

**California
Mental Health Directors
Association**

**Framework for Eliminating
Cultural, Linguistic, Racial
and Ethnic Behavioral Health
Disparities**

CONTENTS INCLUDE

Background and Introduction

Foundation Statement

Guiding Principles for the Development
of Culturally Competent Services

Cultural Competence / Ethnic Services Manager
Areas of Responsibility

Addenda:

Legal Mandates

Selected Resources and References

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INTRODUCTION AND BACKGROUND

The California Minority Services Coordinators mission, platform and general duty statement was developed by Minority Services Coordinators (MSCs) in 1988 and approved by the California Conference of Local Mental Health Directors (CCLMHD) in 1989. MSCs from three regions participated in the development of the document that outlined the duties of Minority Services Coordinators. Used as a guide, the document allowed for the necessary flexibility required for counties of various sizes and structures to adopt it for use in developing the duties of their Minority Services Coordinators.

In a letter to local mental health directors announcing approval of the document, the President of CCLMHD cited the changing demographics in the State, noting that by 2000 ethnic minorities were expected to exceed 50% of the State's general population. "The changing ethnic and cultural characteristics of our clients' present possible unintended treatment obstacles unless we are proactive and plan for these clients. County Ethnic Minority Services Coordinators and their advocates are helping us by keeping their service delivery concerns and insightful proposals in our minds as we continue with the duty to provide quality mental health services to all clients."

In the 1990s the title of the position changed from Minority Services Coordinators to Ethnic Services Managers (ESMs). The content of the document created in 1989 has endured with minor modifications over the years. Now sixteen years later, ESMs embarked on a project to update the document to more accurately reflect the changes that have occurred in California and address concerns regarding the disparities in behavioral health care for cultural, linguistic, racial and ethnic groups.

In the process of reviewing the document, it became apparent that major revisions of the document were necessary. *Framework for Eliminating Cultural, Linguistic, Racial and Ethnic Behavioral Health Disparities* addresses the needs of diverse populations across the life span as it outlines the responsibilities of county ESMs in relation to those needs. It is important to recognize this framework as a living document. As the field of cultural competence evolves, this document must remain flexible and able to respond to new challenges and to incorporate new and/or more sophisticated perspectives and strategies. At a local level, a county will have latitude to address the recommendations of this Framework based on assessment of local needs and resources. As in the original 1988 document, this version preserves a county's prerogative to craft locally responsive adaptations.

In order to more accurately reflect the breadth of responsibility, the title of Ethnic Services Manager is augmented and retitled as Cultural Competence/Ethnic Services Manager (CC/ESM). CC/ESMs have been charged with two core areas of responsibility. They are to assure quality services to the high-risk ethnic communities in California counties, and secondly, to ensure that county mental health systems are culturally competent. Cultural competence has its historical roots in the identification of and response to service inequities and health disparities differentially

experienced by racial and ethnic communities. Contemporary analyses continue to show that California's racial/ethnic communities suffer greater access barriers, are underserved and have less positive service outcomes as compared to other groups. While culturally competent service delivery systems will continue to have primary goals around ongoing elimination of these health and service inequities to racial/ethnic communities, culturally competent systems must be sufficiently flexible in order to promote improved quality and effectiveness of services for all consumers. Culturally competent systems recognize and address diversity in its broadest sense. Culturally competent systems will provide effective and appropriate service to all consumer constituencies including, for example, rural, Lesbian, Gay, Bisexual, Transgender (LGBT) and faith communities. California's county mental health systems need to prioritize and respond to the accurately assessed needs of all local consumer constituencies. Given the current and future demography of communities served by county mental health agencies, CC/ESMs will primarily address the needs of children, adults, older adults and other special populations from racial and ethnic communities. CC/ESMs will advocate for and promote that systems develop and maintain policies, programs, practices and services that address the culture of all communities. Thus, their work in cultural competence is of benefit to the entire community. *Framework for Eliminating Cultural, Linguistic, Racial and Ethnic Behavioral Health Disparities* is offered to local mental health departments to assist in the delivery of quality mental health services that meet the needs of all Californians.

