STATE OF CALIFORNIA--HEALTH AND WELFARE AGENCY

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October 6, 1997

DMH INFORMATION NOTICE NO.: 97-14

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: ADDENDUM FOR IMPLEMENTATION PLAN FOR PHASE II CONSOLIDATION OF MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES--CULTURAL COMPETENCE PLAN REQUIREMENTS

The enclosed Cultural Competence Plan Requirements is an addendum to the Implementation Plan for Phase II Consolidation of Medi-Cal Specialty Mental Health Services, D. ACCESS, CULTURAL COMPETENCE AND AGE APPROPRIATENESS. By **July 1, 1998**, all counties must submit their plan to include the population, organizational and service provider assessments and other issues and services designed to address cultural competence. The remaining standards will be used to develop regulatory language for later oversight of all mental health programs.

When completed, SEVEN copies of the Cultural Competence Implementation Plan must be submitted to:

Department of Mental Health
Managed Care Implementation
1600 9th Street, Room 120
Sacramento, CA 95814

For questions or assistance, contact your Technical Assistance and Training liaison:

Bay Area	Ruth Walz	(707) 252-3168
Southern Region	Anne Tracy	(916) 654-2643
Northern Region	Jack Tanenbaum	(916) 224-4724
Central Region	Dee Lemonds	(916) 654-3001

Carol Stood for

GARY M. PETTIGREW
Deputy Director
Systems of Care

Enclosure

cc: California Mental Health Planning Council
Chief, Technical Assistance and Training

ADDENDUM
REQUIRED COMPONENTS FOR IMPLEMENTATION PLAN
Consolidation of Specialty Mental Health Services (Phase II)

PLAN FOR CULTURALLY COMPETENT SPECIALTY MENTAL HEALTH SERVICES

INTRODUCTION

Purpose

The purpose of this addendum is to establish standards and plan requirements for Mental Health Plans (MHP) in achieving cultural and linguistic competency under consolidation of specialty mental health services (Phase II). Each MHP is required to develop a Cultural Competence Plan (CCP) consistent with these standards and requirements. The intent in issuing these standards and requirements is to assist MHPs in creating a more responsive and accessible system for Medi-Cal beneficiaries for the delivery of quality and cost-effective specialty mental health services.

Background

In a state where the demographics have changed significantly over the last decade, meeting the demand for cultural and linguistic services is important. The Department of Mental Health (DMH) focused efforts to meet the specialty mental health needs of diverse communities through the establishment of a Cultural Competence Task Force (CCTF) in November 1996 (Attachment D). The CCTF was asked to provide ongoing advice on issues of cultural and linguistic competence in the delivery of specialty mental health services. To begin, the CCTF was asked to provide advice on the development of plan requirements and the adoption of related regulations for the consolidation of Medi-Cal specialty mental health services. The standards and plan requirements reflected in this document are the result of that effort.

Unfortunately, timing did not permit the release of the CCP standards and requirements prior to submission by MHPs of Phase II Consolidation Implementation Plans. Therefore, the CCP requirements are being issued as an addendum to the Required Components for Implementation Plans for Consolidation of Specialty Mental Health Services (Phase II).

Statement of Philosophy and Future Direction

There is recognition by the DMH, the California Mental Health Directors Association (CMHDA), and the CCTF that cultural competence is a goal toward which professionals, agencies and systems should strive. Becoming culturally competent is a developmental process and incorporates -- at all levels -- the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally-unique needs. The provision of medically necessary specialty mental health services in a culturally competent manner is fundamental in any effort to ensure access to services by Medi-Cal beneficiaries. It is also essential to the provision of high quality and cost-effective specialty mental health services. Providing services in a manner that fails to achieve its intended result due to cultural and linguistic barriers is not cost effective.

Future CCP requirements will evolve as more experience through plan development and implementation progresses. While efforts are being made on an ongoing basis to achieve cultural competence, as our competence improves, our standards will need to improve. Therefore, it is expected that the next steps will include: ensuring that the newly developed standards are clearly defined and applied consistently statewide; providing technical assistance in the development of strategic plans to achieve standards; and developing related systems oversight and monitoring processes. It is also expected that these basic standards will be modified in the future as we gain experience with consolidated specialty mental health services and competence advances.

Definitions

There are many definitions of cultural competence and related terminology. The DMH has adopted, and offers the following definitions for the purpose of establishing a framework for the CCP requirements:

Access -- availability of medically necessary managed care specialty mental health services to Medi-Cal beneficiaries who need them in a manner that promotes, provides the opportunity and facilitates their use.

Competence -- acquisition of knowledge, skills, and experience necessary for the development and implementation of mental health interventions adaptive to the different groups served (Cross et al, 1989. Towards a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children who are Severely Emotionally Disturbed Volume I).

Culture -- the integrated pattern of human behavior that includes thought, communication, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group. Culture defines the preferred ways for meeting needs (Cross et al, 1989). A particular individual's cultural identity may involve the following parameters among others: ethnicity, race, language, age, country of origin, acculturation, gender, socioeconomic class, religious/spiritual beliefs and sexual orientation.

Cultural Competence -- a set of congruent practice skills, behaviors, attitudes, and policies that come together in a system, agency, or among consumer providers and professionals that enables that system, agency, or those professionals and consumer providers to work effectively in cross-cultural situations. (Adapted from Cross et al, 1989).

Culturally Competent Mental Health Agency -- an agency that acknowledges and incorporates at all levels the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally-unique needs.

Culture-Specific Community Providers -- agencies, individuals within agencies, or individuals that demonstrate experience providing culturally competent specialty mental health services to Medi-Cal beneficiaries with specific cultural and linguistic needs.

Linguistically Proficient -- persons who meet the level of proficiency in the threshold languages as determined by the MHP.

Mandated Key Points of Contact – common points of entry into the mental health system, including 24-hour toll free line, beneficiary problem resolution system, inpatient hospital or other central access or contact locations where there is face-to-face encounters with consumers as designated by MHPs, that are located in regions or areas that meet threshold language population concentrations.

Medi-Cal Beneficiaries -- any person certified as eligible under the Medi-Cal program according to Title 22, Section 51001.

Medi-Cal Mental Health Client – a Medi-Cal beneficiary who has received a Medi-Cal specialty mental health services within a specified time period (one year).

Non-Mandated Key Points of Contact – common points of entry into the mental health system, including 24-hour toll free line, beneficiary problem resolution system, inpatient hospital or other central access or contact locations designated by MHPs, that are located in regions or areas that do not meet threshold language population concentrations.

