

**MENTAL HEALTH SERVICES ACT**  
**Recommendations from**  
**Cultural Competence/ Ethnic Services Managers and**  
**CMHDA Ethnic Services Committee**

**July 2005**

On June 22-23, 2005, thirty-eight Cultural Competence/Ethnic Services Managers (CC/ESMs), the co-chairs of the CMHDA Cultural Competence Committee and invited guests attended *Cultural Competence/Ethnic Services Managers Statewide Leadership, Policy and Planning Forum: Moving Ahead with the Mental Health Services Act*. This well-attended event specifically focused on the MHSA with the following goals in mind:

- Clarification of the role of the CC/ESM especially as it relates to the MHSA
- Enhancement of skills necessary for CC/ESMs to move to the next level of leadership development
- Development of effective strategies to impact the planning, implementation and monitoring of the MHSA as it relates to the elimination of mental healthcare disparities

Over two days, with the help of a facilitator, the group explored in large and small group the following topics:

1. Day One- CC/ESM leadership development through the lens of the implementation of the MHSA
2. Day Two-Embedding cultural competence principles and practices in the planning and implementation of all aspects of the MHSA

A full summary of the proceedings is being prepared. Much of the time was devoted to discussion of the role of CC/ESMs in the planning and implementation of the MHSA. From this discussion, some important recommendations were developed that will help CC/ESMs become more effective in their work. These recommendations were made in the context of an earlier document that was developed in Spring 2005 entitled, *Mental Health Services Act: Recommendations for Utilization of Cultural Competence/Ethnic Services Managers in Fashioning Local Approaches (attached)*.

The CC/ESMs request that the following recommendations and the information contained in the Spring 2005 document be considered together with the understanding that any planning regarding the MHSA is a dynamic process. We believe, however, that moving forward with the recommendations that have been developed to date will greatly assist in the transformation of a mental health system that serves all Californians.

## Recommendations

### CMHDA

1. Reaffirm with directors the importance of CC/ESM involvement at all levels of the MHSA process as demonstrated by allocating resources (funding and time) that support CC/ESM active participation in State, regional and local MHSA planning and implementation activities. This includes a quarterly CC/ESM meeting focusing on the MHSA planning, implementation and CC/ESM leadership role.
2. Encourage DMH to clarify rules regarding allowable MediCal billing related to quality assurance and cultural/linguistic competence requirements.
3. Work with the Ethnic Services Committee to develop guidelines for CC/ESM involvement at the local MHSA activities.

### CiMH

4. In coordination with CC/ESMs, form a committee to review all training curricula ensuring that substantive cultural competence considerations are embedded in all MHSA training activities.
5. Build a partnership with CC/ESMs for the development and implementation of trainings, and identification of trainers related to MHSA activities. Training topics should include, but not be limited to:
  - a. Strategies for outreach and engagement of diverse communities
  - b. Providing local planning committees information and strategies on eliminating mental health care disparities in cultural/ethnic populations
  - c. Developing a multi-ethnic/cultural workforce
  - d. Developing collaborative agreements with internal and external groups/agencies
  - e. Engagement of faith-based organizations
  - f. Developing cultural specific and relevant marketing strategies
  - g. Information systems and technology
  - h. Developing budgets for culturally competent programs
6. In collaboration with CC/ESMs and the DMH Cultural Competence Advisory Committee, develop and disseminate a position paper on values-driven evidence-based and promising practices.
7. Translate MHSA documents into all threshold languages.

DMH

8. Make recommendations to the MHSA Oversight and Accountability Commission regarding the criteria to be used in the evaluation of and ongoing compliance with MHSA plans relative to cultural competence.
9. Support the allocation of funding for CC/ESM participation with State, regional, and local MHSA planning activities.
10. In collaboration with the CCAC, CC/ESMs and other cultural competence experts, recommend that the MHSA Oversight and Accountability Commission establish a cultural competence sub-committee to monitor ongoing issues relative to cultural competence and MHSA.
11. Clarify rules regarding MediCal billing relative to quality assurance and cultural and linguistic competence requirements.
12. Translate MHSA documents into all threshold languages.

