

CRITERION 1

COUNTY MENTAL HEALTH SYSTEM

COMMITMENT TO CULTURAL COMPETENCE

I. County Mental Health System Commitment to cultural competence

Policies, Procedures, or Practices

Riverside County Department of Mental Health's (DMH) commitment to providing culturally competent services has been in place since early 1990s. This philosophy of embracing cultural and linguistic diversity has been allowed to permeate the Department's Policies and has had an increasingly powerful impact on its administrative direction. The DMH not only expects to see provision of cultural and linguistic competency within its own services but contract providers are required to address these issues as well. Department documents have been reviewed and updated to emphasize the value and commitment that is placed on meeting cultural and linguistic needs of the communities we serve. This commitment can be seen in the Mission Statement, Strategic Plan, Operating Principles Policy Manual, Human Resources Recruitment and Retention Policies, Contract Requirements and Monitoring tools.

Mission Statement

The Riverside County Department of Mental Health's Mission Statement is as follows:

The Riverside County Department of Mental Health exists to provide effective, efficient and culturally sensitive, community-based service that enable severely mentally disabled adults and older adults, children at risk of mental disability, substance abusers, and individuals on conservatorship to achieve and maintain their optimal level of healthy personal and social functioning.

In short, "Providing Help, Empowering Recovery"

Statements of Philosophy

The overall philosophy of the Department is to maximize services to clients and to provide support to their families, friends, and significant others within of resources of the Department.

Riverside County Department of Mental Health Statement of Operating Beliefs and Principles adopted on January 17, 2007 are a clear operationalization of the philosophy of the Department (Attachment # 1)

Strategic Plans

As the Department develops, implements, and updates strategic plans such as the Mental Health Plan, Community Service and Support Plan, Prevention and Early Intervention Plan, Workforce Education and Training Plan, and Innovation Plan, the planning process, goals and objectives are reflecting cultural competency standards. It is important to the Department that there is a strong relationship between the MHSA planning process and the Cultural Competency Plan Requirements.

Policy and Procedures Manual

The Department's main policy in support of Cultural Competency is Policy #162 (Attachment #2). This Policy is considered to be a dynamic document in support of cultural competency. As the Department develops policies, the initial drafts of these policies are disseminated to direct service and support staff as well as the Cultural Competency Program for their review and input before they undergo final approval. Other policies that support components of the cultural competency efforts include:

- Policy #290 Consumer Brochures and Posters. This Policy supports the accessibility and dissemination of consumer information and includes documents in the threshold language (Attachment #3).
- Policy #291 and #297 both stress the importance of the family's involvement in the client's recovery process (Attachment #4).
- Policy #342 and #348 both support staff development and retention issues by allowing employees to further their education through reduced work schedules (Attachment #5).
- Policy # 123-0 Translation of Documents. This Policy highlights the procedure to provide standards and guidelines for translation of documents, as well as ensure the quality, distribution and availability of translated informational materials, forms and any written documents (Attachment #6)

Human Resource Training and Recruitment Policies

Riverside County Department of Mental Health recognizes the value of providing staff with training and tools that will assist them in providing effective cultural competent services. The current practice is to ensure that all the trainers include cultural competency into their course materials as it relates to their training topic and the communities we are currently serving. In addition the cultural

competency training known as California Brief Multicultural Competency Training will be implemented twice a year.

Efforts are made to recruit, hire and retain staff members that represent the cultural and linguistic diversity of the population we serve. Riverside County's Workforce Education and Training (WET) component of the Three-Year Program and Expenditure Plan addresses recovery-oriented skill enhancement, retention, and recruitment of the Public Mental Health System workforce. Individuals, groups, and agencies that contract with Riverside County to provide services to our consumers are included. This Workforce Education and Training component complies and supports the vision, values, mission, goals, objectives and proposed actions of California's MHSA Workforce Education and Training Five-Year Strategic Plan (Five-Year Plan) and this County's current MHSA Community Services and Supports component. Actions to be funded in this Workforce Education and Training component supplement State administered workforce programs. The combined Actions of California's Five-Year Plan and this County's Workforce Education and Training component together address this County's workforce needs as indicated in Attachment #7.