Specialty Mental Health Services -- includes the following: rehabilitative services, psychiatric inpatient hospital services, targeted case management, psychiatrist services, psychologist services, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) supplemental services and psychiatric nursing facility services.

Threshold Language – numeric identification on a countywide basis, 3,000 beneficiaries or five (5) percent of the Medi-Cal beneficiary population, whichever is lower, whose primary language is other than English, for whom information and services shall be provided in their primary language.

Current State Statutory Provisions Related to Cultural and Linguistic Competence

There are several provisions within current federal and state statutes, regulations and DMH policy letters related to cultural competence in the delivery of specialty mental health services that are referenced in Attachment A. These provisions are separate and supplemental to other federal or state laws that prohibit discrimination based on race, color or national origin. The DMH specific provision that guided the development of these cultural competence plan requirements is as follows:

State Statute

Welfare and Institutions Code (WIC), 14684 (h) -- "Each plan shall provide for culturally competent and age-appropriate services, to the extent feasible. The plan shall assess the cultural competence needs of the program. The plan shall include, as part of the quality assurance program required by Section 4070, 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."

PLAN REQUIREMENTS

By July 1, 1998, each Mental Health Plan (MHP) shall submit for approval by the DMH, a Cultural Competence Plan (CCP) consistent with the plan requirements set forth in this section under Parts I and II.

By January I, 1999, each MHP shall submit for approval by the DMH, an addendum to the CCP consistent with the plan requirements set forth in this section under Part III related to new contract providers.

OVERVIEW

The intent of the CCP requirements is to establish a statewide process and common framework for the developmental process of achieving cultural competence in the provision of services under the consolidation of Medi-Cal specialty mental health services. The plan requirements that follow relate to the completion of a population assessment and an organizational and service provider assessment. These are considered the first steps in determining delivery system needs and form the basis for the next step of developing a strategic plan to achieve cultural competence. A successful response to these plan requirements will include the completion of the needs assessments (Part I and II), identification of measurable objectives to move toward cultural competency, and compliance with those indicators or measures within the timeframes specified in the next section titled Standards.

It is recognized that some MHPs have already completed a CCP that may meet or exceed the requirements reflected in this document. MHPs may submit existing plans if they substantially meet these plan requirements. If there are significant areas that are not covered within an existing plan, additional information should be provided and may be used to supplement the existing plan.

PART I - POPULATION ASSESSMENT

An important element in developing an effective delivery system under the consolidation of specialty mental health services is to understand the demographic composition of the population to be served. MHPs shall assess the demographic make-up and population trends of their service area, as well as the demographic characteristics of the Medi-Cal beneficiary population and the current users of mental health services. A population assessment to identify the cultural and linguistic needs of the eligible beneficiary population is critical to designing and planning for the provision of appropriate and effective specialty mental health services. The CCP shall include a population assessment that addresses at least the following components.

(Note: the regions for reporting are the regions or areas that are used by the MHP to subdivide the county for planning and service delivery.)

A. County Geographic and Socio-Economic Profile

Requirement: A description of the county geographic and socioeconomic profile. Specifically, the profile shall include the following:

1. Geographical location and attributes of the county and by region, including:

   a) main urban and rural centers;
   b) terrain and distances; and
   c) main transportation routes and availability of public transportation.

2. Socioeconomic characteristics of the county and by region, including

   a) primary economic support;
   b) average income levels;
   c) welfare caseload; and
   d) employment data.

3. Other relevant county or regional characteristics of interest.

Data Sources: The County Planning Office should be able to provide this general description. In addition, the State Department of Finance sends population data from the United States Census to County Planning Offices. Attachment B is a list of the County Planning offices and/or other local organizations to whom this information is sent.

B. Demographics (by ethnicity, age and gender, and primary language spoken)

Requirement: A comparative description of the demographic characteristics of both the general population and the Medi-Cal beneficiary population for the county, including appropriate displays of data. Specifically, the demographic profile shall include at least data on ethnicity, age and gender, and primary language spoken, by the following population groupings:

1. General population in county;

2. General population in county by region;

3. Most recent available number of Medi-Cal beneficiaries in county;

4. Most recent available number of Medi-Cal beneficiaries in county by region; and

5. Seasonal migrants who are Medi-Cal beneficiaries in the county by region (estimate number if available and appropriate.)

Data Sources (listed by number corresponding to the above): (1) DMH has provided age and gender data for July 1, 1996, and data on primary language spoken from the 1990 Decennial Census. Limited ethnicity data for July 1, 1996 will be provided. More detailed ethnicity data may be available from County Planning Offices; (2) if the regions used by the MHP are unique to mental health, special reports may need to be developed

by the County Planning Office or the MHP; (3) DMH has provided the number of Medi-Cal beneficiaries based on the MEDS file for January 1996; and (4) if the MHP does not have data already available by region, DMH will provide upon request data on diskette by zip code that the MHP can then use to group into regions.

C. Utilization of Medi-Cal Specialty Mental Health Services (by ethnicity, age and gender, and primary language spoken):

Requirement: A description of the demographic characteristics of the Medi-Cal mental health client population (defined as persons using Medi-Cal specialty mental health services in both the Fee-For-Service (FFS) and Short-Doyle/Medi-Cal (SD/MC) systems using the most recent available data, including appropriate displays of data. The utilization profile shall include at least data on ethnicity, age and gender, and primary language spoken, by the following service category groupings:

1. Most recent available number of Medi-Cal beneficiaries using medically necessary specialty mental health services in the county (FFS and SD/MC) arrayed by one of the following service category groupings:

a)	Inpatient and residential	OR	a) Hospital
b)	Outpatient including case management		b) Non-hospital
c)	Day treatment		
d)	Other categories may be added later		

2. Most recent available number of Medi-Cal beneficiaries using medically necessary specialty mental health services by county region (FFS and SD/MC) arrayed by one of the following service category groupings:

a)	Inpatient and residential	OR	a) Hospital
b)	Outpatient including case management		b) Non-hospital
c)	Day treatment		
d)	Other categories may be added later		

Data Sources (listed by number corresponding to the above): DMH has provided to most MHPs files for the FFS and Inpatient Consolidation data. (1) DMH has provided the number of persons who were Medi-Cal beneficiaries who received at least one Medi-Cal reimbursed mental health service during the fiscal year (the mental health services in the FFS system include specialty mental health services only), and (2) if the MHP does not have data already available by region, DMH will provide upon request data described under #1 above on diskette by zip code that the MHP can then use to group into regions.