**MENTAL HEALTH SERVICES ACT:  
Recommendations for Utilization of Cultural Competence/Ethnic Services  
Managers in Fashioning Local Approaches**

Developed by:  
CMHDA Ethnic Services Committee  
February-May 2005

**Executive Summary**

Based on its review of the Mental Health Services Act (MHSA) and State DMH's various position documents, the Ethnic Services Committee (ESC) endorses the inclusion of cultural competence expertise at every level of MHSA planning, design, development, implementation and outcomes monitoring. Each County Mental Health System (CMHS) has a responsibility to provide effective and equitable service across diverse communities while paying particular attention to populations that are un-served or underserved. It is our recommendation that California Mental Health Directors utilize the ESC and local Cultural Competency/Ethnic Services Managers (CC/ESMs) to lead the integration of cultural considerations in the development of each county's culturally and linguistically competent, consumer-responsive transformed community services and support program.

A number of strategies are suggested to help meet the cultural competence requirements of MHSA and to more adequately meet the needs of the diverse communities served.

Suggestions include:

1. Regionalization of cultural competency resources in order to enhance expertise available to an individual CMHS. A strategy of "sharing" cultural competence expertise across county lines effectively broadens available expertise to meet the demands of MHSA planning and implementation.
2. Orientation of inclusiveness of membership on local cultural competence committees and workgroups in order to enhance a diversity of input toward a county's cultural competency agenda.
3. Allocation of resources for training and consultation to develop and expand local and regional expertise in meaningful ways.

Identified strategies are intended as examples of practical solutions. The ESC and, more importantly, the local CC/ESM provide valuable resources to assist counties in their cultural competency efforts related to MHSA planning and implementation.

### **Foundation**

In the document DMH Vision Statement: Mental Health Services Act, a direction is set toward a fundamental transformation of how mental health care is conceptualized and delivered in California. The State of California Department of Mental Health (State DMH) describes a goal of a “state of the art culturally competent system...that will not be ‘business as usual.’ ” The transformed system will require “full implementation” of approaches that are responsive to consumers’ “race and culture.” “Ineffective treatment methods will be replaced by...new evidence-based...practices, policies, approaches and treatments which are sensitive and responsive to clients’ cultures and produce more favorable outcomes.” State DMH’s vision calls for specific attention to “outreach and expansion of services to client populations to more adequately reflect...ethnic diversities...and to eliminate disparities in accessibility and availability of mental health services.”

Each County Mental Health System (CMHS) faces an extraordinary challenge and opportunity to participate in the local and state-wide transformation required under the Mental Health Services Act (MHSA) and called for by State DMH. To assist in this work, California Mental Health Directors possess a rich resource in CMHDA’s Ethnic Services Committee (ESC). It is co-chaired by a CMHDA emeritus director and a current CMHDA director with participation of Cultural Competence/Ethnic Services Managers (CC/ESM) from the Superior, Central, Bay and Southern regions. The regional CC/ESM participants chair local groups in which each county’s CC/ESM is invited to participate. Through this structure, the regional CC/ESMs bring the voices of each county’s constituencies to the ESC. In addition, the ESC regularly invites the participation of State DMH, State Office of Multicultural Affairs and the California Institute of Mental Health (CiMH).

### **Recommendation**

Based on its review of the MHSA and State DMH’s various position documents, the ESC endorses the inclusion of cultural competence expertise at every level of MHSA planning, design, development, implementation and outcomes monitoring. Cultural competence is not a special interest demand. California’s demography describes a broad diversity and pluralism of communities. Each CMHS has a responsibility to provide effective and equitable service across those diversities while paying particular attention to populations that are un-served or underserved. As a whole, CMHS recipients of care are among the neediest, least resourced and historically most underserved of California’s health care recipients. Consumers of our services are likely to suffer the greatest health care disparities in access, quality of care and outcomes of care. Cultural competence is a pillar concept that is fundamentally involved in accurate assessment and effective service provision to our diverse clients and communities. Each county’s CC/ESM brings local expertise to the tasks faced by the CMHS in responding to the needs of consumers and to the requirements of the MHSA. It is our recommendation that California Mental Health Directors utilize the ESC and local CC/ESMs to lead the integration of cultural considerations in the development of each county’s culturally and linguistically competent, consumer-responsive transformed community services and support program.