All proposed education, training and workforce development programs and activities contribute to developing and maintaining a culturally competent workforce that includes consumers and family members capable of providing consumer-and-family-driven services that promote wellness, recovery, and resiliency. This Workforce Education and Training component has been developed with stakeholder and public participation and leads to measurable, value-driven outcomes. All input has been considered, and adjustments made, as deemed appropriate.

Contract Requirements

Contracted providers are required to reflect the values and commitment to cultural competency of the Department. To ensure that the contractors achieve the Department's standards of cultural and linguistic awareness, appropriate clauses are included in all service agreements and contract monitoring tools (attachment #8). Attachment #9, is an excel spreadsheet (with multiple tabs) for all county clinics and their compliance to cultural competency related matters. Attached is an excel spreadsheet (with multiple tabs) for all Contract Providers and the details of services they provide. This includes data on all providers and all clinics as it relates to cultural competency matters.

II. County Recognition, Value, and Inclusion of Racial, Ethnic Cultural, and Linguistic Diversity within the System

- A. Practices and activities that demonstrate community outreach, engagement, and involvement efforts with identified racial, ethnic, cultural, linguistic communities with mental health disparities;**

including, recognition and value of racial, ethnic, cultural, and linguistic diversity within the system. That may include the solicitation of diverse input to local mental health planning processes and services development.

Maintaining meaningful relationships with our ethnic and cultural diverse communities has become increasingly important for the Department. Community engagement and participation throughout the MHSA planning process has increased tremendously in the last 4 years.

The following are descriptions of some of the Community Outreach and Engagement activities that the Cultural Competency Program is involved with:

Regional Outreach Coordinators

The Department has three (3) clinical therapists as Regional Outreach Coordinators dedicated to outreach and engagement in the community. They are dedicated to identify and network with communities in order to learn the needs of the diverse communities, and to develop collaborations and partnerships with local social services, education and community service providers involved with the Hispanic community and other underserved populations, as well as to establish and sustain a network of service providers, interested community leaders, natural community leaders, and non-traditional groups (churches, homeowners associations, etc.) In 2009 and 2010 the Outreach and Engagement Coordinators participated in a total of 214 community outreach events (Attachment #10).

Promotores de Salud Mental Program

The Riverside County Department of Mental Health under the Prevention and Early Intervention Plan is in the process of establishing a Promotores (as) de Salud Mental Program to address the needs of our culturally diverse Latino community. This program is designed to provide temporary, short term support, information on mental health topics, and assistance on how to navigate the mental health system. The Promotores(as) de Salud Mental will conduct weekly educational presentations and perform community outreach activities addressing PEI needs to groups and individuals within community organizations such as schools and churches. These services will be offered countywide.

Call to Care Program

The Call to Care Training Program for non-professional caregivers has the goal to provide training and support to community leaders that are connected to underserved populations in order to increase their awareness and knowledge of mental health, mental health resources. Additionally its goal is to increase their readiness to identify potential mental health issues and eliminate stigma and

discrimination associated with mental illness. The Call to Care Training Program has an interactive format which helps the participants practice the skills being taught. It centers first on the needs of the person seeking support or help, and secondly on increasing self-awareness of the caregivers. At the same time, it strives to point out and clarify the skills, knowledge and boundaries that the caregiver needs in order to be effective. The program teaches core qualities of a caregiver including good communication skills, cultural issues, mental health and recovery issues, loss and grief, care of self, suicide risk, stigma and discrimination, psychosocial impact of trauma, and dealing with at risk populations, particularly with the older adult population.

The target population to receive the Call to Care Training Program are community-based and faith-based organizations, non traditional health care providers, indigenous traditional helpers, traditional healers, midwives, bone-setters, herbalists, and other specialists that offer different services aimed at preventing illness, restoring health and maintaining individual, collective and community health.

This program has provided services in the Desert Region for the last 4 years and beginning in 2010 the program was expanded to provide services throughout the rest of the county.

Outreach and Engagement of Lesbian, Gay, Bisexual, and Transgender (LGBT) Population

The Department hired a consultant to complete a needs assessment and to identify available community resources providing services to the LGBT. Focus groups and face to face interviews were conducted with Department staff and community organizations providing services in our community. A completed report on findings and recommendations was ready at the beginning of 2008 (Attachment #11).