Note: As described above, **DMH has provided** summary data for each MHP to address items B.1, B.3, and C.1. Attachment C provides a sample of the data that has been provided by DMH. Data by zip code to be used in developing items B.4 and C.2 will be provided by DMH upon request on diskette. Please contact Terry MacRae, Research Analyst, Statistics and Data Analysis, at (916) 327-9300 with any questions about the summary data or to request a diskette. Please allow a minimum of three weeks for the diskette.

D. Analysis

Requirement: An analysis of the population assessment data and conclusions drawn by the MHP in terms of designing and planning for the provision of appropriate and effective specialty mental health services. Specifically, identify any objectives related to the need for, and the provision of, culturally and linguistically competent services based on the population assessment and the identified threshold languages. The objectives shall be measurable and include specified activities to meet objectives, required resources and identified timelines. (Note: objectives may be listed together under Part II.)

PART II - ORGANIZATIONAL AND SERVICE PROVIDER ASSESSMENT

An organizational and service provider assessment is necessary to determine the readiness of the service delivery system to meet the cultural and linguistic needs of the Medi-Cal beneficiary population to be served under consolidation of specialty mental health services. Medi-Cal beneficiaries from diverse ethnic and linguistic backgrounds frequently require different and individual mental health service system responses. MHPs will need to determine their capacity to provide services to meet the potentially diverse needs of the Medi-Cal beneficiaries to be served. An organizational and service provider assessment shall identify current levels of cultural and linguistic competence as well as future staff and program development needs. The CCP shall include an organizational and service provider assessment that addresses at least the following components.

(Note: the regions for reporting are the regions or areas that are used by the MHP to subdivide the county for planning and service delivery.)

A. Overall MHP Policy and Administrative Direction

Requirement: A description of the MHPs policies and administrative practices that reflect the cultural and linguistic diversity of the Medi-Cal beneficiary population to be served under consolidation of specialty mental health services, including the following:

1. Policies and procedures that reflect (or any plans to reflect) steps taken to institutionalize the recognition and value of cultural diversity within the MHP. For example, the importance of providing culturally competent specialty mental health services shall be reflected in:

   a) mission statement;
   b) statements of philosophy;
   c) strategic plans;
   d) policy and procedure manuals;
   e) human resource training and recruitment policies;
   f) specialty mental health contract requirements; or
   g) other key documents.

2. Practices that reflect (or any plans to reflect) recognition and value of cultural diversity within the MHP in terms of the solicitation of diverse input to mental health planning and services, such as:

a) relationship with and involvement of diverse ethnic Medi-Cal beneficiaries, family members, advisory committees, local boards and commissions and community organizations in MHP planning for services, or
b) working on skills development and strengthening of community organizations involved in providing essential services.

3. The process used or planned in the development of the CCP for consolidation of specialty mental health services. Note: it is recognized that many MHPs have already begun the developmental process to attain cultural competence. Therefore, the response may include efforts at the policy and administrative level that already have taken place , are underway, or are planned in the development of a CCP. For example, MHPs shall address the following:

   a) expected involvement at various organizational levels, or
   b) plans for review of the CCP at all level within the organization.

B. Human Resources

Current Composition:

Requirement: A description of the overall composition of county mental health staff and current contract service providers, i.e., Short-Doyle contractors and other current contractors. (Note: information for new providers is requested under Part III, with a later submission date.) The description shall use unduplicated, full-time equivalents with data displayed as follows:

1. Ethnicity By Function:

   a) Administration/management;
   b) Direct services;
   c) Support services; and
   d) Interpreters.

2. Bilingual Staff By Function and Language:

   a) Administration/management;
   b) Direct services;
   c) Support services; and
   d) Interpreters.

3. Staff Proficiency in Reading and/or Writing in a Language Other Than English By Function and Language:

   a) Administration/management;
   b) Direct services;
   c) Support services; and
   d) Interpreters.

Location:

Requirement: Identification of the location of county mental health staff and current contract services providers, i.e., Short-Doyle contractors and other current contractors, by region. (Note: information for new providers is requested under Part III, with a later submission date.) The description shall use data displayed as follows:

1. Ethnicity By Function:

   a) Administration/management (related to contract services);
   b) Direct services;
   c) Support services; and
   d) Interpreters.

2. Bilingual Staff By Function and Language:

   a) Administration/management (related to contract services);
   b) Direct services;
   c) Support services; and
   d) Interpreters.

3. Staff Proficient in Reading and/or Writing in a Language Other Than English By Function:

   a) Administration/management (related to contract services);
   b) Direct services;
   c) Support services; and
   d) Interpreters.

Analysis:

Requirement: An analysis of the human resources composition and location data, in contrast to the population needs assessment data, and conclusions drawn by the MHP in terms of designing and planning for the provision of appropriate and effective specialty mental health services. Specifically, identify any objectives related to the need for, and the provision of, culturally and linguistically competent services based on the population assessment. The objectives shall be measurable and include specified activities to meet objectives, required resources and identified timelines.

C. Quality of Care: Competency

Requirement: A description of how the MHP evaluates or plans to evaluate the abilities of staff and contract providers in providing culturally and linguistically competent services under the consolidation of specialty mental health services. (Note: A broad definition of staff is used and includes consumers and family members who are paid or volunteers providing specialty mental health services within the service delivery system.) The description shall address the following areas:

1. Consumer culture. How the MHP incorporates within its staff and contractor competency evaluation and training plans, the culture of being a mental health consumer and experiencing the mental health system.

   Note: the following explanation is offered to assist MHPs in understanding the issue to be addressed here. Cultural competence incorporates a set of values, experiences, and skills that practitioners are expected to attain to provide medically necessary specialty mental health services to Medi-Cal beneficiaries under Phase II Consolidation in a culturally competent manner. Training efforts should be concentrated in providing practitioners with cultural competence skills and an understanding of how the mental health system and the stigma of mental illness have impacted the consumer. Consumers bring a set of values, beliefs and lifestyles that are molded as a result of their personal experiences with the mental health system and their own ethnic culture. These personal experiences and beliefs can be used to empower consumers to become involved in self-help programs, peer advocacy, and in seeking employment in the mental health system.

2. Consumers of Mental Health Services. The percentage of staff who have voluntarily self-identified as consumers of specialty mental health services, by ethnicity, by function, and region.

3. Competency evaluation. The current or planned process for evaluating staff and contractor knowledge and ability to provide culturally competent specialty mental health services.

4. Selection of contract providers. How a contractor's ability to provide culturally competent specialty mental health services is taken into account in the selection of contract providers, including:

   a) identification of any cultural competence conditions in contracts with mental health providers.