FOUNDATION STATEMENT

SECTIONS:

DEMOGRAPHICS AND THE INCREASING ETHNIC POPULATION OF CALIFORNIA
MENTAL HEALTH STRESSORS FOR CULTURAL, LINGUISTIC, RACIAL AND ETHNIC COMMUNITIES
SOCIO-ECONOMIC BARRIERS FOR CULTURAL, LINGUISTIC, RACIAL AND ETHNIC COMMUNITIES
IMPLICATIONS OF MISDIAGNOSIS OF CULTURAL, LINGUISTIC, RACIAL AND ETHNIC GROUPS
MENTAL HEALTH AND HEALTH DISPARITIES NEGATIVELY IMPACTING CULTURAL, LINGUISTIC, RACIAL
AND ETHNIC COMMUNITIES
SCANT RESEARCH ON THE BEST PRACTICE SOLUTIONS FOR CULTURAL, LINGUISTIC, RACIAL AND ETHNIC GROUPS
INCLUSION OF CULTURALLY DIVERSE CONSUMERS AND FAMILY MEMBERS IN POLICY AND PRACTICE
THE IMPORTANCE OF STRENGTH-BASED, EARLY INTERVENTION AND PREVENTION STRATEGIES
THE CHALLENGES OF ECONOMIC TIMES AND THE OPPORTUNITIES OF CULTURAL COMPETENCE
CURRENT AND FUTURE MENTAL HEALTH WORKFORCE ISSUES TO BE ADDRESSED
CULTURAL COMPETENCE AS INTEGRAL TO QUALITY CARE, QUALITY MANAGEMENT
SUMMARY

Demographics and the Increasing Ethnic Population of California

The United States is currently undergoing significant demographic changes. It is noted in *Mental Health: Culture, Race and Ethnicity—A Supplement to Mental Health: A Report to the Surgeon General* that in 1990, 23 percent of adults and 31 percent of children were from racial and ethnic communities. It is projected by 2025, 40 percent of the adults and 48 percent of children in the nation will be from racial and ethnic communities.

Although the nation is becoming more diverse as a whole, much of the ethnic and racial diversity is concentrated within a few states. In California, the increase in diversity has been dramatic. A March 2001 Sacramento Bee article notes that, as documented in the 2000 census, “California set new American benchmarks for growth and diversity...as defined by the state’s population growth of 4.1 million people, its burgeoning Latino community and its pool of 1.6 million residents who say they are multiracial.” The article went on to state that for the first time since the Gold Rush, non-Hispanic whites, at 47 percent of the total population, are officially no longer the majority in California.

As the demographics of the nation and state continue to change and grow more diverse, it is imperative that the California Department of Mental Health, (DMH) in partnership with California Mental Health Directors Association (CMHDA), California Mental Health Planning Council (CMHPC), California Institute of Mental Health (CIMH), community based organizations and other stakeholder organizations, jointly and individually take a leadership role to ensure that effective, appropriate, equitable and quality services for this diverse multicultural and multilingual population is delivered. To be successful, effective, culturally competent leadership and planning at all levels is required.

Mental Health Stressors for Cultural, Linguistic, Racial and Ethnic Communities

Mental health stressors exist for racial, ethnic, and cultural groups. Some of the stressors noted in recent studies include:

- Poverty
- Homelessness
- Violence
- Institutional Racism
- Lack of Educational Opportunities
- Unemployment and Underemployment

- Unequal Treatment in Health Systems
- Unequal Treatment in Judicial Systems
- Language barriers
- Cultural barriers

Socio-economic Barriers for Cultural, Linguistic, Racial and Ethnic Communities

Social and economic barriers negatively impact access to and availability of mental health services. Some of these barriers include:

- Stigma
- Lack of sufficient bilingual resources
- Lack of insurance
- Over representation in low paying jobs
- Lack of proper housing
- Lack of transportation
- Lack of overall multi-cultural treatment resources