In December 2008 Department of Mental Health established a LGBT Taskforce which is a coalition of LGBT-related organizations, consumers and providers in partnership with the Department of Mental Health throughout Riverside County. The role of the LGBT Taskforce is ongoing assessment of attitudes and conditions throughout Riverside County regarding mental health needs of gay, lesbian, bisexual, and transgender persons and issues across their lifespan.

The LGBT Task Force also makes recommendations for changes and seeks implementation of these recommendations on issues such as (1) the Department wide environment for gay, lesbian, bisexual, and transgender consumers, staff, and providers; (2) appropriate supportive services for LGBT consumers; (3) educational programs for consumers, staff, and providers; (4) other matters affecting the lives of gay, lesbian, bisexual, and transgender community members in Riverside County.

Since 2008 an LGBTQ Taskforce has worked on developing and implementation of a strategic plan with identified key priorities. At the same time the Taskforce is involved with the community in four major LGBTQ community events a year (Attachment #12).

Deaf and Hard of Hearing Impaired Community Engagement:

The Department has conducted focus groups with the Deaf and Hard of Hearing community as part of the process of development of the Prevention and Early Intervention Plan. With participation of the Cultural Competency Committee, the Deaf and Hard of Hearing outreach and engagement plan was developed (Attachment #13).

The Cultural Competency/Reducing Disparities Committee has members representing the Center of Deafness Inland Empire (CODIE). A sign language interpreter is provided at each meeting.

There are two contracts in place specifically for sign language interpretation services only. They are:

Dayle McIntosh Interpreting
714/620-8341

Life Signs
951/275-5035

Asian American Pacific Islanders Population Outreach and Engagement:

The Cultural Competency Program has established a relationship with the Riverside Asian American Community Association (RAACA). Regular monthly meetings are taking place with RACCA.

An Asian American community member is currently volunteering services at the Cultural Competency Program focusing on creating a list of resources in the community that are available for the Asian American community.

As part of the Prevention and Early Intervention Plan and through the community planning process, input was solicited from key Asian American Community Leaders. It was decided, as part of the efforts of reaching out and meeting the needs of underserved Asian Americans, to implement the Strengthening Intergenerational/Intercultural Ties in Immigrant Families (SITIF). The target population of the SITIF Program is Asian American/Pacific Islander immigrant parents and/or caregivers with poor parenting skills to effectively discipline and nurture their children. The primary strategies of the program are community education and outreach workshops, bicultural parenting classes, and family support service linkage.

The Cultural Competency Program developed an Outreach and Engagement Plan that focuses on continued relationship with community leaders and building a network of individuals from the Asian American/Pacific Islander communities to promote mental health in a cultural and linguistic manner (Attachment #14).

Native American Population Outreach and Engagement:

Six focus groups and three interviews with American Indian adults utilizing services in Riverside County were held on May 2nd, May 6th, and May 13th 2008, June 10th, 2008, July 14th, July 15th, and July 16th 2008, August 4th and August 26th 2008 to solicit information about their experience with Riverside County Mental Health and inquire about mental health needs. The groups and interviews were facilitated by Dr. Renda Dionne, an American Indian Clinical Psychologist who has been working within the local American Indian communities for the past 13 years. Four focus groups were held with American Indian parents, participants of two focus groups including the Board of Directors from Indian Child and Family Services and members from the community. The ICFS Board of Directors included tribal delegates from 8 of the 11 tribes in Riverside County and a board delegate from Riverside-San Bernardino Indian Health Incorporated, which had board delegates from 8 of the 11 tribes. The Board Chairs of Riverside-San Bernardino Indian Health Inc. and Indian Child and Family Services were present at these groups. A focus group was also held with the Torres Martinez Tribal TANF program in Anza. This TANF program serves the Indio, Anza and San Jacinto areas. Interviews were conducted with the Director of Riverside and San Bernardino Indian Health Incorporated Behavioral Health Department (a tribal consortium that has clinics on several reservations). Also included were the School Counselor for the Noli Indian school serving middle and high school American Indian children located on the Soboba reservation, and the Executive Director of Indian Child and Family Services, an American Indian Child Welfare Consortium that has been serving Riverside County for over 25 years. Below is a synopsis of major findings. Forty-eight participants representing approximately 20 tribes participated, 29% represented local tribes and 71% represented out of state tribes. 37% were male and 63% were female. Additionally surveys were distributed at American Indian events. Thirty-six surveys were completed (Attachment #15).

