REMHDCO
Racial and Ethnic Mental Health Disparities Coalition

Racial and Ethnic Mental Health Disparities Coalition (REMHDCO)
Contract: 15MHSOAC019

Deliverable 2: Identification and Outreach to Local County Cultural Competence Committees

Deliverable #2 – Identification & Outreach to Local County Cultural Competence Committees

To enhance outreach and communication efforts at the local level, the Contractor shall make contact with each County's Cultural Competence Committee and will create a directory of the information gathered to assist stakeholders in easily connecting to these bodies. This may be done through each County's ethnic services or cultural competence manager, MHSA coordinator, or designated member of the community. The Contractor may coordinate this activity with the California Behavioral Health Directors Association. Contractor shall assess the effectiveness of the existing Cultural Competence Committees and their strategies to reducing disparities including model services, programs, and processes. The Contractor shall conducted this assessment in no less than 3 counties.

Work Product: E. Draft Final Report

The Contractor shall submit a draft final report for the MHSOAC's consideration and feedback. Report shall include all final Cultural Competence Committee rosters and information from a brief questionnaire regarding how often meetings are scheduled, whether they are open to the public, etc. This Report shall include a list of counties where a Cultural Competence Committee is not in operation or where collection of the information was not possible.

Report shall also include all findings from county assessments including strength of the Committee activities as they pertain to reducing disparities, as well as opportunities for improvement and enhancement of efforts. The Report shall also include preliminary information about interviews with cultural competence committee members and staff. Draft Final Report is due no later than March 31, 2017.

Background

The County Cultural Competence Plans (CCPs) were developed to gauge the cultural and linguistic competency of each county's mental or behavioral health department. These plans assess specific standards with the intention of moving county departments towards the goal of reducing disparities and improving services for underserved, unserved, and inappropriately served communities.

The California Code of Regulations, Title 9, Section 1810.410 required the counties to turn in the CCPs periodically to assist in monitoring and evaluating efforts to reduce disparities. Other state and federal authority is cited within the CCP template given to counties. Also, the Federal Waiver developed regularly by the Department of Health Care Services (DHCS) includes these plans as a mechanism for the state to work to reduce mental health disparities. These plans cover Medi-Cal services, services funded by the Mental Health Services Act (Proposition 63/MHSA), and realignment.

Following the passage of the MHSA in November 2004, the County Behavioral Health Departments were allowed a five year grace, or administrative relief, period that allowed them to roll out their programs and hold the necessary stakeholder meetings for the MHSA. The Counties were not required to submit another

CCP until 2010, as required by the former Department of Mental Health (DMH). CCPs were initially subject to review and scored by external consultants, however most of the plans were never scored or released to the public, and no movement had been made while the DMH was still functioning.

In 2012, because of the reorganization of the State Department of Mental Health, the responsibility of collecting and scoring these plans was transferred to the Department of Health Care Services (DHCS). DHCS has not yet released new instructions on requirements and submission of CCPs. REMHDCO has met annually since 2013 and continues to meet regularly with DHCS to express concerns about CCPs. It is REMHDCO's understanding that in general, the original requirements of the CCPs remain the same but small additions have been made to bring it in line with the new federal CLAS standards (National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care).

Overview

The Cultural Competence Committee Directory Project (CCCDP) seeks to build and strengthen REMHDCO's relationship with county behavioral health departments and leaders of racial, ethnic, and cultural communities at the local level. As explained above, the county behavioral health departments are still required to follow the Cultural Competence Plan requirements. These requirements are comprised of eight Criterion which were designed to help counties in identifying and addressing mental health disparities. For this deliverable, Criterion IV, "Client/Family Member/Community Committee: Integration of the Committee within the County Mental Health System," is especially pertinent. Criterion IV requires a county to have a Cultural Competence Committee (CCC), or other group that addresses cultural issues and has participation from cultural groups, that is reflective of the community. The requirements also include a committee membership roster listing member affiliation.