Implications of Misdiagnosis of Cultural, Linguistic, Racial and Ethnic Groups

Provision of mental health care to culturally diverse groups is fraught with special diagnostic challenges that lead to misdiagnosis, under-diagnosis, and over-diagnosis. Typically, clinicians and other mental health service providers are trained using clinical models derived from Western European psycho-social constructs. These models generally do not take into consideration racial/ethnic-specific patterns of pro-social or dysfunctional behavior. As a result of their supposed universality, application of these models have been linked to increased rates of misdiagnosis of children and adults from culturally, racially or ethnically divergent backgrounds. Only in its most recent updates has the DSM provided clarity on the importance of developing a cultural formulation as a base for accurate diagnosis. In addition, the DSM now includes indices (index) of culturally bound syndromes. These developments in our primary diagnostic tool begin to acknowledge the complexity of diagnosis and treatment as a function of cultural/ethnic/racial diversity.

Over-representation of racial/ethnic groups in special education, juvenile justice, and psychiatric inpatient facilities has been well established. Recent reports cite disturbing findings about identification and treatment of racial/ethnic youth. Findings of the Youth Law Center of San Francisco include that African American and Latino youth are not only disproportionately represented in juvenile justice institutions but that they receive harsher, less humane treatment as compared to their white counterparts. Additionally, Latino and African-American youth are more often placed out of home into more intensive, restrictive and costly settings such as residential treatment or psychiatric inpatient units than their white counterparts. The cycle of long term chronicity increases the costs of services to racial/ethnic groups.

Mental Health and Health Disparities Negatively Impacting Cultural, Linguistic, Racial and Ethnic Communities

Disparities in health status, health care and health outcomes between racial and ethnic groups and whites have been well documented. *Mental Health: Culture, Race and Ethnicity—A Supplement to Mental Health: A Report to the Surgeon General (2001)* documented some of these dramatic differences. When compared to whites, racial and ethnic individuals and communities:

- have less availability of and access to mental health services;
- are less likely to receive needed mental health services;

- do not receive appropriate mental health services;
- are underrepresented in mental health research.

These and other identified disparities contribute to poor penetration and retention rates, less successful outcomes and higher costs of services. The lack of culturally appropriate services can lead to inappropriate care or interventions and to increased frustration between providers and consumers, adding to historical suspicions between systems and ethnic communities.

Scant Research on and Best Practice Solutions for Cultural, Linguistic, Racial and Ethnic Groups

Academic research and outcomes of local practice must be elaborated to further our understanding of services and programs that best address the needs of cultural/ethnic/ racial communities. The underrepresentation of diverse communities in mental health research and the resulting lack of organized, clear outcome data that are regularly collected and disseminated has hampered this effort. Best practice solutions for diverse populations will only evolve if those populations are included in research efforts. Culturally competent systems will employ a variety of strategies to accumulate a more accurate knowledge base including wise adaptation of existing best practices, quality improvement monitoring of outcomes and local research all of which reflect the diversity of communities served. More focused research and inclusion of racial and ethnic communities could lead to the identification of best practices and programs that are effective and cost efficient.

Inclusion of Culturally Diverse Consumers and Family Members in Policy and Practice

Ethnic and racial clients make up a significant portion of California’s public mental health system. Yet, their participation and involvement in the development of policies that affect service delivery, design and quality of care has been limited.

CC/ESMs work collaboratively to support, encourage and develop strategies to increase the involvement of culturally diverse consumers and their family members in policy, planning and in their own wellness and recovery processes. Pathways to legitimate access to participation in policy and practice design will be different for different groups. Differences related to language, cultural practice, stigma and discrimination will impact the effectiveness of strategies employed to bring diverse consumers into full partnership in our systems of care. CC/ESMs provide linkages among our diverse communities, helping groups to define wellness and recovery, health, and healing from cultural perspectives.