In addition, the Cultural Competency Program Manager is actively involved in the Riverside County Tribal Alliance for Indian Children and Families. The goal of this Alliance is to minimize court and county intervention and increase Tribal participation and control by developing culturally appropriate services for Native American children and their families, and to create and sustain partnerships founded upon understanding, communication, and cultural awareness among the sovereign tribal nations and community and government agencies.

African American Population Outreach and Engagement:

Riverside County Mental Health Department has received information and input from African-American community leaders and representatives involved with community organizations and congregations in the Western, Mid-County and Desert regions of Riverside County. It is necessary to continue the work of the consultant to engage these leaders and representatives in four key activities that will increase the communication and understanding of culturally competent mental health services. All activities will be conducted under the Prevention and Early Intervention Plan. Each proposed activity will be evaluated by participants. The following are some of the proposed activities recommended at the focus groups:

- Consultation with Key African-American Community Leaders.
- Formation of African-American Mental Health Advisory Group.
- Support/informational groups/education about mental health in the community.
- Participation in community events targeting the African-American Community (Attachment #16).

Spirituality and Mental Health Recovery

Riverside County Department of Mental Health's Cultural Competency Committee does not endorse any specific faith, religion/lack of religion and/or spiritual beliefs, but recognizes the importance of the role of spirituality in mental health recovery.

With participation of community spiritual leaders the Cultural Competency Spirituality Taskforce developed a PowerPoint to begin presentations about the Spirituality Project and with the purpose of:

1. Introducing the Mental Health Spirituality Initiative in the Department.
2. Creating a dialogue, and increasing awareness on the importance of Spirituality in mental health Recovery.
3. Increasing participant's comfort in discussing spiritual issues.

In an effort to provide the best spiritual support to people in recovery, the Department's Cultural Competency Spirituality Taskforce has the following activities as priorities:

- 1) Increase the participation of members of the Spirituality Taskforce.
- 2) Train Department staff to open dialogue and establish guidelines (Attachment #17).
- 3) Establish roundtables with Spiritual Leaders.
- 4) Engage Spiritual Leaders and organizations.

Outreach and Engagement Materials for Distribution

With participation of consumers and family members involved in the Cultural Competency activities, the Department identified mental health promotional information for distribution (Attachment #18).

B. County's current relationship with, engagement with, and involvement of, racial, ethnic, cultural, and linguistically diverse clients, family members, advisory committees, local mental health boards and commissions, and community organizations in the mental health system's planning process for services.

The Riverside County Department of Mental Health, RCDMH, is committed to an open, welcoming and transparent planning process facilitating engagement and relationship building with racial, ethnic, cultural and linguistically diverse consumers/family members, community residents, organizations, advisory committees and mental boards in order to assess the needs and to develop appropriate, efficient and acceptable services for these communities, consumers and family. RCDMH values its diverse community stakeholders, organizations, consumers and family members as equal shareholders in the planning, monitoring/evaluating and implementing of all mental health programs and services

The local Mental Health Board has been actively involved in the planning process throughout the planning, development, changes including reductions of all Mental Health programs. Riverside County is a large county which is divided into three regions and within each region there is a mental health advisory board. Regional boards are comprised of community members who to provide input to both the Mental Health Board and to the Regional Manager. The Ethnic Services Manager frequently provides reports to both the Mental Health Board and regional boards regarding the status of culturally competent programs, issues, needs, and changes to encourage their active and continued participation in planning process. Members of Mental Health Board as well as regional boards have participated in the development of the CSS, PEI plans and have been active in the Multicultural Organizational and Community Development Initiative. There is a need for more diverse representation on these boards which they are aware of and they are actively recruiting members from diverse communities.

Realizing the need for greater community and consumer/family participation in the planning process and to achieve the goal of system transformation the RCDMH launched the Multicultural Organizational and Community Development Initiative in June of 2008. In order to accomplish this monumental endeavor the RCDMH established contracts with consultants who possess skilled knowledge of diverse racial, ethnic and cultural communities including, LGBTQ, Native American, and the Deaf community. Focus groups as well as surveys have been used as the primary process to solicit input. Targeted focus groups were

conducted throughout the Department in all regions and were inclusive of consumer/family members, mental health and regional boards, administrative, managerial, supervisory and line staff. A total of 32 groups were conducted with a total of 358 individuals participating in the focus groups.