REMHDCO was charged with collecting these rosters from each county behavioral health department through a request to the Cultural Competence/Ethnic Services Managers (CC/ESMs) to assist in strengthening the network of cultural competence committees and providing a resource to facilitate cross-county collaboration. REMHDCO collated the information from the rosters into a directory and a database. The directory provides a quick and easy method to examine information about the committees county by county. The database will allow information about members of the cultural competence committees to be analyzed by different factors, such as what specific racial, ethnic or cultural communities representatives exist throughout the state. REMHDCO will share this information via email and the data will be shared on the new Mental Health America of California (MHAC) website once developed. The information will also be advertised in the MHAC newsletter.

Communication between underserved communities throughout the state can take place more easily when this information is available on a web-based directory. For example, representatives from one Cultural Competence Committee encountering specific issues can reach out to other representatives to keep abreast of relevant research and best practices information, thereby avoiding the need "to re-invent the wheel." Or, if CC/ESM is finding it challenging to find a Pacific Islander representative for the Cultural Competence Committee, s/he can reach out to Pacific Islander members in other communities for referrals. The CC/ESMs could more easily share advice on effective outreach approaches for specific Pacific Islander populations and other communities. The directory may assist in identifying new communities that are represented in CCCs and in facilitating networking activities across counties.

Eventually, REMHDCO or any other entity – including CC/ESMs - may want to send surveys or information to particular geographic, racial, ethnic, or cultural communities and could utilize the information in the directory or database.

CCCDP also aims to highlight a culturally competent model service or practice supported by the community(ies) it serves, as well as the county behavioral health departments. This would be accomplished through the collection of several types of information that are provided by county Cultural Competence Ethnic Services Managers (CC/ESMs), and by community members involved with the culturally competent practice selected.

REMHDCO identified the frequency rates of committee meetings and tracked their past and ongoing activities. Communication with county staff and managers was established to provide a better understanding of the successes of their meetings and model services. Below are several questions REMHDCO explored through this effort:

- Does the county have an active committee?
- Do they meet? How frequent do they meet?
- Is it meeting open to the public?
- What activities are the committees currently engaged in?
- What are some ways the committee could be utilized to effectively serve the community?

These questions are key to understanding the effectiveness of the model services utilized by counties. Whether a county has an active CCC, this information would allow REMHDCO to share recommendations or useful resources with particular counties on how to initiate or improve their committees.

While REMHDCO is familiar with several community-defined and appropriate service models, REMHDCO staff worked to identify models and practices successfully utilized within county Mental Health Departments. Programs could be highlighted as a model practices to be used by other Behavioral Health departments to better serve California's diverse populations.

Aims and Objectives

CCC Directory Project:

To build a user-friendly online directory of all CCC members to improve local outreach and communication efforts between committees, as well as members of specific racial, ethnic, or cultural communities throughout California. The directory may also be used as resource for county staff and others. It will also inform members of underserved racial and ethnic communities who represents them at their respective County Behavioral Health Departments. Once the information is compiled, the directory will be available to all members of the committees and general public on REMHDCO's website.

Objectives:

- To engage with Cultural Competence/Ethnic Services Managers (CC/ESMs)
- To request and collect committee membership rosters and survey responses from CC/ESMs
- To perform data entry and analysis
- To promote the Online Directory

A timeline of the project is summarized in **Table 1**:

Table 1: CCC Directory Project Timeline

July – September 2016	October - December 2016	January – March 2017

• Meet with Kirsten Barlow, Executive Director of CBHDA • Collect CC/ESMs roster online • Create two preliminary lists to track progress/statuses of roster collection • Send official letter of request to CC/ESMs • Make follow-up phone calls • Collect requested information • Data entry	• Continue making follow-up phone calls • Finalize data entry • Test-run online directory • Produce project materials • Promote directory	• PowerPoint presentation

CCC Assessment Project:

To identify culturally and linguistically competent strategies currently in place at three selected County Behavioral Health Department's CCCs to develop some recommendations to inform the work of CCCs statewide. Through collaboration among the California Behavioral Health Directors Association (CBHDA) and Mental Health Services Oversight and Accountability Commission (MHSOAC), the selection of the three counties was accomplished:

- Contra Costa County
- Butte County
- Sacramento County

Objectives:

- To select and finalize three County Behavioral Health Departments' CCCs
- To conduct interviews with CC/ESMs and community members of the CCCs
- To disseminate survey
- To analyze data
- To develop recommendations

A timeline of the project is summarized in **Table 2:**

Table 2: CCC Assessment Project Timeline

September 2016 – November 2016	December 2016- January 2017	February 2017 – March 2017
• Selection of three county CCCs for assessment • Inform and Request recommendations from CBHDA • Schedule interviews with CC/ESMs and members	• Complete scheduling interviews • Complete the interview process • Complete report and a list of recommendations	• PowerPoint presentation

Methods and Approaches

For this project, REMHDCO employed several different methods and approaches to compiling data to develop the report. Staff conducted a literature review, participated in County Cultural Competence Committee meetings, participated in committee meetings, interviewed current or former committee members, interviewed Ethnic Services Managers, and surveyed committee participants.

Literature Review

Staff began the project by conducting a literature review which examined numerous studies that highlight CCCs or how CCCs have been useful to the overall effectiveness of an organization's cultural understanding and responsiveness.

Role of Cultural Competence Committees to the

Success of Mental Health Services for Racial, Ethnic, and Cultural Communities

The mental health community is becoming progressively aware of the need to enhance cultural competency within organizations to effectively treat an increasingly diverse patient network. This heightened awareness has led to a proliferation of cultural competence trainings as well as efforts to identify service models which have been proven to improve the knowledge and ability of mental health professionals to work with diverse groups. This literature review examines several articles that explore the effective integration of cultural competency into organization's mental health programs through the use of cultural competence committees. Particular attention will be paid how organizations are "...utilizing respected community and well-being champions in the committee structure creates a relationship between the committee and community through a circle of influence." These committees can "...form and strengthen existing social networks within communities, which have the potential to create a cultural shift in these communities towards a healthier and more integrate living."[1]

There is a lack of research investigating the effectiveness of cultural competence committees and their ability to improve outcomes for diverse populations and the mental health community as a whole. Most studies have focused broadly on cultural competence and providing competent services to diverse communities, but have not delved into the structural needs to creating a culturally aware organization and structure. However, as highlighted by the Substance Abuse and Mental Health Services Administration (SAMHSA) in their Treatment Improvement Protocol (TIP) 59, there are several tasks that should be completed in order to create a Culturally Responsive Treatment Environment. As shown in table 1 below, the main tasks include organizational values, governance, planning, evaluation and monitoring, language services, workforce and staff development, and organizational infrastructure. Among these tasks is the establishment of organizational entities (such as advisory committees) tasked with promoting and ensuring culturally competent services. Further, the TIP specifies specific tasks that the committee would be ideally qualified to assist with.[2] As

[1] Bowen Chung and Felica Jones. *Community Engagement: An Approach to Improving Mental Health Care Disparities.* Florida State University Medical School.

[2] *SAMHSA. Treatment Improvement Protocol 59, Page 93.*

highlighted in Table 1 *(SAMHSA. Treatment Improvement Protocol 59, Page 93)* there are several roles in the TIP which a cultural competence committee could contribute to ensure an organizations successful integration of cultural competency.

Table 1:

Organizational Values	• Commit to cultural competence. • Review and update vision, mission, and value statements. • Address cultural competence in strategic planning processe
Governance	• Assign a senior manager to oversee the organizational deve practices and services. • Develop culturally competent governing and advisory boar • Create a cultural competence committee.
Planning	• Engage clients, staff, and community in the planning, develc culturally responsive services. • Develop a cultural competence plan. • Review and develop policies and procedures to ensure cult practices.
Evaluation and Monitoring	• Create demographic profiles of the community, clientele, st • Conduct an organizational self-assessment of cultural comp
Language Services	• Plan for language services proactively. • Establish practice and training guidelines for the provision
Workforce and Staff Development	• Develop staff recruitment, retention, and promotion strateg served. • Create training plans and curricula that address cultural co • Give culturally congruent clinical supervision. • Evaluate staff performance on culturally congruent and con and skills.
Organizational Infrastructure	• Invest in long-range fiscal planning to promote cultural com • Create an environment that reflects the populations served. • Develop outreach strategies to improve access to care.