The Importance of Strength-Based, Early Intervention and Prevention Strategies

Culturally competent prevention and early intervention must be effectively used and expanded to replace disproportionate representation of ethnic communities receiving mental health services in more restrictive settings. When mental health services do not incorporate the strengths of the client, including his or her culture, families and communities, the system has missed the opportunity to use the client’s most salient assets to their recovery and the effectiveness of services are diminished. In contrast, a partnership with ethnic communities provides the best option for accessible, cost-effective services that achieve the best outcomes for clients.

The Challenges of Economic Times and The Opportunities of Cultural Competency

California is experiencing great economic hardship which will result in drastic reductions in public mental health services. Now more than ever, the economic value of effective culturally

competent mental health services must be recognized. In light of the ethnic diversity in the State, cultural competence in mental health planning must be incorporated as an essential pillar of the system's economic strategy.

Cost-effectiveness and cost-avoidance is paramount to the survival of California's public mental health system. Further, providing culturally competent services creates a wide spectrum of financial efficiencies for the mental health system: improved service access including early intervention; accuracy of diagnosis; appropriate and individualized service planning and delivery; the effective integration of the client's family into services; and the use of relevant community supports and external resources in client services. Without these critical efficiency elements, the mental health system often experiences overall higher service cost, inappropriate and inefficient treatment services, ineffective use of personnel in the delivery of services, and most importantly, increased pain and suffering for individuals requiring mental health services. Budget reductions that do not consider cultural and linguistic needs may negatively impact the system's capacity to provide cost-effective services for diverse communities.

Legal mandates require public mental health systems to protect the rights of all people to receive easily accessible services in their language and within the context of their culture. Pro-active efforts to implement culturally competency service strategies protect from avoidable legal expenses.

The passage of the Mental Health Services Act (MHSA) will bring significant new funding to county mental health systems. Among other required elements of each county's MHSA implementation plan, cultural competency is to be incorporated as a pillar concept. MHSA requires that planning and implementation strategies are responsive to consumers' race and culture. Expansion of services to un-served and underserved client populations will need to reflect the cultural and ethnic diversities of our client populations. Approval of each county's MHSA implementation plan and resulting funding will depend on the incorporation of culturally competent strategies to eliminate disparities in accessibility and availability of mental health services experienced by our diverse communities.

Current and Future Mental Health Workforce Issues to Be Addressed

The mental health human resources challenge in California has been well documented. In reports of the 2000 and 2001 Human Resource Summits, the California Planning Council indicated that there was a crisis in mental health human resources as the current and projected future supply of workers fell significantly short of addressing the needs of California's rapidly growing population. The Planning Council and others have noted that the current trends in California's demographics substantiates the increased need for diverse staff at all service points with a capacity to provide services in a culturally and linguistically competent manner to racial and ethnic communities. The Institute of Medicine (IOM) report and other research finds that health professionals from underrepresented racial and ethnic groups dramatically increases accesses to care for ethnic/race populations and improve the quality of care that they receive.

California is host to the largest Latino population of all western states and home to one of the most sizeable refugee and immigrant populations. Yet with these realities, diversity among the state's mental health staff does not correlate with communities needing services. Bilingual and multicultural beliefs and practices are viewed at best as adjunctive to as opposed to an integral part of mental health systems. Training opportunities, retention and recruitment efforts, and partnering with local universities and colleges are strategies to support and promote training of a diverse work force.

Cultural Competence as Integral to Quality Care, Quality Management

Quality care and quality management must consistently address quality services for clients from all racial, ethnic and cultural backgrounds. Focusing on data collection and ongoing review leads to better planning, identification of best practices and policy compliance with quality assurance components and outcomes.

Summary

In summary, California is at a critical time in taking proactive steps to address the challenges and opportunities of its increasing cultural, racial and ethnic diversity. By taking a leadership role not just county-by-county but statewide, California can continue to set the gold standard for how increasing diversity and culturally competent practices can lead to maximal health for all.