Once Department's focus groups were completed, the same process was used to solicit input from the community. Community focus groups were conducted in all three regions of the county. A total of 20 community focus groups were conducted with 324 individuals participating.

Data has been collected, reviewed and organized using the framework of The Lewin Model also known as "Indicators of Cultural Competency in Health Care Delivery Organizations: An Organizational Cultural Competency Assessment Profile" This model adopted by the Health Resource and Service Administration (HRSA) provides for a structure that the organization can utilize to further develop cultural and linguistic competency. The model is based on the following seven HRSA domains: Governance, Organizational Values, Planning and Monitoring, Communication, Staff Development, Organizational Infrastructure and Service Intervention. Focus group information/data was reviewed and aggregated into one or more of the seven HRSA domains. Data was further analyzed and catalogued according to strengths, challenges and recommendations. .

RCDMH has also successfully engaged the community in the planning process for the submission of the PEI Plan. Between July 30 and October 10, 2009 a total of 108 community focus groups and forums were conducted with a total of 1,147 individuals participating. Ten focus groups were conducted in Spanish.

To ensure and to engage racial, ethnic, cultural and linguistic groups and consumer and family member participation in the PEI planning process the RCDMH established the Reducing Disparities Task Force, (RDTF), in July of 2009. This task force included community stakeholders from the Asian, Hispanic, African American, LGBTQ, Native American, Middle Eastern and Deaf communities. This committee was instrumental in providing input to the PEI planning process. As a result of the success of Reducing Disparities Task Force and the need for a process of continuous community participation became paramount. To achieve this goal and with the support of the administration and Cultural Competency Committee (CCC) a new avenue was created for a continuous community engagement and relationship building process. The RDTF and CCC have been combined into one committee bringing to the table diverse community stakeholders, organizations, consumers and family members as equal and valuable partners to address issues of cultural competency, disparities, planning, monitoring and implementation. Furthermore, the CCRD committee has been charged with the responsibility of the next phase of the development of a strategic plan for cultural competency and the reduction of

disparities through the use of the Logic Model developed by Mario Hernandez from the University of South Florida. This will be a community driven process.

Data analyzed from the focus groups will provide the CCRD Committee the information needed to be used as their foundation to further debate, prioritize and develop strategies for creation of a comprehensive plan to move the Department toward the reduction of disparities and to become a culturally competent organization. This Committee will be trained by the University of South Florida and will work closely with consultants under contract with Riverside County. RCDMH expects to have a comprehensive Department Cultural Competency Reducing Disparities Plan in place by December, 2010. This Plan will be developed in conjunction with the DMH's Cultural Competency Plan Requirements but will far exceed those requirements. A copy of the first draft /work in progress is presented in Attachment #19.

C. A narrative, not to exceed two pages, discussing how the County is working on skills development and strengthening of community organizations involved in providing essential services.

The Department is committed to community capacity building and reducing stigma of mental illness. As implementation of the MHSA CSS Programs, Workforce Education and Training, and Prevention and Early Intervention is being done, the Department realizes the need to have a coordinated ongoing comprehensive approach to work in collaboration and partnership with the diverse communities. The following is the description of the Capacity Building Initiative:

Goals

1. Educate the community to reduce the stigma of mental illness.
 - a. Build awareness of mental health issues.
 - b. Build understanding of the needs of those with mental health problems.
2. Reduce barriers that keep people from acknowledging their problems and seeking help.
3. Build welcoming communities and resources that support and engage those with any level of mental health problems.
 - a. Build specific supports in communities targeted to high risk individuals.
 - b. Build support activities and engagement strategies for the mentally ill in their communities outside of county funded mental health services.
 - c. Promote, support and train communities in growing their own culturally appropriate and linguistically accessible mental health prevention programs and resources. Strengthen the ability of communities to act on

- their own behalf to promote the wellbeing of their members.
- d. Promote and support identification and utilization of cultural and linguistic community resources for treatment and early intervention in mental health problems (Attachment #20).

