

CRITERION 4

COUNTY MENTAL HEALTH SYSTEM

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

- I. The County has a Cultural Competency Committee, or other group that addresses cultural issues and has participation from cultural groups, that is reflective of the community.**

A. Brief description of the Cultural Competency Committee.

The Riverside County Department of Mental Health formed a Cultural Competency Committee in the late 1980's. This committee consists of members representing of various program and ethnicities within the Department, including all levels of staff positions, plus consumers and family members hired by the Department.

In 2008, as part of the Cultural Competency Organization and Community Assessment Project, the Cultural Competency Committee recognized the importance of community members' participation. A decision was made to integrate the Cultural Competency Committee with the recently created Disparities Taskforce. After several meetings with both committees the integration of the committee took place and the committee was renamed to Cultural Competency/Reducing Disparities Committee (CCRD). Currently, the Department has the Cultural Competency/Reducing Disparities Committee membership including staff and community leaders representing the target populations.

The newly created committee worked on the roles and responsibilities of the committee as well as an overall description of the committee functions (Attachment #23).

The Cultural Competency/Reducing Disparities Committee meets monthly and is currently working on the following activities:

- Developing the theory of change for the County of Riverside Department of Mental Health Cultural Competency Program.
- Ethnic and Cultural Specific Outreach and Engagement of community, consumers and family members.
- Bilingual list task force update and dissemination.
- Cultural Competency Webpage development.
- Cultural Competency Awareness Column for the Department's Newsletter.
- Participation in the planning and implementation of MHSA.

- Participating in the development of policies and procedures to ensure access to quality services.

B. Policies, procedures, and practices that assure members of the Cultural Competency Committee will be reflective of the community, including County management level and line staff, clients and family members for ethnic, racial and cultural groups, providers, community partners, contractors, and other members as necessary;

The Cultural Competency/Reducing Disparities (CCRD) Committee serves as an advisory group for the implementation of the Riverside County Department of Mental Health Cultural Competency Plan Requirements. It provides overall direction, focus and organization in the planning and implementation of the MHP. All the recommendations developed by the Committee are forwarded to the RCMHD Management team for their review, approval and implementation.

The Cultural Competency/Reducing Disparities Committee is comprised of members of the Department, contract agency representatives, consumers, family members, and community based organizations representatives. To ensure broad-based representation and to be inclusive, representatives from each region will be appointed to serve on this Department wide Committee.

Attachment #24 shows the Cultural Competency Flow Chart which illustrates the ongoing communication process that takes place in order to implement the Cultural Competency Plan Requirements.

C. Organizational Chart;

Attachment #25 Illustrates the position the Cultural Competency Program Manager has in the organization. The Cultural Competency Program Manager, also known as the Ethnic Service Manager (ESM) is part of the Management team at the administration level.

D. Committee membership roster listing member affiliation, if any.

The Cultural Competency/Reducing Disparities Committee shall be composed of up to 36 members (Attachment #26).

- Members should possess expertise and leadership in the community.
- Demonstrate strong communication links with diverse communities and stakeholders.
- Possess ability to work effectively with others with different backgrounds and perspectives.
- Demonstrate a commitment to the successful development and implementation of the Committee's goals and objectives

II. The Cultural Competency Committee is integrated within the County Mental Health System.

A. Evidence of policies, procedures and practices that demonstrate the Cultural Competency Committee's activities, including the following:

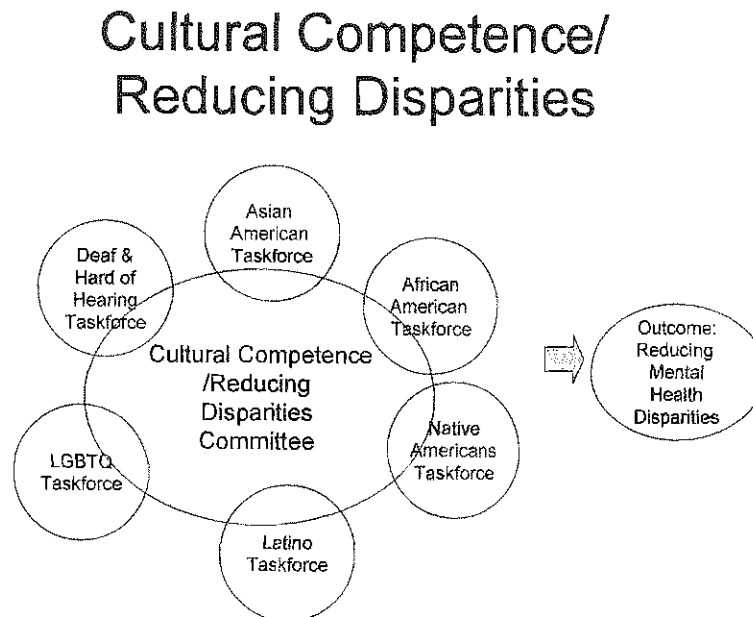
The Department of Mental Health established Cultural Competency standards and policy requirements for the Department in Policy #162 (Attachment #2).

The Cultural Competency Program Manager is in charge of working with the Cultural Competency/Reducing Disparities Committee (CCRD). Attachment #23 describes the Committee's responsibilities and the procedures for integration of the committee within the County Mental Health System.