GUIDING PRINCIPLES FOR THE DEVELOPMENT OF CULTURALLY COMPETENT SERVICES

The following guiding principles have been developed as a tool for counties in creating a culturally and linguistically sensitive system of care. They are intended to clarify the activities required in the implementation and oversight of this task. Identification, development, promulgation, and adoption of culturally competent best practice guidelines for care must be an integral part of ongoing culturally competent systems of care. Cultural competence is a means to eliminating cultural, racial and ethnic disparities. Cultural competence enhances the ability of the whole system to incorporate the languages, cultures, beliefs and practices of its clients into the service. In this way all clients benefit from services that address their needs from the foundation of their own particular culture.

1. Mental health disparities for cultural, racial and ethnic populations must be identified through out the system of care. Subsequently, strategies for elimination of these disparities must be developed and implemented.
2. Cultural competence must be supported at all levels of the system including policy, programs, operations, treatment, research and investigation, training and quality improvement.
3. Oversight of cultural competence activities is provided by the Cultural Competence/Ethnic Services Manager who functions as an expert advisor to the leadership body of the organization.
4. Monitoring and evaluation of Cultural Competence Plans and activities must be an integral component of quality improvement.
5. A process must be established and implemented for obtaining client, community, and staff input related to cultural competence planning, implementation, monitoring and evaluation.
6. Ongoing training to professional, administrative, and support personnel must be culturally competent in order to effectively address the needs of cultural, racial and ethnic populations.
7. Commitment to cultural competence must be evident in mental health strategic planning and budgeting. Allocations that support cultural competence activities must be included in annual budgets
8. Human resource recruitment strategies must be established in order to ensure adequate levels of staff from diverse populations in the workforce. Educational opportunities and other retention efforts must be emphasized.
9. Mental health services must be responsive to the numerous stressors experienced by cultural, racial and ethnic populations that have a negative impact on the emotional and psychological state of individuals.
10. Professional, administrative, and support staff should reflect the diversity of the populations served.

11. Cultural, racial and ethnic populations must participate as active partners in all aspects of the services they are receiving, including outreach and engagement, assessment, plan development and treatment.
12. Services to cultural, racial and ethnic populations must include the family, a natural resource, when working with individuals experiencing emotional difficulties.
13. Formal and informal relationships with the community and other partners must be developed to address cultural competence issues, and delivery of cultural competent care.
14. Services must be culturally and linguistically appropriate with sensitivity to historical, cultural and religious experiences of diverse populations.
15. Treatment interventions, engagement strategies, and outreach services must be culturally and linguistically appropriate to engage and retain cultural, racial and ethnic populations and prevent hospitalization.
16. Mental health systems must have policies, workplace design, and mechanisms in place to promote engagement of staff of diverse backgrounds.
17. Services must be accessible on a timely basis, and geographically convenient for all diverse populations.

CULTURAL COMPETENCE/ETHNIC SERVICES MANAGER
AREAS OF RESPONSIBILITY

The county Cultural Competence/Ethnic Services Manager (CC/ESM) reports to, and has direct access to, the Mental Health Director regarding issues impacting mental health issues related to the racial and ethnic populations within the county. The CC/ESM promotes and coordinates quality and equitable care as it relates to racial and ethnic populations with both county-operated and contracted mental health programs. The staff position reviews service utilization data and actively participates in local mental health planning and projects that respond to the needs of the county's racial and ethnic population. This includes reviewing and commenting on numerous major State's proposed policies and legislative proposals, which would impact human resources development, ethnic specific services, and other related areas.

The Director recognizes the role and function of the CC/ESM within the organization by allocating sufficient time for the performance of job responsibilities and duties. Additionally, the director promotes the CC/ESM's influence in policy and program change by considering and following the CC/ESM's recommendations for change in human resources, ethnic and culturally specific services and all other related areas. The CC/Ethnic Services Manager:

Takes lead responsibility for the development and implementation of cultural competence planning within the organization.

Participates in the monitoring of county and service contractors to verify that the delivery of services is in accordance with local and State mandates as they affect underserved populations.

Identifies local and regional cultural mental health needs of ethnically and culturally diverse populations as they impact county systems of care and make recommendations to local mental health directors, CMHDA, and the State Department of Mental Health.