5. Recruitment and retention. The current or planned efforts to recruit and retain culturally competent staff and contract providers reflective of the population receiving services.

6. Training in cultural competence. The past (within the last three years), current or planned cultural competency training for mental health staff and contract providers.

7. Certification or credentialing processes. The process(es) used or planned to certify, credential or otherwise ensure staff proficiency in issues of cultural competence, including the provision of culture-specific services to Medi-Cal beneficiaries.

D. Quality Assurance

Requirement: A description of current or planned processes to assess the quality of care provided for all consumer (including ethnic consumers) under the consolidation of specialty mental health services. The focus is on the added or unique measures that shall be used or planned in order to accurately determine the outcome of services to consumers from diverse cultures including, but not limited to, the following:

1. Outcome measures. Identification of any consumer outcome measures used by the MHP that are culture specific;

2. Staff satisfaction. A description of methods, if any, used to measure staff experiences or opinion regarding the organization's ability to value cultural diversity in its workforce and culturally and linguistically competent services; and

3. Grievances and complaints. A description of how Medi-Cal beneficiary grievance and complaint data is analyzed and any comparisons rates between the general beneficiary population and ethnic beneficiaries.

PART III - SUBSEQUENT PLAN INFORMATION SUBMISSION

It is recognized that MHPs initially will be assuming responsibility for a network of providers previously covered under the FFS Medi-Cal system. MHPs will require some time to determine the skills and capacity of these new contract providers and to assess the delivery system under the newly consolidated specialty mental health services system. Therefore, the information requested under Part II. B. related to Human Resources for **new contractors is due January 1, 1999.**

Requirement: A description of the current composition and location of new contract service providers with data displayed as outlines under Part II, B, Human Resources. In addition, and updated analysis of the population and human resources analysis also as requested under Part II, B.

STANDARDS

This document establishes three ***standards*** for cultural and linguistic competence. The three standards address access, quality of care, and quality management. Each standard is followed by several ***indicators*** of performance that describe what shall happen and by when. While the indicators are not intended to be all-inclusive, they do represent key components that are likely to contribute to attainment of each standard. Subsequently, each indicator is followed by ***measures*** that describe how compliance with indicators will be determined.

Consistent with the philosophy that attaining cultural and linguistic competence is an ongoing, developmental process, there are some indicators that are required to be in place on the day that MHPs begin operation under Phase II consolidation. There are other indicators, however, that will require additional time for development and implementation. MHPs are expected to address each indicator that is required to be in place beginning on the plan implementation date in their Cultural Competence Plan submission due July 1, 1998. On that date, MHPs are expected to begin to operationalize plans to meet the standards and remaining indicators.

I. ACCESS

Standard:

MHPs shall demonstrate evidence of medically necessary culturally and linguistically accessible services under the consolidation of Medi-Cal specialty mental health services.

A. Language Accessibility

Indicators:

1. MHPs have a 24-hour phone line with statewide toll-free access that has linguistic capability for all Medi-Cal beneficiaries beginning on the plan implementation date.

   Measure:

   a. Evidence of operation of a 24-hour phone line with statewide toll free access that has language capabilities for all Medi-Cal beneficiaries.

2. MHPs have identified populations meeting the threshold language requirement of 3,000 beneficiaries, or five (5) percent, of the Medi-Cal beneficiary population, whichever is lower, whose primary language is other than English, prior to the plan implementation date. (Note: DMH has provided to MHPs data on primary language obtained from the 1990 Decennial Census.)

   Measure:

   a. Identification of threshold languages for the MHPs total service area which is defined as the county.

3. MHPs have policies and procedures for meeting consumer language needs beginning on the plan implementation date.

Measures:

a. Documented evidence of policies and procedures for meeting consumer language needs.

b. Documented evidence of training on the use of bilingual staff or interpreters, including the core curriculum and training programs and how bilingual staff and interpreters will be utilized.

4. MHPs have at least interpreters available for the threshold languages at mandated key points of contact beginning on the plan implementation date

Measures:

a. Evidence of at least interpreters for the threshold languages at mandated key points of contact.

b. Documented evidence of ethnic consumer access to staff or interpreters who are linguistically proficient in threshold languages at mandated key points of contact.

c. Evidence of, or plans for, providing contract or agency staff who are linguistically proficient in threshold languages during regular day operating hours, at mandated key points of contact.

d. Document what services are available for ethnic Medi-Cal beneficiaries in their primary language, and record the response to the offer of interpreter.

5. MHPs have policies and procedures and the capability to refer and otherwise link Medi-Cal beneficiaries who do not meet the threshold language criteria who encounter the mental health system at a mandated key point of contact, with appropriate services, on the beginning date of plan implementation.

Measures:

a. Documented evidence that Medi-Cal beneficiaries who do not meet the threshold language criteria are assisted to secure or linked to appropriate services.

b. Document the progressive steps to assist ethnic Medi-Cal beneficiaries to obtain services in their primary language, i.e., if linguistically proficient staff or interpreters are unavailable.

6. MHPs have policies and procedures and the capability to link Medi-Cal beneficiaries who encounter the mental health system at a non-mandated key point of contact, with appropriate services, beginning on the plan implementation date.

Measures:

a. Documented evidence that Medi-Cal beneficiaries (both who meet or do not meet the threshold language criteria) are assisted to secure or linked to appropriate services.

b. Document the progressive steps to assist ethnic Medi-Cal beneficiaries to obtain services in their primary language, i.e., if linguistically proficient staff or interpreters are unavailable.

B. Written Materials Should Be Available and Understandable

Indicators:

1. MHPs have available culturally and linguistically appropriate written information for identified threshold languages that assist Medi-Cal beneficiaries in accessing medically necessary specialty mental health services beginning on the plan implementation date.

Measure:

a. Demonstrate the availability in threshold languages of general program literature used by the MHP to assist Medi-Cal beneficiaries access medically necessary specialty mental health services. The literature shall be at the appropriate literary level to reflect the population to be served. General program literature includes member service handbook or brochure, general correspondence, beneficiary problem resolution and fair hearing materials, beneficiary satisfaction surveys, orientation and community and health education materials.

2. MHPs have field tested the written information specified under #1 above within 180 days post plan implementation.

Measure:

a. Evidence of field testing of the specified information and appropriate modification of the materials as indicated by the field test(s).

3. MHPs have policies and procedures for the utilization and distribution of translated materials that assure availability to Medi-Cal beneficiaries beginning on the plan implementation date.

Measure:

a. Evidence of policies and procedures to appropriately distribute and utilize translated materials.