D. Share lessons learned on efforts made on Items A, B, and C above.

The Department has implemented different ways to work in collaboration and partnership with the communities in order to engage and facilitate community participation:

- Connecting isolated individuals to each other to build support systems.
- Connecting individuals with existing community resources.
- Working with already established community resources to provide support and promote mental health.

Emerging Lessons:

- Need to have a more precise and concrete definition of the communities.
- Need to have clear definition of "building community capacity" as the effort of the Department to provide support and facilitation to increase the ability of the communities to act on their own behalf.
- Allocation of funding at the same time that the Department manages budget shortfalls.
- Listening to the communities and their recommendations. The communities are not asking for traditional services at the Department clinics. The communities are asking for support in their efforts to strengthen their current resources. The community is asking the Department to increase the utilization of current community-based organizations already operating in the communities by strengthening the ability of communities to promote the mental health of their members without having to receive services that are more costly.
- Helping connect individuals currently receiving services to natural community support systems, while helping to establish or strengthen natural support systems.
- Shifting the understanding of community and community capacity building, as well as the role of the Department in relation to meeting the needs of the mentally ill in our communities.
- Developing leaders from the community to participate in the efforts of community capacity in partnership with the Department. It is necessary to engage community leaders and stakeholders as partners in making decisions to insure a maximum impact on the shifting of perceptions.

- Earning the trust of communities and inspiring confidence among the people of diverse backgrounds.

E. Identify County Technical Assistance Needs.

None identified at this time.

III. Each County has a designated Cultural Competency/Ethnic Services Manager (CC/ESM) Person Responsible for Cultural Competency

Riverside County Department of Mental Health has a full time LMFT Program Manager position designated to the Cultural Competency Program. The Cultural Competency Program Manager works in collaboration and partnership with agencies in the community and with the Department's Administration and Program Managers to ensure the embedding of cultural competence at all levels of the organization.

A. Written description of the cultural competence responsibilities of the designated CC/ESM.

The following is the list of key activities/responsibilities of the Cultural Competence Program Manager:

- Develops and Implement cultural competence plan within the organization
- Leads the Cultural Competency/Reducing Disparities Committee.
- Leads Ethnic and Cultural Specific Community taskforces.
- Participates in the development of Department/Program budget and cost control systems, and collecting actual cost data.
- Analyzes organizational factors and develops strategies to integrate cultural competence principles in the day-to-day operation of the Department.
- Obtains cooperation and team support to pursue long-term development objectives.
- Develops administration policies and monitoring policy systems.
- Works in collaboration and partnership with the Director, Assistant Director for Programs and Program Managers.
- Facilitates translation and interpretation services.
- Develops and implements an Outreach and Engagement Program targeting the ethnic communities.
- Coordinates Cultural Competency trainings for the Department

- Provides training on different topics such as providing interpretation training, and cultural competency trainings.
- Participates in the implementation of the California Brief Multicultural Competency Scale Training Program.
- Managing a County wide outreach and engagement program.
- Participates in the monitoring of County and service contractors to verify that the delivery of services is in accordance with the local and State mandates as they affect underserved population.
- Assists program managers in defining program objectives and goals and target groups to reduce mental health disparities.
- Coordinates and jointly develops behavioral health services programs and budgets with administrative staff.
- Advises Management Team and other staff on defining, designing, developing and evaluating program services and projects.
- Analyzes computer produced reports and other management information sources related to the implementation of cultural competent and linguistic programs and their impact in the elimination of disparities.
- Assists in the formulation and development of new programs, through needs assessment and a community-based planning process.
- Evaluates and recommends on the advisability of and justification for grant or contract requests.
- Participates in the coordination of contractual agreements with public and private agencies for the provision of services.
- Makes Cultural Competency Program planning presentations to Department, County Management and Public Commissions and Agencies as necessary.
- Maintains on-going liaison with community organizations, planning agencies and private groups in reference to mental health services.
- Develops and maintains clear communication channels between local agencies and County staff.

The Cultural Competence Program Manager is Knowledgeable in the:

- California State Cultural Competency Requirements and Standards.