Participates and advises on planning, policy, compliance and evaluation components of the county system of care and make recommendations to county directors that assure access to services for ethnically and culturally diverse groups.

Promotes the development of appropriate mental health services that will meet the diverse needs of the county's racial and ethnic populations. This includes, but is not limited to, reviewing local proposals to augment or decrease services to the local community, participating in various mental health advisory groups/task forces, facilitating educational training to organizational units within and outside the local mental health department.

Participates in the development of planning documents, contracts, proposals, and grant applications which would form the foundation of the county's delivery of mental health services to ethnic minorities, i.e., annual county mental health plan and advisory council proposals. Participates in the development and implementation of local policies and procedures that would potentially impact services to racially and ethnically diverse consumers.

Participates as an official member of the local mental health management/leadership team that makes program and procedure policy recommendations to the mental health director.

Reviews and critiques materials generated at the State and local levels, including, but not limited to, proposed legislation, State plans, policies, and other documents.

Tracks penetration and retention rates of racially and ethnically diverse populations, and develops strategies to eliminate disparities.

Participates in the cultivation of network organizations to promote an array of mental health programs and activities that are specific to underserved populations.

Maintains an active advocacy, consultative, and supportive relationship with consumer and family organizations, local planning boards, advisory groups and task forces, the State, and other mental health advocates.

Works with the county's Human Resources office to help ensure that the workforce is ethnically, culturally and linguistically diverse. Assists the Equal Employment Opportunity Office to ensure the recruitment, retention, and upward mobility of staff.

Assists in the development of system-wide training that addresses enhancement of workforce development and addresses the training necessary to improve quality of care for all communities and reduce mental health disparities.

Attends trainings that inform, educate, and develop the unique skills necessary to enhance the understanding and promotion of cultural competence in the mental health system.

Attends meetings as required by the position including, but not limited to CMHDA Ethnic Services, Full Association, and other committee meetings, regional ESM regular meeting, various State meetings, meetings convened by various advisory bodies, and other meetings as appropriate.

Legal Mandates

Federal Statutes

Civil Rights Act, 1964: U.S. Code Sec. 2000 -d. (Code of Federal Regulations, Part 21: the std. Title VI). "No person in the United States shall on the grounds of race, color, or national origin be excluded from participation in, denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

Executive Order 13166, 2000: Limited English Proficiency. "Each Federal agency shall examine the services it provides and develop and implement a system by which LEP persons can meaningfully access those services consistent with, and without unduly burdening, the fundamental mission of the agency. Each Federal Agency shall also work to ensure that recipients of Federal financial assistance (recipients) provide meaningful access to their LEP applicants and beneficiaries."

State Statutes

Dymally Alatorre Bilingual Services Act, 1973: CA. Government Code 7290, 7299,7299.1: "Every state agency directly involved in the furnishing of information or the rendering of services to the public whereby contact is made with a substantial number of non-English speaking people, shall employ a sufficient number of qualified bilingual persons in public contact positions to ensure provision of information and services to the public, in the language of the non-English speaking person."

"The provisions of this act shall be implemented to the extent that local, state or federal funds are available, and to the extent permissible under federal law and the provisions of civil service law governing the state and local agencies."

"State agencies may, utilizing existing funds, contract for telephone based interpretation services in addition to employing bilingual persons in public contact positions."

CA Government Code Section 7295: "Any materials explaining services available shall be translated into any non-English language spoken by a substantial number of the public served by the agency."

CA Government Code 7296.2: "Substantial number of non-English speaking people are members of a group who either do not speak English, or who are unable to effectively communicate in English because it is not their native language, and who comprise 5 % or more of the people served by any local office or facility of a state agency."

Title IX, CA Code of regulations, Chapter 11, Medi-Cal Specialty MHS, Article 4, 1810.410 (c): "Each Mental Health Plan (MHP) shall submit an annual CCP update consistent with the requirements of the revised CCP document, consistent with the plan reporting requirements, including the population assessment and organizational and service provider assessments."