4. MHPs have included communication with consumers in a threshold language in consumer satisfaction surveys within 180 days post plan implementation.

Measure:

a. At least 75 percent of Medi-Cal mental health clients in a threshold language responding to consumer satisfaction surveys shall indicate that they had access to written information in their primary language.

C. Responsiveness of Specialty Mental Health Services

Indicators:

1. MHPs have available, as appropriate or feasible, alternatives and options that accommodate individual preference and cultural and linguistic differences. (Ongoing).

Measures:

a. A listing of available cultural/linguistic services and practitioners for populations meeting the threshold language(s) within 180 days post plan implementation.

b. Compare the percentages of culturally, ethnically and linguistically diverse professional staff to the same characteristics of the Medi-Cal beneficiary population within 180 days post plan implementation.

c. A list and definition of available and appropriate alternatives and options to accommodate individual preference and cultural and linguistic differences within 180 days post plan implementation. (Ongoing)

d. Monitor objectives identified in the plan under "c" above. (Ongoing)

2. MHPs have available program options in the system that include culture-specific MHP and community providers and programs. (Ongoing)

Measures:

a. Identification, and the number, of culture-specific community providers and services (as well as their specialized skills) evidenced in the range of programs offered by the MHP within 180 days post plan implementation.

3. MHPs have policies, procedures and practices to inform all Medi-Cal beneficiaries of available services under consolidation of specialty mental health services beginning on the plan implementation date.

Measures:

a. Evidence of a community information and education plans that enable Medi-Cal beneficiaries to access specialty mental health services.

b. Evidence of informing ethnic consumers regarding the availability of cultural and linguistic services and programs e.g., number of community presentations and/or forums used to disseminate information about specialty mental health services, etc.

4. MHPs have assessed factors and developed plans to facilitate the ease with which culturally diverse populations can obtain services, within 180 days post plan implementation. Such factors should include:

- location, transportation, hours of operation or other relevant areas;
- adapting physical facilities to be comfortable and inviting to persons of diverse cultural backgrounds; and
- locating facilities in settings that are non-threatening, including co-location of services and /or partnerships with community groups.

Measures:

a. Evidence of a study or analysis of the above factors.

II. QUALITY OF CARE

Standard:

To ensure that accurate and appropriate clinical decisions are made relative to the consumers' concerns and that appropriate treatment and referral decisions are the result.

A. Consumer and Family Role in Service Development

Indicator:

1. MHPs have policies, procedures and practices that ensure that all consumers participate in the development of their medically necessary specialty mental health treatment services, beginning on the plan implementation date. Parents, family members and other advocates can be included in this process as selected by the adult consumer.

Measures:

a. Evidence of policies, procedures and practices that assure the involvement of consumers and families in mental health treatment services.

b. Clinical records will indicate consumers and/or family involvement, by ethnicity and primary language.

B. Competent Evaluation, Diagnosis, Treatment and Referral Services

Indicators:

1. MHPs have policies and procedures that contain requirements to assure that culturally and linguistically competent medically necessary services are available to meet the needs identified in the MHPs Population Assessment and Organizational and Service Provider Assessment. (Ongoing)

   Measures:

   a. Evidence that MHP policies and procedures contain appropriate requirements to assure the delivery of competent mental health services.

   b. MHP contracts for services will ensure an appropriate array of providers.

2. MHPs have policies, procedures and practices to assure that consumer requests to use culture-specific community providers, who are credentialed as network providers to render medically necessary specialty mental health services that are reimbursable under Medi-Cal, will be honored when feasible, within 180 days post plan implementation.

   Measures:

   a. Evidence that records identify consumer requests for culture-specific community providers, number actually referred to such providers, and the number receiving services from the available culture-specific community providers.

   b. Availability of a listing of service providers available to provide culture-specific services within 180 days post plan implementation.

   c. When appropriate, records indicate cross-cultural instruments are used in the diagnosis, evaluation/assessment, treatment and referral process.

3. MHPs have a process to certify or otherwise ensure that staff are able to provide culturally competent medically necessary specialty mental health services for Medi-Cal beneficiaries under consolidation of specialty mental health services. (Ongoing)

Measures:

a. Evidence that MHPs are working toward a process to evaluate the competencies of staff in providing culturally competent specialty mental health services.

b. Evidence that MHPs are considering staff training needs to ensure the provision of culturally competent evaluation, diagnosis, treatment and referral services for the multicultural groups in their service area.

4. MHPs have a process to certify or otherwise assure the demonstrated ability of bilingual staff or interpreters to address the following cultural competency issues:

- Ability to communicate the ideas, concerns, and rationales, in addition to the translation of the words used by both the provider and consumer.

- Familiarity with the consumer's culture and degree of proficiency in the consumer's spoken, as well as non-verbal, communication.

- Familiarity with divergent world views and variant beliefs concerning the definition, presentation and clusters of symptoms, causal explanations and treatment of mental illness, as well as the risk that deviant behavior presents to the indigenous community. (Ongoing)

Measures:

a. Existence of, or plan to develop, core curriculum or training programs within 180 days post plan implementation.

b. Implement core curriculum or training program plan ("a" above) within one year post plan implementation.

5. Evidence of trained staff and interpreters who are linguistically proficient in threshold languages within 180 days post plan implementation.

Measures:

a. Existence of, or plans for evaluating the linguistic proficiency and training of staff and interpreters.

b. Existence of policies that comply with Title VI requirements prohibiting the expectation that family members provide interpreter services.

III. QUALITY MANAGEMENT

Standard:

To assess the access, appropriateness and outcomes of services delivered by the MHP under the consolidation of Medi-Cal specialty mental health services.

A. Utilization

Indicator:

1. Persons of diverse ethnic background access the service system in numbers consistent with their representation in the Medi-Cal beneficiary population and relevant incidence and prevalence data. (Ongoing)

Measures:

a. Track utilization rates by ethnic group.

b. Compare utilization rates across ethnic groups.

c. Compare utilization rates by ethnic group to the Medi-Cal beneficiary population.

d. Analyze utilization rates by factors including age, diagnosis, gender, ethnicity, and primary language of Medi-Cal mental health clients to identify potential problem areas.

B. Outcome of Service

Indicator:

1. Specialty mental health services are rendered by staff who are culturally competent and linguistically proficient to meet the needs of the population(s) served. (Ongoing)

Measures:

a. A description of methods and approaches which are designed to obtain consumer satisfaction responses from Medi-Cal beneficiaries from ethnically and linguistically diverse backgrounds.

b. Records indicate the level of satisfaction experienced by ethnically diverse consumers will be equivalent to that of service recipients in general.

c. Factors contributing to access (as identified above) will show similar patterns of consumer satisfaction among ethnic group recipients in general.

d. Outcomes achieved for ethnically diverse communities will be equivalent to that of the service recipients in general.