- Current trends, principles and application of organization and program planning concepts in a Mental Health Services settings.
- Program evaluation and research methods and techniques.
- Principles and practices of health care management, staffing and budgetary control.
- Theories of personality growth and development, diagnostic categories, normal and abnormal behavior, psychiatric treatment modes and techniques.
- Cultural, socioeconomic and language factors that affect service delivery to ethnic populations served.
- Grant preparations.
- Laws and regulations relating to mental health care services.
- Principles of program development and coordination.
- Public relations applicable to the coordination of local, State and Federal Agencies; and health planning agencies.
- Principles of community organization, health education and resources in the health field.
- Principles of supervision and training.

The Cultural Competency Program Manager has the ability to:

- Plan, coordinate, and evaluate mental health programs.
- Prepare, present, and interpret factual and statistical data.
- Interpret mental health programs to individuals and groups.
- Identify the need for and develop proposed changes in program practices and policies.
- Establish and maintain the confidence and cooperation of diverse ethnic client populations.
- Establish and maintain effective working relationships with Departmental personnel; local, State and Federal agencies, and health planning agencies;
- Supervise the work of subordinate professionals.
- Prepare clear and comprehensive correspondence and reports.
- Make effective oral and written presentations.

Cultural Competency Program

The Cultural Competency Program is responsible for the implementation of system wide Cultural Competency Plan that addresses enhancement of workforce development, as well as enhancing the ability of the whole system to incorporate the languages, cultures, beliefs and practices of it's consumers into the services. It promotes services that are cultural competent, it enhances consumers' access to those services, and encourages consumers' input.

IV. Identify Budget Resources Targeted for Culturally Competent Activities

Evidence of a budget dedicated to cultural competency activities.

Riverside County Department of Mental Health strives for culturally competent service delivery in all programming. Strategies and enhancements are planned to reduce ethnic and linguistic disparities and to ensure sensitivity and responsiveness to consumer age, gender, culture, ethnicity, language, physical disabilities, beliefs and lifestyles. The Department's commitment to providing cultural and linguistic competent services is demonstrated by the allocation of budget dedicated to cultural and linguistic activities. The Department's Cultural Competency Program has a budget of approximately \$1,683,929 as follows:

Cultural Competence Program Staff

Position/ Job Classification	Allocated Time	Year Budget
Mental Health Service Program Manager	1.00 FTE	\$127,324
Clinical Therapist/ Outreach Coordinator	3.00 FTE	\$279,143
Secretary	1.00 FTE	\$ 66,462
LGBT Consultant	By the hour	\$ 25,000
Native American Consultant	By the hour	\$25,000
Cultural Competence Program Consultant: CC Organizational Assessment	By the hour	\$75,000
African American Consultant	By the hour	\$ 25,000
Deaf and Hard or Hearing	By the hour	\$ 25,000
Administrative Staff Analyst	0.50 FTE	\$41,512

Cultural Competence Program Activities

Activities and Services	Description	Project Budget Allocation
Interpretation and Translation Services	Interpreters Line Interpretation Face to Face Translations	\$60,000 (Interpretation) \$70,000 (translations)
Financial incentives: Stipends for community members participating in the Cultural Competence activities	Facilitates the participation of consumers, family members and community leaders in committees and planning process meetings	\$10,000

Activities and Services	Description	Project Budget Allocation
Outreach and Engagement Activities: Community Capacity Building	Community Fairs Outreach materials/ Promotional Items/give a ways	\$30,000
Call to Care Program	Outreach to train and assist lay persons to initiate and maintain understanding, caring relationships with the persons of their religious communities, and to volunteer to use their counseling skills in their communities	\$75,000
African American Outreach and Engagement Project.	Ethnic and cultural leaders from the African American Community in collaborative efforts. Identification of key community leaders and building a network of individuals from the community to promote mental health.	\$ 65,000
Asian American Outreach and Engagement Project	Ethnic and cultural leaders from the Asian American Community in collaborative efforts. Identification of key community leaders and building a network of individuals from the community to promote mental health.	\$65,000
Native American Outreach and Engagement Project	Ethnic and cultural leaders from the Native American Community in collaborative efforts. Identification of key community leaders and building a network of individuals from the community to promote mental health.	\$65,000
Deaf and Hard of Hearing Outreach and Engagement Project	Ethnic and cultural leaders from the Deaf and Hard of Hearing Community in collaborative efforts. Identification of key community leaders and building a network of individuals from the community to promote mental health.	\$65,000
Promotores(as) Program	The Promotores de Salud Mental address the need within the large number of Hispanic/Latino communities in Riverside County.	\$250,000