First, organizations need a commitment to cultural competence as reflected in the vision, mission and value statements. This goal was echoed by the American Journal of Preventive Medicine when they identified the "need to develop realistic and collaborative plan to implementation of cultural and linguistic goals. This plan should be influenced by community partners who have the most experience and trust within the communities."[3] Cultural competence committees may play a critical role in ensuring that this objective is met.

Second, within the governance of an organization, steps towards cultural competency can be reached by developing culturally competent governing and advisory boards including a cultural competence committee. In an article titled *Engaging communities to improve mental health in African and African-Caribbean groups: a qualitative study evaluating the role of community well-being champions (CWBCs),* the authors engaged CWBCs in an attempt to improve services for the African community in the United Kingdom.

[3] Anderson, Scrimshaw, Fulilove, and Fielding. The Community Guide's model for linking the social environment to health. American Journal of Preventive Medicine.

> "They helped to form and strengthen existing social networks within communities, which have the potential to create a cultural shift in these communities towards a healthier and more integrated living (White et al. 2010). This is corroborated by empirical evidence from US outreach interventions adopting promotoras (lay health educators) to improve mental health in hard-to-reach groups (Tran et al. 2014)."[4]

Third, community leaders, similar to the CWBCs mentioned earlier, should be engaged in planning, development, and implementation of culturally competent services and cultural competence plan. The cultural competence plan should address the particular community needs and take into account the "historical distrust of governmental institutions among many racial, ethnic, and cultural communities" as described in the Florida State study. "Community trepidation stems from a history of research abuses and a distrust of government programs and health services." Asset-Based Community Development (ABCD) is one way which has been successful in supporting "community-based efforts to rediscover local capacities and citizens' resources to solve problems."

> "Successful asset-based community development entails coordinated, spirited, multiparty, bottom-up deliberations."

Lastly, there must be continued buy-in, and continued demonstration of the organization's cultural competency. "The organization must value diversity, conduct self-assessment, manage the dynamics of difference, acquire and institutionalize cultural knowledge, and adapt to diversity and cultural contexts of the communities it serves." "The organizations must incorporate the above in all aspects of policymaking, administration, and service delivery and systematically involve consumers and families" of racial, ethnic, and cultural communities.[5]

Although the literature was not abundant, there are general principles that can be gleaned from the review. First, there must be a mutual collaboration and understanding of the shared goals between the organization and the community it serves, which can be achieved through the increased usage of cultural competence committees. There must be buy-in on the organizational level, which is evident to the community served, including hiring of culturally competent staff throughout the organization including leadership, ensuring the plans and services that are provided are developed in a culturally competent manner with input from the community being served, promoting the participation of community members in the early stages of plan and program development, fostering communication channels, empowering community participants, and conducting continued improvement efforts. The organization must be comfortable admitting gaps and limitations in their

[4] Nadia Mantovani BSc MSc PhD, Micol Pizzolati BSc PhD, and Steve Gillard BMus MA PhD. Population Health Research Institute, St George's University of London, London, UK and 2Department of Economics, Management, Society and Institutions, Universit_a del Molise, Campobasso, Italy

[5] Goode, T. (2001). Policy brief 4: Engaging communities to realize the vision of one hundred percent access and zero health disparities: A culturally competent approach. Washington, DC: National Center for Cultural Competence, Georgetown University Center for Child and Human Development.

cultural responsivity and be willing to make corrective steps to ensure that all communities have access to, and a voice in, the services they deserve.

Participate in Committee meetings

Staff attended several CCC meetings to get a clear understanding of the role and structure of the committees. Due to time and travel constraints, Staff attended Sacramento County's CCC meetings on several occasions. This participation was helpful to Staff because it provided additional information in the development of the in-person interview and survey questions. In addition, this provided the committee members with the opportunity to ask questions or make comments on the project. Staff would have liked to attend all selected committees, and feel that it would be informative to do so in future endeavors.