C. Continuous Quality Improvement (CQI) Plan

Indicator:

1. MHPs have addressed issues of cultural competence and linguistic proficiency in their approved CQI plan required in the general consolidation plan requirements within one year of plan implementation.

Measures:

a. Evidence of incorporation of issues of cultural competence and linguistic proficiency in CQI plans.

b. Evidence of progress in achieving objectives related to cultural competence and linguistic proficiency within the CQI plan.

Current State Statutory, Regulatory and Policy Provisions Related to Cultural and Linguistic Competence

There are several provisions within current Federal and State statutes, regulations and DMH policy letters related to cultural competence in the delivery of specialty mental health services. These provisions are notwithstanding other federal or State laws that prohibit discrimination based on race, color or national origin. The DMH specific provisions that guide the formulation of cultural competence plans are as follows:

State Statute

Welfare and Institutions Code (WIC), Section 4341 -- relates to DMH activities and responsibilities in implementing a Human Resources Development Program and ensuring appropriate numbers of graduates with experience in serving mentally ill persons. Subsection (d) states: "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."

WIC, 14684 (h) -- "Each plan shall provide for culturally competent and age-appropriate services, to the extent feasible. The plan shall assess the cultural competence needs of the program. The plan shall include, as part of the quality assurance program required by Section 4070, 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."

WIC, Section 5600.2 -- relates to the Bronzan-McCorquodale Act and general provisions to organize and finance community mental health services. "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, and which include the following factors:

WIC, Section 5600.2(g) -- "Cultural Competence. All services and programs at all levels should have the capacity to provide services sensitive to the target populations' cultural diversity. Systems of care should: (1) Acknowledge and incorporate the importance of culture, the assessment of cross-cultural relations, vigilance towards dynamics resulting from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally unique needs. (2) Recognize that culture implies an integrated pattern of human behavior, including language, thoughts, beliefs, communications, actions, customs, values, and other institutions of racial, ethnic, religious, or social groups. (3) Promote congruent behaviors, attitudes, and policies enabling the system, agencies, and mental health professionals to function effectively in cross-cultural institutions and communities."

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."

WIC, Section 5802.(a)(4) -- relates to Adult and Older Adult Mental Health System of Care. "System 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."

WIC, Section 5855.(f) -- relates to Children's Mental Health System of Care. "Cultural competence. Service effectiveness is dependent upon both culturally relevant and competent service delivery."

WIC. Section 5865.(b) -- relates to County System of Care Requirement in place with qualified mental health personnel within three years of funding by the state. "(b) A method to screen and identify children in the target population....including persons from ethnic minority cultures which may require outreach for identification. (e) A defined mechanism to ensure that services are culturally competent."

WIC. Section 5880.(b)(6) -- relates to establishing beneficiary and cost outcome and other system performance goals for selected counties. "To provide culturally competent programs that recognize and address the unique needs of ethnic populations in relation to equal access, program design and operation, and program evaluation."

California Government Code (CGC) Section 7292 -- relates to State agencies; bilingual employees. "Every state agency, as defined in Section 11000, except the State Compensation Insurance Fund, 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."

CGC. Section 7295 -- relates to Non-English translations. "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. Whenever notice of the availability of materials explaining services available is given, orally or in writing, it shall be given in English and in the non-English language into which any materials have been translated. The determination of when these materials are necessary when dealing with local agencies shall be left to the discretion of the local agency."

CGC Section 7296.2 -- relates to Substantial number of non-English-speaking people. A "'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 percent or more of the people served by any local office or facility of a state agency."

DMH Regulations

DMH Emergency Regulations for Managed Care, Title 9 of the California Code of Regulations, 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 Letter

DMH Information Notice #: 94-17 issued on December 7, 1994 -- requests all counties applying to become a Mental Health Plan to submit a written Implementation Plan for Psychiatric Inpatient Hospital Services Consolidation by January 1, 1995. Counties were required to describe the process they would implement to improve cultural competence and age-appropriate services to Medi-Cal beneficiaries.

Federal Waiver Request

DMH Waiver Request Submission to HCFA states: MHPs will be required to develop and implement a plan for the provision of culturally competent and age appropriate services to beneficiaries. At a minimum this plan must include maintaining a statewide 800 number with linguistic capability that is available 24 hours a day, and must include goals for improving cultural competence. DMH will establish a task force to address linguistic and cultural competence issues and may set additional statewide requirements for MHPs as a result of task force findings and recommendations.

Other General Provisions

Other provisions relate generally to quality and access provisions without specific reference to cultural competence. They include:

WIC, Section 14683 and 14684 -- require that the department establish minimum standards of quality and access for managed mental health care plans.

WIC, Section 14683(b) sets forth a requirement that managed mental health care plans include a system of "outreach to enable beneficiaries and providers to participate in and access mental health services under the plans, consistent with existing law."

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(Revised 04-22-97)

POPULATION ESSMENT DATA
CALIFORNIA

Race/Ethnicity	COUNTY POPULATION		MEDI-CAL BENEFICIARIES		ALL SERVICES		INPATIENT / RESIDENTIAL		OUTPATIENT / CASE MANAGEMENT		DAY SERVICES	
	JULY 1, 1996		JANUARY, 1996		FISCAL YEAR 1995-96							
Total	33,863,639	100.00	5,533,649	100.00	381,405	100.00	23,358	100.00	347,429	100.00	11,402	100.00
White	17,787,715	52.53	1,710,931	30.92	187,478	49.15	12,925	55.33	168,377	48.46	5,731	50 26
Hispanic	10,114,228	29.87	2,084,612	37.67	40,776	10.69	1,749	7.49	38,205	11.00	806	7 07
Black	2,330,391	6.88	752,082	13.59	51,964	13.62	4,171	17.86	46,005	13.24	1,813	15 90
Asian/Pacific			55,065	1.00	1,655	0.43	65	0.28	1,543	0.44	59	0 52
American Indian			25,257	0.46	1,430	0.37	52	0.22	1,355	0.39	24	0 21
Filipino			42,602	0.77	930	0.24	51	0.22	845	0.24	30	0 26
Amerasian			274	0.00	19	0.00	0	0.00	19	0.01	0	0.00
Chinese			38,929	0.70	848	0.22	42	0.18	775	0.22	21	0.18
Cambodian			52,464	0.95	1,761	0.46	50	0.21	1,699	0.49	7	0.06
Japanese			1,892	0.03	90	0.02	3	0.01	82	0.02	2	0.02
Korean			7,069	0.13	163	0.04	17	0.07	137	0.04	3	0 03
Samoan			7,387	0.13	104	0.03	4	0.02	95	0.03	3	0 03
Asian Indian			9,087	0.16	193	0.05	13	0.06	176	0.05	2	0 02
Hawaiian			1,341	0.02	49	0.01	4	0.02	44	0.01	1	0 01
Guamanian			1,332	0.02	34	0.01	2	0.01	32	0.01	1	0 01
Laotian			84,716	1.53	2,204	0.58	33	0.14	2,129	0.61	43	0.38
Vietnamese			144,848	2.62	3,200	0.84	59	0.25	3,109	0.89	11	0 10
Other/Unknown	3,631,305	10.72	513,761	9.28	88,507	23.21	4,118	17.63	82,802	23.83	2,845	24.95