B. Provide evidence that the Cultural Competency Committee participates in the above review process.

Participation of the Cultural Competency/Reducing Disparities Committee is documented in the committee meetings minutes, attachment # 31.

The Cultural Competency/Reducing Disparities Committee has on going Cultural Competency Sub-committees. The following picture illustrates how the Committee operates:



C. Annual report of the Cultural Competency Committee's activities including:

1. Detailed Discussion of the Goals and Objectives of the Committee:
 - a. Were the goals and objectives met?
 - If yes, explain why the County considers them successful.
 - If no, what are the next steps?

Attachment #27 is an update of the goals and objectives outline in the 2005's Cultural Competency Plan.

Although, all the goals and objectives were met, the Cultural Competency Committee decided to continue developing monitoring systems and/or policies that ensure the procedures are implemented on an ongoing basis, for example, the development of the Translation Policy (Attachment #6) was based on the need to provide translated materials to the LEP consumers and family members.

In September, 2007 the Cultural Competency Committee completed an In-house CCC Assessment Survey to develop a plan of action to strength the Committee members' knowledge, sensitive and skills in working with diverse communities (Attachment #28). As a result of the survey the Committee agreed to do in-service trainings, each meeting on key cultural competence issues (Attachment #29).

2. Reviews and Recommendations to County Programs and Services:

The Cultural Competency Committee is actively involved in providing recommendations regarding county programs and services. The Committee has provided written recommendations for the MHSA planning process. The recommendations of the Committee are an integral part of the planning process. Before any major decision is made, the Committee has the opportunity to provide input and recommendations. In Attachment #30, you will find documentation on recommendations from the Committee.

3. Goals of Cultural Competency Plans:

The Department's Cultural Competency Program goals are to develop, recommend and maintain a formal practice, through a participatory process in partnership and collaboration with the community; for the purpose of implementing and optimizing the State mandated Cultural Competency Plan that ensures fairness and equality across systems in order to reduce mental health disparities in Riverside County.

The Cultural Competency Plans' Goals Currently Include:

- Provide barrier-free access to all residents of the diverse communities in Riverside County.

- Increase the capacity of the Department to provide culturally and linguistically appropriate services by developing recruitment and retention strategies to target consumers, family members and staff representative of the County's diversity.
- Provide cultural competency training for all mental health staff (including management, supervisors, clinical and support staff), consumers, family members and community at large.
- Develop and maintain collaboration and partnerships with community organizations and other agencies to facilitate and improve access to services available in the community.
- Build Community Capacity.

Page #4 lists the goals, objectives, activities, and outcomes that the Department is going to be undertaking during years 2010-2011.

4. Human Resources Report:

Riverside County Department of Mental Health (RCDMH) developed a comprehensive needs assessment process designed to complement the 2005 findings from the initial community planning for Community Services and Supports (CSS) funds. Key research reports pertaining to the demographics and linguistic skills of the current workforce and the Unmet Needs of the community were reviewed to establish a foundation for targeted workforce development. The established Mental Health Board; Children's, Adult and Older Adult System of Care Committees; our Cultural Competency Committee; and the MHSA Stakeholder Leadership Committee reviewed the Workforce Education and Training planning and implementation (Attachment # 7).

5. County Organizational Assessment:

See Criterion 1, Section II Item B, for a description of the organizational assessment project currently taking place in the Department.

6. Training Plans:

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.

The following is a description of the activities listed in the WET Plan -

Workforce Education and Training Coordination

Workforce Education and Training (WET) Coordination requires a team responsible for the central management and implementation of this WET Plan and for the primary oversight of all Actions in this Plan. A full-time Workforce Education and Training Coordinator leads the coordination, interface with the community, advises stakeholders, and writes the annual State progress evaluations. A Full-time office assistant and a Full-time staff analyst will assist in organizing, plan implementation, managing fiscal/budgetary oversight, and integrating important community research.

WET Coordination staff is responsible for ensuring that MHSA's essential elements and the values underpinning MHSA to guide the implementation of this Plan's actions. To guarantee the quality of programs, the WET Coordination team also includes a full-time Staff Development Officer who specializes in the observance and application of professional licensing regulations, oversees quality improvement of training programs, and recruits consultants and develops experts on recovery, cultural competence, and clinical practice.

To optimize resources and to create regional networks for mental health education and career pathways, the State Department of Mental Health has coordinated regional partnerships among California's counties. RCDMH is a member of the Southern Regional Partnership. WET Coordination staff also serve as liaison to the Southern Regional Partnership.

Riverside's WET plan (Attachment #7) includes many new programs. Some of these programs are designed to support Workforce Development (Actions 4, 5, 6, 7, 8, 9, 10, 12) and some programs are designed to support and promote mental health education (Actions 11, 13, 14). To facilitate these actions, additional WET staff will be needed for the Staff Support units as described in Actions 2 and 3. The WET Coordination Staff will serve as the primary back-up for these Workforce and Education Staff Support units.

7. Other County Activities, as Necessary:

All the activities and efforts of the Cultural Competency Committee are documented on the monthly meetings minutes. Minutes are distributed to all the program managers and supervisors for discussion at their staff meeting (Attachment # 31).