Committee member In-person/Phone Interviews

Another project component was to interview members of the committee, particularly those who represent an ethnic/cultural diverse community. To identify best practices currently placed in these selected counties, it is also important to engage with members in the interview process. Due to time and travel constraints staff was only able to conduct in-person interviews with the members of Sacramento County; the rest were through phone interviews. In addition the number of interviews per county decreased from 5-6 to 3. Information was collected through note-taking and audio recording with the consent of the interviewees.

Most of the interview questions were similar to those from the CC/ESM interviews. The purpose was to compare responses from both groups to identify any similarities and differences. See attachment 1 to view the list of interview questions for committee members.

Ethnic Services Manager In-person/Phone Interviews

REMHDCO staff sent an official introductory letter (see attachment 2 for a copy of the letter) to each of the county behavioral health directors of the selected three counties to inform them of the purpose and plan of the project that included interviews with the CC/ESMs. REMHDCO staff then contacted the CC/ESMs to schedule a time for the interviews. A list of 7 questions was sent to the CC/ESMs. REMDHCO staff in collaboration with MHSOAC technical assistance staff conducted an in-person interview with the CC/ESM of Sacramento County and phone interviews with the CC/ESMS from Butte County and Contra Costa County. Staff would have liked to conduct all the interviews in person; however, they were unable to do so due to time and travel constraints.

The development of interview questions involved a collaborative effort between REMHDCO staff and MHSOAC research support. After reviewing the draft list of questions, staff and the MHSOAC technical assistance provider altered the tone and structure of the questions to create a balance and smooth flow of the interviews. Staff first asked the general questions below to set the ground for the interviews:

- Tell us about your experiences in the CCC?
- How long have you been ESM?
- Or with the county?"

Staff then transitioned to asking more in-depth questions, followed by specific secondary questions that were not included in the list forwarded to the CC/ESMs. Staff used a secondary questions as a strategy to prolong the discussion on a particular topic or issue to gather more information from the interviewees. In keeping with qualitative research theory, interviews began with an open-ended, general question and then

proceeded with more focused prompts. This enabled the interviewees to provide initial thoughts with minimal direction regarding content which led to a richer, more nuanced discussion.

Cultural Competence Committee survey

Another source of data regarding CCC effectiveness was an online survey disseminated to CCC members via Google Forms. This is an effective and efficient approach to collect information from a large group of people in a timely manner. A letter with the link to the online survey was sent to CC/ESMs who then forwarded the information to all the members of the CCC. See Attachment 3 to view the letter. Members were given a week to fill out and submit the survey. There were a total of 9 respondents representing different cultural communities from Butte County and Sacramento County. There were no responses from Contra Costa County. Staff is disheartened by the lack of responses to this survey. We would support additional investigation with committee members to determine how it could be more helpful or useful. Participants were asked to indicate the extent to which they agreed or disagreed with 19 statements. They were also given the option to provide their personal information such as full name, the community(ies) they represent, county, and email address. The last 3 open-ended questions provided respondents with the opportunity to share additional information, comments, and etc.

The survey questions were developed by REMHDCO staff with the support of MHSOAC research staff. Initial versions contained strongly worded questions, revisions emphasized the importance of strength-based questions that fostered honest and reliable responses.

At the top of the survey, staff provided a brief description of the purpose of the survey along with a statement that respondents' identities and personal information will not be revealed. Results of the survey are reported in aggregated form. Participants provided responses to survey questions on a likert scale ranging from "Strongly Agree," "Somewhat Agree," "Neutral," "Somewhat Disagree," and "Strongly Disagree. As mentioned previously, nine responses to the survey were received. The responses were then coded from 1-5, with 1 corresponding to Strongly Disagree and 5 corresponding to "Strongly Agree." Results were then averaged for each question. Higher numbers indicated a more favorable response to questions.