Attachment C

POPULATION ASSESSMENT DATA
CALIFORNIA

Language	COUNTY POPULATION		MEDI-CAL BENEFICIARIES		ALL SERVICES		INPATIENT / RESIDENTIAL		OUTPATIENT / CASE MANAGEMENT		DAY SERVICES	
	APRIL 1, 1990*		JANUARY, 1996		FISCAL YEAR 1995-96							
Total	27,387,547		5,533,649	100.00	381,405	100.00	23,358	100.00	347,429	100.00	11,402	100.00
English	18,764,213	68.51	3,054,107	55.19	219,392	57.52	13,669	58.52	199,831	57.52	6,657	58.38
Spanish	5,477,855	20.00	1,350,926	24.41	17,778	4.66	824	3.53	16,718	4.81	278	2.44
Vietnamese	237,074	0.87	144,515	2.61	6,226	1.63	95	0.41	6,111	1.76	23	0.20
Chinese	575,447	2.10										
Cantonese			42,838	0.77	1,591	0.42	71	0.30	1,482	0.43	42	0.37
Mien			7,614	0.14	613	0.16	6	0.03	628	0.18	2	0.02
Mandarin			4,763	0.09	95	0.02	6	0.03	87	0.03	3	0.03
Other Chinese			1,400	0.03	38	0.01	3	0.01	35	0.01	0	0.00
Cambodian			41,539	0.75	2,422	0.64	41	0.18	2,391	0.69	5	0.04
Armenian			34,610	0.63	1,077	0.28	33	0.14	1,044	0.30	2	0.02
Hmong			31,357	0.57	987	0.26	14	0.06	953	0.27	21	0.18
Russian	44,978	0.16	24,334	0.44	1,357	0.36	35	0.15	1,307	0.38	17	0.15
Lao			23,901	0.43	1,591	0.42	21	0.09	1,548	0.45	28	0.25
Tagalog	464,644	1.70	13,672	0.25	265	0.07	7	0.03	249	0.07	10	0.09
Korean	215,845	0.79	9,386	0.17	222	0.06	11	0.05	203	0.06	7	0.06
Farsi			9,184	0.17	503	0.13	15	0.06	488	0.14	0	0.00
Arabic	73,738	0.27	4,319	0.08	77	0.02	5	0.02	70	0.02	1	0.01
Samoan			2,575	0.05	118	0.03	2	0.01	117	0.03	1	0.01
Sign Language			846	0.02	51	0.01	0	0.00	48	0.01	3	0.03
Portuguese	79,089	0.29	730	0.01	31	0.01	0	0.00	31	0.01	0	0.00
Japanese	147,451	0.54	687	0.01	61	0.02	3	0.01	52	0.01	4	0.04
Ilacano			581	0.01	17	0.00	1	0.00	15	0.00	1	0.01
Thai			563	0.01	30	0.01	1	0.00	29	0.01	0	0.00
Turkish			252	0.00	15	0.00	1	0.00	13	0.00	1	0.01
Polish	28,528	0.10	224	0.00	23	0.01	2	0.01	21	0.01	0	0.00
French	132,657	0.48	191	0.00	3	0.00	0	0.00	3	0.00	0	0.00
Italian	111,133	0.41	139	0.00	5	0.00	2	0.01	3	0.00	0	0.00
Hebrew			79	0.00	6	0.00	0	0.00	6	0.00	0	0.00
Other and unspecified	281,469	1.03	728,317	13.16	126,811	33.25	8,490	36.35	113,946	32.80	4,296	37.68

* Language data from the 1990 Census is for persons 5 years old and over. Not all languages are shown.