Welfare & Institutions Codes (WIC) 14684(h): "Each plan shall provide for the culturally competent and age-appropriate services, to the extent feasible. The plan shall assess the cultural competence needs of the program. The plans shall include a process to accommodate the significant needs with reasonable timelines. The department shall provide demographic data and technical assistance. Performance outcome measures

shall include a reliable method of measuring and reporting the extent to which services are culturally competent and age appropriate."

Welfare & Institutions Codes (WIC) section 4341: "Specific attention shall be given to ensuring the development of a mental health work force with the necessary bilingual and bicultural skills to deliver effective services to the diverse population of the state."

Welfare & Institutions Code (WIC) Section 5600.2: "To the extent resources are available, public mental health services in this state should be provided to priority target populations in systems of care that are beneficiary-centered, culturally competent, and fully accountable to factors noted in WIC 5600.2(g)."

Welfare & Institutions Code (WIC) Section 5600.9(a): "Services to the target populations described in Section 5600.3 should be planned and delivered to the extent practicable so that persons in all ethnic groups are served with programs that meet their cultural needs."

Welfare & Institutions Code (WIC) 5802(a)(4): "Systems of Care services which ensure culturally competent care for persons with severe mental illness in the most appropriate, least restrictive level of care are necessary to achieve the desired performance outcomes."

Welfare & Institutions Code (WIC) 5865(b): "A method to screen and identify children in the target population...including persons from ethnic minority cultures which may require outreach identification. (e) "A defined mechanism to ensure that services are culturally competent."

Welfare & Institutions Code (WIC) 5880(b)(6): "To provide culturally competent programs that recognize and address unique needs of ethnic populations in relation to equal access, program design and operation, and program evaluation."

DMH Regulations

DMH Emergency regulations for Managed Care, Title IX, Section 1705: "Culturally competent services means a set of congruent behaviors, attitudes and policies in a system or agency to enable effective service provision in cross-cultural settings."

DMH Information Notice 94-17: "Counties are required to describe the process they would implement to improve cultural competence and age-appropriate services to Medi-Cal beneficiaries."

DMH Information Notice 02-03: "Revised Cultural Competency Plan requirements to improve services and decrease disparities for multicultural/multilingual populations in California."

SELECTED RESOURCES & REFERENCES

- CA State DMH Cultural Competency Plan Requirements- [www.dmh.ca.gov/
http://www.dmh.ca.gov/DMHDocs/docs/notices02/02-03_Enclosure.pdf](http://www.dmh.ca.gov/DMHDocs/docs/notices02/02-03_Enclosure.pdf)
- Guidance Memorandum- Title VI Prohibition against National Origin Discrimination--Persons with limited English Proficiency www.hhs.gov/progorg/ocr/lepfinal.htm
- Surgeon General Report- Mental Health: Culture, Race, and Ethnicity- www.surgeongeneral.gov
- Cultural Competence Standards in Managed Mental Health Care Services: Four Underserved/Underrepresented Racial/Ethnic Groups- Website: www.samhsa.gov
- National Standards for Culturally and Linguistically Appropriate Services in Health Care Final Report (CLAS) <http://www.omhrc.gov/clas>
- National Technical Assistance Center for State Mental Health Planning (NTAC) operated by the National Association of State Mental Health Program Directors, www.nasmhpd.org, 66 Canal Center Plaza, Suite 302, Alexandria, VA 22314 (703) 739-9333
- President's Freedom Commission on Mental Health-Achieving the Promise: Transforming Mental Health Care in America- accessed electronically at <http://www.mentalhealthcommission.gov> or http://www.samhsa.gov/news/cl_mhfinalreport.html. Final report July 2003
- Unequal Treatment Confronting Racial and Ethnic Disparities in Health Care. Institute of Medicine of the National Academies. Copies go to <http://www.nap.edu>
- Towards a Culturally Competent System of Care Vol.1. A Monograph on Effective Services for Minority Children who are Severely Emotionally Disturbed. March 1989. By Terry L. Cross, Barbara J. Bazron, Karl W. Dennis, Mareasa R. Isaacs. Georgetown National Center for Cultural Competence.