural Competence Supervision for Mental Health Clinic Supervisors and Program Managers.	
5.3.1	Providing Interpretation Services Training.	5.3.1 Biannual training on the guidelines for using interpreters in the work setting, designed for bilingual staff and mental health providers providing interpretation services.	Sheree Summers – Contract Out
5.4.1	Ethnic and Cultural Specific Training Program.	5.4.1 Cultural Competence Reducing Disparities Committee Training Program throughout the year to raise awareness and strengthen the capacity to work with cultural and ethnic specific populations.	

**Riverside University Health System – Behavioral Health
Cultural Competency Program**

**Cultural Competence Plan Requirements
Goals and Objectives 2016-2017**

**CRITERION 6
COUNTY MENTAL HEALTH SYSTEM
COUNTY’S COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE:
HIRING AND RETAINING CULTURALLY AND
LINGUISTICALLY COMPETENT STAFF**

Goal 6: Recruitment and retention of ethnically, culturally, and linguistically diverse staff at all levels of the organization. Enhancement of compliance with CLAS standard 3.

6.1. Objective: Recruitment, hiring, and retention of a multicultural workforce to provide services to the identified unserved and underserved populations reported in the Workforce Education and Training component of the MHSA.

ACTIVITIES	TASKS	STATUS
6.1.1 Ongoing assessment of current workforce and identification of cultural and linguistic workforce needs.	6.1.1 Presentation of workforce report to the CCRD and QI committees with recommendations on targeted recruitment and retention strategies.	In Progress
6.1.2 Workforce Education and Training (WET) Program periodic updates.	6.1.2 Presentation of WET outcomes at the CCRD for feedback and recommendations.	David Schoelen / Sheree Summers

**Riverside University Health System – Behavioral Health
Cultural Competency Program**

**Cultural Competence Plan Requirements
Goals and Objectives 2016-2017**

**CRITERION 7
COUNTY MENTAL HEALTH SYSTEM
LANGUAGE CAPACITY**

Goal 7: Building the Department capacity to address language needs. Enhancement of compliance with CLASS Standards 5.6.7.8

7.1. Objective: Reduce language access barriers by providing consumers and family members with services and written materials in their language of choice.

ACTIVITIES		TASKS		STATUS
7.1.1	Maintain and distribute staff bilingual list to Program Managers and Supervisors.	7.1.1	Bilingual list sent to Program Managers and Supervisors every six months.	Pending
7.1.2	Approval of annual budget for interpreting services.	7.1.2	Year allocation of funding for purchasing interpretation services from approved County contract vendors.	
7.1.3	Translation Services and list of documents saved on the Shared Translation Drive for easy access.	7.1.3	Cultural Competence Program responds to requests for translation services in compliance with Department policy regarding translations, including maintaining Shared Translation Drive.	Ongoing

**Riverside University Health System – Behavioral Health
Cultural Competency Program**

**Cultural Competence Plan Requirements
Goals and Objectives 2016-2017**

**CRITERION 8
COUNTY MENTAL HEALTH SYSTEM
ADAPTATION OF SERVICES**

Goal 8: Ensuring that consumers and family members are receiving effective, comprehensive and respectful care, provided in a manner compatible with their cultural health beliefs, practices and preferred language. Enhancement of compliance with CLAS standard Principle 1.

8.1 Objective: Develop a list of alternatives and options that accommodate individual’s cultural and linguistic preferences.

ACTIVITIES	TASKS	STATUS
8.1.1 Develop a cultural competency contract monitoring tool that can be used with contract agencies.	8.1.1 Cultural Competence Program Manager works with QIC in developing a cultural competency contract monitoring tool.	Completed
8.1.2 Create a resource list of consumer operated programs that are cultural, ethnic and linguistically specific for distribution in the community.	8.1.2 Cultural Competence Program Manager works with Consumer Affairs, Family Advocate and Parent Partners Programs to list their programs/activities available for cultural and linguistic specific populations.	Completed
8.1.3 List of community-based, culturally and linguistically appropriate, nontraditional mental health providers.	8.1.3 Cultural Competence Program and Cultural Competence Reducing Disparities Committee works on identifying programs in the community.	Ongoing