Outcomes and Findings

Interview Findings:

Staff conducted numerous interviews with Cultural Competence Committee Staff and Members. Staff asked open-ended questions and allowed the interviewees to lead the conversation, so as to minimize the leading or biased questions. The table below lists the initial questions that were asked to all participants, although when necessary Staff asked additional follow-up or clarifying questions. To ensure confidentiality no responses will be attributed to the respondent.

1. Tell us about your experiences in the County Cultural Competence Committee?
2. What are the goals and activities of the CCC?
3. How are these goals and activities determined?
4. What challenges have you faced with the committee?
5. What successes or accomplishments have you had as a committee?

6. What is your relationship with the community?

7. How have you been supported in your work as an ESM and with the committee?

Throughout the interviews common themes emerged in the responses.

First, most respondents mentioned that the committees provide members and county staff a welcoming venue and an opportunity to meet and learn about different cultural groups. Several members mentioned that these connections led to resource/information sharing, cultural competence trainings, and reduced stigmatization within communities. Through this process, participants learned about different communities, their histories and their mental health needs. Many were able to forge new networks of providers that helped to improve access to care to clients across communities by fostering an awareness of available resources and services. The cross-pollination and collaboration that resulted from engaging in regular meetings with providers from other communities was an important contribution of CCCs identified by interviewees.

Another strength of the CCCs identified by participants is the development of outreach materials and reports. Through these activities, the members reported that they were able to increase access to care for underserved communities, reduce stigma of mental illness, and increase awareness of the nature and extent of mental health problems in the county.

Finally, participants reported that they were able to have some input into important decisions made by counties. Most often, these decisions centered around the collection of race, ethnicity, sexual orientation, and gender identity information from clients in county programs. Participants generally reported having positive relationships with county staff. They noted that they feel comfortable speaking up in meetings. Further, they described the processes as transparent and reported that they feel supported in their activities.

In terms of challenges faced by CCCs, it was mentioned that some committees lack overall representation from many communities that need to be in the discussion. Some members recommended expanding the committees to better address these disparities. It was also mentioned that some committees might have a membership that is not being utilized or activated. One interviewee commented that they felt committee meetings need to be more inclusive, and that the Staff should look into holding meetings at community centers to increase participation and buy-in.

In addition, it is vitally important to ensure smooth transition when Staff turnover occurs. In several instances it was mentioned in the interviews that there was a lack of information on staff transitions. Counties should provide committee members with information about staff transition and plans for new committee staffing. Additionally, County leadership should empower the committee staff with resources and information that is needed to ensure a smooth evolution. These committees need to be strengthened to provide incentive for County staff participation. County staff should be engaged on the best process for incentivizing and encouraging participation. There was also mention that the updating of the CCPRs could help define the roll of the ESM.

Lastly, several members and County staff mentioned a stagnation flow of work and a lack of direction from the State. The Department of Health Care Services is charged with the release and updating of the Cultural Competence Plan Requirements. Counties use these plans to strategize their structure and service methods, however, without updated requirements the Counties and in turn the committees are forced to

"go at it alone", but this means there is no continuity between separate counties and no roadmap for improving the cultural competency of the organization.

Survey results:

As noted in the table below, in general participants responded positively to survey questions, indicating that they felt their committees were effective in the areas surveyed. However, for some questions the average response was slightly lower (under 4). Specifically, respondents' average response was less favorable for the following questions:

- New committee member orientation was thorough, allowed me to understand fully my role and duties as a committee member.
- Our committee has adequate resources (for example, budget, people) to support its function.
- Our committee provides various opportunities and activities that help members get to know one another better.
- I believe my county has done outreach effectively to my community.

These responses suggest that committee members feel the need for greater training and orientation, as well as clarity regarding their role as a member of the CCC. Further, CCC members identified a need for more resources to support CCC activities as well as enhanced efforts to facilitate networking and relationship both among CCC members and with communities.