POPULATION . ESSMENT DATA
CALIFORNIA

	COUNTY POPULATION		MEDI-CAL BENEFICIARIES		ALL SERVICES		INPATIENT / RESIDENTIAL		OUTPATIENT / CASE MANAGEMENT		DAY SERVICES	
Gender/Age	JULY 1, 1996		JANUARY, 1996		FISCAL YEAR 1995-96							
Total	**33,863,639**	**100.00**	**5,533,649**	**100.00**	**381,405**	**100.00**	**23,358**	**100.00**	**347,429**	**100.00**	**11,402**	**100.00**
0 to 11	6,704,327	19.80	2,130,218	38.50	60,102	15.76	729	3.12	58,717	16.90	1,293	11.34
12 to 17	2,751,788	8.13	674,172	12.18	60,678	15.91	2,778	11.89	55,338	15.93	3,402	29.84
18 to 20	1,310,745	3.87	235,056	4.25	11,526	3.02	1,193	5.11	10,011	2.88	386	3.39
21 to 59	18,348,709	54.18	1,749,032	31.61	217,843	57.12	17,088	73.16	194,834	56.08	5,495	48.19
60 to 64	1,112,731	3.29	98,949	1.79	11,605	3.04	558	2.39	10,830	3.12	203	1.78
65 +	3,635,339	10.74	646,222	11.68	13,078	3.43	643	2.75	11,598	3.34	277	2.43
Unknown			0	0.00	6,573	1.72	369	1.58	6,101	1.76	346	3.03
Female	**16,884,383**	**49.86**	**3,238,718**	**58.53**	**195,107**	**51.15**	**12,248**	**52.44**	**177,899**	**51.20**	**4,620**	**40.52**
0 to 11	3,279,704	9.69	1,044,239	18.87	18,664	4.89	231	0.99	18,247	5.25	287	2.52
12 to 17	1,339,490	3.96	339,812	6.14	24,196	6.34	1,556	6.66	21,597	6.22	1,185	10.39
18 to 20	626,660	1.85	161,497	2.92	5,645	1.48	559	2.39	4,947	1.42	145	1.27
21 to 59	8,942,750	26.41	1,205,617	21.79	126,728	33.23	8,924	38.21	114,903	33.07	2,510	22.01
60 to 64	580,097	1.71	58,893	1.06	7,593	1.99	369	1.58	7,076	2.04	133	1.17
65 +	2,115,682	6.25	428,660	7.75	9,093	2.38	439	1.88	8,148	2.35	204	1.79
Unknown			0	0.00	3,188	0.84	170	0.73	2,981	0.86	156	1.37
Male	**16,979,256**	**50.14**	**2,294,926**	**41.47**	**165,828**	**43.48**	**11,110**	**47.56**	**147,661**	**42.50**	**6,782**	**59.48**
0 to 11	3,424,623	10.11	1,085,978	19.62	33,555	8.80	498	2.13	32,242	9.28	1,006	8.82
12 to 17	1,412,298	4.17	334,359	6.04	31,419	8.24	1,222	5.23	28,112	8.09	2,217	19.44
18 to 20	684,085	2.02	73,559	1.33	5,056	1.33	634	2.71	4,168	1.20	241	2.11
21 to 59	9,405,959	27.78	543,412	9.82	85,078	22.31	8,164	34.95	73,439	21.14	2,985	26.18
60 to 64	532,634	1.57	40,056	0.72	3,784	0.99	189	0.81	3,513	1.01	70	0.61
65 +	1,519,657	4.49	217,562	3.93	3,742	0.98	204	0.87	3,257	0.94	73	0.64
Unknown			0	0.00	3,194	0.84	199	0.85	2,930	0.84	190	1.67
Unknown			**5**	**0.00**	**20,470**	**5.37**	**0**	**0.00**	**21,869**	**6.29**	**0**	**0.00**
0 to 11			1	0.00	7,883	2.07	0	0.00	8,228	2.37	0	0.00
12 to 17			1	0.00	5,063	1.33	0	0.00	5,629	1.62	0	0.00
18 to 20			0	0.00	825	0.22	0	0.00	896	0.26	0	0.00
21 to 59			3	0.00	6,037	1.58	0	0.00	6,492	1.87	0	0.00
60 to 64			0	0.00	228	0.06	0	0.00	241	0.07	0	0.00
65 +			0	0.00	243	0.06	0	0.00	193	0.06	0	0.00
Unknown			0	0.00	191	0.05	0	0.00	190	0.05	0	0.00

ATTACHMENT D

STATE DEPARTMENT OF MENTAL HEALTH
CULTURAL COMPETENCE TASK FORCE MEMBERS

Alfredo Aguirre	Deputy Director, Childrens Systems of Care, San Mateo County Mental Health, San Mateo, CA
Jack Barbour, M.D.	Los Angeles, CA
Patricia Barrera, J.D.	Director of Policy, Latino Coalition for a Healthy California, San Francisco, CA
Carmela Castellano, J.D.	Executive Director, Latino Coalition for a Healthy California, San Francisco, CA
Sam Chan, Ph.D.	California School of Professional Psychology, Alhambra, CA
Carolyn Cooper	President, United Advocates of Children of California, Oakland CA
Sandra Cox, Ph.D.	Executive Director, Coalition of Mental Health Professionals, Inc., Los Angeles, CA
Calvin Freeman	Chief, Multicultural Health Office, Department of Health Services, Sacramento, CA
Maria Fuentes	Ethnic Populations Services Specialist, Santa Clara County Mental Health, San Jose, CA
Cora Fullmore	Deputy Director, Program Support Bureau, Los Angeles County Department of Mental Health, Los Angeles, CA
Carl L. Havener, LCSW	Director, Tehama County Health Agency, Red Bluff, CA
Melba Hinojosa, RN	Policy/Quality Improvement Branch, Department of Health Services, Sacramento, CA
Carol S. Hood	Assistant Deputy Director Systems Implementation and Support, Department of Mental Health, Sacramento, CA
Carole A. Hood	Co-Chair. Chief Deputy Director, Department of Mental Health, Sacramento, CA
Pearl Johnson	California Network of Mental Heralth Clients, Los Angeles, CA
Mabel Jung	Director, South of Market Mental Health Center, San Francisco Mental Health Services, San Francisco, CA
Erma Kendrick	California Alliance for the Mentally Ill, Bakersfield, CA
Ford Kuramoto, Ph.D.	National Director, NAPAFASA Los Angeles, CA
Evelyn Lee, MSSA, Ed.D.	Richmond Multiservice Center, San Francisco, CA
Rudy Lopez	Director, Imperial County Mental Health, El Centro, CA
J. Ruben Lozano, Pharm. D.	Co-Chair. Deputy Director, Program Compliance, Department of Mental Health, Sacramento, CA

Francis G. Lu, M.D., FAPA	Clinical Professor of Psychiatry, UCSF, Co-Director, Cultural Competence and Diversity Program, SF General Hospital, San Francisco, CA
Concha Saucedo Martinez, Ph.D.	Executive Director, Instituto Familia De La Raza, Inc., San Francisco, CA
Matthew Mock, Ph.D.	Support Family, Youth and Children, City of Berkeley Mental Health, Berkeley, CA
Vernon Montoya	California Network of Mental Health Clients, San Diego, CA
Carol Moss	California Network of Mental Health Clients, Sacramento, CA
Timothy P. Mullins	Director, Orange County Mental Health, Santa Ana, CA
Walter Philips	Union of Pan Asian Communities, San Diego, CA
Ambrose Rodriguez	Assistant Director, Adult Services, Los Angeles County Mental Health, Los Angeles, CA
Josie L. Romero, LCSW	Hispanic Institute/Family Development, San Jose, CA
Alan Shinn	Asian Community Mental Health, Oakland, CA
Soleng Tom, M.D.	Medical Director, Santa Clara County Mental Health, San Jose, CA
Ron Waters	California Mental Health Planning Council, Sacramento, CA
Tina Tong Yee, Ph.D.	Cultural Competence and Consumers Relations, San Francisco Mental Health Services, San Francisco, CA

STATE DEPARTMENT OF MENTAL HEALTH MEMBERS

Rachel Guerrero, LCSW	Specialized Programs, Systems of Care
Terry Mac Rae	Statistics and Data Analysis, Systems of Care
Gary Pettigrew	Deputy Director, Systems of Care
Edmond Pi, M.D.	Medical Director
Christine Umeda	PASARR Section, Program Compliance