### **Strategies**

We believe that each county possesses cultural competence expertise. However, with the cultural competence requirement of MHSA this expertise will be stretched. The evaluation of county MHSA plans will, in part, depend on the integration of cultural competence perspectives and strategies into those plans. The following strategies are suggested to help meet those requirements and to grow local expertise to meet the needs of the diverse communities we serve.

1. Each county's effective cultural competence is enhanced through the participation of its CC/ESM in a regional group of ethnic services managers. These regional groups raise the knowledge base of each participant as a result of consultation, mentoring and training received from other CC/ESMs. This strategy has the effect of "sharing" cultural competence expertise across county lines. Participant counties would effectively broaden available expertise to meet the demands of MHSA planning and implementation.
  - Regional groups are likely to better focus on the particular cultural competency demands of participant counties. For example, CC/ESMs participating in the Superior regional committee are able to focus on issues relevant to rural and geographically isolated communities.
  - Some MHSA planning and implementation requirements lend themselves to regional strategies better than others. Specifically, workforce development, capacity for linguistic competence and prevention planning would benefit from a regionalized approach.
  - To ensure the integration of the work of regional CC/ESM groups with local county priorities, mental health directors are encouraged to participate in these committee meetings on, at least, a biannual basis. As an alternate strategy, CC/ESMs could be invited to standing regional mental health directors meetings on a biannual basis.
  
2. It is important to ensure that cultural competence is reflected in a variety of ways. Critical expertise is often possessed by consumers, family members, advocates and by line staff other than clinical practitioners/case managers. CC/ESMs can facilitate bringing together all in-county experts and, thereby, increase the effective cultural competence available to realize system transformation. The inclusion of a diversity of input into our planning and implementation efforts is clearly a priority of MHSA. While there is no template for that inclusion, local cultural competence teams can act as a continuous thread that pulls together the competency of the overall "transformed culturally competent system of care."
  - Development of local teams to identify existing competency as well as areas of need. Local cultural competency committees might include the director or designate, the CC/ESM, quality improvement manager, clinical services managers, consumer, family member, administrative support and research and development.
  - As an effective short-term strategy, the CC/ESM can guide local efforts to identify, support and train a cadre of new representatives to actively participate in standing system committees (e.g., quality improvement, local leadership groups, system planning and design committees, personnel committee) and in newly-formed MHSA planning and implementation committees. Representatives might come from local consumer/family groups, other community agencies and local institutions such as the faith-based and business communities. We believe that this

- type of strategy is crucial to the meaningful inclusion of new voices to the transformation effort. The provision of support and training through such an organized effort would aid community representatives feel comfortable in and make effective contributions to planning and implementation efforts. Inclusion of representatives from un-served/underserved communities should be viewed in realistic developmental phases in order to avoid overtaxing new participants. Inclusion will also depend on investment in creative accommodations so that new participants might have realistic access to participation in system transformation.
- Local cultural competency expertise should be used to review MHSA plans and help ensure the integration of cultural competency throughout the document. To help aid in this “quality review,” the director and his/her CC/ESM might develop a checklist of critical elements.
3. Allocate resources for training and consultation to develop and expand local and regional expertise. A training commitment will help ensure a meaningful participation of a county’s or region’s cultural competency experts in the planning and implementation of MHSA.
- CC/ESMs should be encouraged to develop their expertise through participation in relevant conferences and trainings.
  - CC/ESMs should work with racial, ethnic, cultural, client and family communities to provide training and support to these under-represented groups and increase their participation over time.
  - CC/ESMs should be encouraged to foster relationships with more experienced CC/ESMs through regional CC/ESM committees and through direct request for technical assistance.
  - CMHDA can play a critical role through support of focused technical assistance from State DMH, CiMH, University, and more well-resourced counties in the areas of health disparity, evidence-based practices and cultural and linguistic competency needs assessment.

These strategies are intended as examples of practical solutions that can be utilized to develop locally appropriate, culturally competent response to the MHSA. The ESC provides a valuable resource in the identification and development of other helpful strategies. More importantly, each county’s CC/ESM can be viewed as the “on the ground” expert responsible to provide leadership and direction to cultural competency initiatives and, particularly, for the accommodation of those initiatives into MHSA planning and implementation frameworks.