#	Cultural Competence Committee Assessment Questionnaire Responses	Strongly Agree
1	I know the mission/purpose of the Cultural Competence Committee and I can communicate it to others.	4.22
2	I understand my responsibilities as a member of this committee.	4.25
3	There is alignment between our goals and purpose and the actions taken and/or the decisions made by the committee.	4.22
4	New committee member orientation was thorough, allowed me to understand fully my role and duties as a committee member.	3.33
5	New committee member orientation included a segment about the county cultural competence plan requirements.	4.22
6	Our committee has adequate resources (for example, budget, people) to support its function.	3.67

7	I feel that my opinions and recommendations along with those of other community members of the committee are strongly considered by the County.	4.33
8	I feel that the Ethnic Services Manager is familiar with and knows the needs of my particular racial/ethnic/community in my county.	4.11
9	I feel that the County Behavioral or Mental Health Department recognizes the value of the CCC.	4.44
10	Our committee provides various opportunities and activities that help members get to know one another better.	3.89
11	Our committee has the respect and support of key stakeholders/leadership of the unserved and underserved communities in the county.	4.88
12	I feel that the community members on the CCC have as much power and influence as the county staff members on the CCC.	4
13	I feel that the CCC has in some ways, contributed to the reduction of mental health disparities for racial/ethnic/cultural communities in my county.	4.22
14	I feel that the CCC has contributed to more culturally competent mental health services being provided by the County.	4.33
15	I believe my county has done outreach effectively to my community.	3.78
16	I am an active committee member and regularly attend the committee meetings.	4.44
17	Before reaching a decision on important issues, the committee usually receives information in advance.	4.22
18	Before reaching a decision on important issues, the committee has robust discussions with various viewpoints represented.	4.11
19	I feel safe in speaking my mind during committee meetings.	4.78

#	General Questions	Summary Responses

20	What information or support do you feel you need to be a better committee member?	• Need more support from community members along with consumers. • Clear direction of CCC roles and responsibilities.
21	What would you like to see improved at your committee meetings?	• Incorporation of cultural practices, environment (offices) and information (pamphlets. • Advance information and discussion on decisions related to CCC • Bigger meeting space
22	What areas should the committee focus on in the future?	• Incorporation of both (mentioned before activities) • Community outreach • Support in including various ethnicities in US Census

Conclusion & Recommendations

This project has been a rewarding experience and has enabled Staff to develop a fuller understanding of the strengths, weaknesses, and needs of the Cultural Competence committees. The county Cultural Competence committees are powerful tools which can be used to ensure that all mental health services provided by the counties are culturally competent and congruent to the needs of the population served. However, there are certainly areas that can be improved, so that the committees are more effectively working efficiently and in accordance with their charter.

First, the Department of Health Care Services must streamline and prioritize the prompt release of the updated Cultural Competence Plan Requirements. It is impossible for the ESMs and CCCs to develop and have aligned strategies without a charter or plan for them to follow. DHCS should work to convene stakeholders, including ESMs, CCC members, other governmental agencies, and other interested stakeholders to ensure that the plan is developed with clear directions for committees. Since there has already been considerable delay on the part of DHCS this process should be completed swiftly. This important issue was raised throughout the entire project and if rectified would provide County staff and CCC members the opportunity to align their work more effectively.

Second, Counties should ensure a smooth transition when Staff turnover occurs. New staff should be well-versed or trained on the activities that the committee is undertaking, so that a smooth transition is more likely. Additionally, the committee members should be made aware of the staff transition and the process for filling the position. In several counties it was mentioned that the process for filling vacated positions and the continuity of the committee lacked clarity on the transition process.

Third, the committees should have membership that is representative of the demographics of the community being served. County staff should work with members and stakeholder organizations to ensure that the committee membership completed addresses any vacant needs. Some groups that were highlighted in the process were veterans, refugees/asylees, youth and foster care, and other hard to reach racial and ethnic communities. Additionally, there should be a clear and complete orientation for all new members. The orientation should provide

new members with all the information needed for them to be a fully functional member. It was mentioned that this orientation would help strengthen the bond that new members have to the committee and can improve the overall functionality of the committee. Lastly, the committee membership should be largely made up of community stakeholders. In our review of the CCCs we noticed a trend among several counties to have County staff participate as a member of the committee. The CCC should be an opportunity for the community to share ideas and expertise with the County Staff, therefore having Staff participate may have a contrasting effect.