Spirituality and Mental Health Project	Riverside County Department of Mental Health Initiative in an effort to provide the best spiritual support to people in recovery, the Spirituality as Part of Mental Health Recovery shall have: 1) Training. 2) Roundtables. 3) Engagement of Spiritual Leaders and organizations. 4) Spirituality Taskforce	\$50,000
California Brief Multicultural Training Program (CBMCS)	Two four days classes twice a year: Overview of the CBMCS Training Modules: <ul style="list-style-type: none"> • Multicultural Knowledge (day one) • Awareness of Cultural Barriers (day two) • Sensitivity and Responsiveness to Consumers (day Three) • Socio-cultural Diversities (day four) 	\$10,000
Interpreters Training	3 regional classes per year to focus on understanding the fundamental principles for using an interpreter, developing a team/partner relationship with your interpreter, understanding the limitations & benefits in the use of interpreters, Understanding the roles of both the staff using interpreters & the interpreter when services are provided, Understanding the protocol and ethics of interpreting.	\$ 6,000

A. A discussion of funding allocations included in the identified budget above in Section A., also including, but not limited to, the following:

1) Interpreter and translation services:

Riverside Department of Mental Health maintains a 24 hour Language Line. Riverside County has a county wide Interpreters Unlimited BPO of \$750,000. So far to date we have used approximately \$60,000 of the total county BPO. In addition to the allocation of budget for the interpretation and translation services via outside contract, the Department has staff positions that are designated as

bilingual. Bilingual staff in these bilingual positions receive bilingual pay (Attachment #21).

2) Reduction of racial, ethnic, cultural, and linguistic mental health disparities:

The efforts of the Department in the reducing of racial, ethnic, cultural and linguistic mental health disparities is well documented in the planning process and implementation of the MHSA components. As described in each one of the MHSA plans all the identified strategies have the overall goal of reducing disparities among the target populations.

3) Outreach to racial and ethnic county-identified target populations.

Outreach & Engagement (O&E) is a vital component within the Mental Health Services Act (MHSA), which aims to provide information to the community at large and toward specific ethnic, cultural and linguistic individuals in our community. The outreach and engagement activities focuses on a wide diversity of backgrounds and perspectives represented within the County, with a special emphasis on underserved and unserved populations. It seeks to facilitate the creation of an infrastructure that supports partnerships with historically disenfranchised communities, faith based organizations, schools, community-based agencies, and other County departments.

Moreover, what have been the lessons learned from the PEI Planning is the need to increase focus on cultural and linguistic outreach and engagement as a strategic priority.

Three RCDMH Outreach and Engagement Staff, one in each geographic region of the County, provide community outreach and engagement activities targeting ethnic populations increase community awareness and knowledge of mental health and mental health resources, such as prevention and early intervention programs, and increase community readiness to address mental health issues and eliminate stigma associated with mental health issues.

4) Community Education: Culturally competent targeted community education to destigmatize mental illness in the community and to increase awareness and participation in Prevention and Early Intervention Programs. This includes attendance at community health fairs including those targeting specific cultural populations, conducting cultural and linguistic mental health/prevention and early intervention radio programs, and participation in community workgroups such as the Reducing Disparities Taskforce and the LGBT Taskforce. The staff will “get the word out” to the community about available resources.

5) Psychosocial Educational: Provide culturally appropriate psychosocial education and activities to communities, families, and impacted individuals in order to better understand the early treatment and support services within the

family and their communities. Staff will be the liaison with Promotores de Salud, and the key community leaders in order to provide accurate information and resources and to bridge the gaps for individuals in need of PEI services.

6) Referral and Linkages: Improve communications and referral linkages across the school system, enforcement, courts, senior centers, churches, and legal support systems. Improve and expand linkages across all systems of care: Primary care, social service, public health, and schools in order to provide early mental health screening, linkages across community members and providers.

7) Financial incentives for culturally and linguistically competence providers, non-traditional providers, and/or natural healers.

Riverside County Department of Mental Health has a contract with Jefferson Transitional Program for administrative activities related to providing stipends for consumers, family members and non traditional providers/natural healers when they provide services in the Department's programs.