Lastly, committee members should be empowered to partner and collaborate. Committee members can provide valuable experience and expertise to one another and can help increase the overall competency level of each other's organizations. Additionally, the county should utilize their members and their expertise or connections to increase the overall cultural competency of the County structure and services. This empowerment can help create and strengthen the connections between the community, committee members, and county staff.

Staff would like to thank all Ethnic Services Manager, CC members, and the California Behavioral Health Directors Association for their participation in this project. We would also like to thank Dr. Katherine Elliott, of the MHSOAC, for her expert guidance in this project, and her continued support of cultural competence and mental health equity.

Attachments

Attachment 1

Cultural Competence Committee (CCC) Assessment Project

Interview Questions for Community Members

1. Tell us about your experiences in the County Cultural Competence Committee?
2. What are the goals and activities of the CCC?
3. What challenges have you faced in accomplishing the goals of the CCC?
4. What successes or accomplishments have you had as a committee?
5. What has been your personal experience on the CCC been like?
6. Do you have suggestions for improving the functioning of CCCs?

Attachment 2

Dear Member of the County Cultural Competence Committee:

The Racial and Ethnic Mental Health Disparities Coalition (REMHDCO) is a coalition of community leaders representing underserved and minority communities across the state. We have been asked by the Mental Health Services Act Oversight and Accountability Commission (MHSOAC) to conduct a project exploring County Cultural Competence Committees. The name of this project is **Cultural Competence Committee (CCC) Assessment Project**. You have been selected to participate in this project because of your work with the committee.

The goal of this project is to identify effective strategies currently in place at three County Behavioral Health Department's CCCs. The three selected counties are Butte County, Contra Costa County, and Sacramento County. This project will not only demonstrate how these counties are working effectively to address mental health disparities among underserved racial and ethnic communities, but also provide some recommendations to inform the work of these committees statewide.

The plan is to interview you and two other community members of the CCC. We plan to hold phone interviews from **February 13th - March 10th**, and interviews will be approximately 30-45 minutes long. Your response will be confidential and compiled in a way to highlight strength-based results. I would appreciate it if you could share some of your time availabilities for the interview.

If you have any questions or concerns about this project, please do not hesitate to contact me at either: Svue@remhdco.org or (916) 557-0907, ext. 113. A fact sheet and the list of interview questions are attached for your convenience.

Sincerely,

Simon Vue

Simon Vue

Program Assistant

Attachment 3

Dear Member of the County Cultural Competence Committee:

The Racial and Ethnic Mental Health Disparities Coalition (REMHDCO) is a coalition of community leaders representing underserved and minority communities across the state. We have been asked by the Mental Health Services Act Oversight and Accountability Commission (MHSOAC) to conduct a project exploring County Cultural Competence Committees. The name of this project is **Cultural Competence Committee (CCC) Assessment Project**. You have been selected to participate in a brief survey because of your work with the committee.

The goal of this survey is to collect feedback about your experience with your CCC that will be used to assist REMHDCO to develop some recommendations to inform the work of CCC statewide. The survey is very brief and will only take 5-7 minutes to complete. We would appreciate it if you could fill out the survey **by COB next Friday, 3/24**. Please click here to access the survey or the link below:

https://docs.google.com/forms/d/e/1FAIpQLSdYSmwNM_PGvEL_-K03d8s49DB0y5EkihCD5MwAyByHyalJFQ/viewform

Your participation in the survey is completely voluntarily, and **all of your responses will be kept confidential.** No personally identifiable information will be associated with your responses to any reports of these data. If you have any questions or comments about this survey, please do not hesitate to contact REMHDCO Associate Director Michael Helmick at mhelmick@remhdco.org or (916) 557-0907, ext. 116.

Thank you very much for your time and cooperation.

Sincerely,
Simon Vue
Program