



**YOLO COUNTY
HEALTH & HUMAN SERVICES AGENCY**

CULTURAL COMPETENCE PLAN UPDATE



DECEMBER 2018

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**CRITERION 1
COUNTY MENTAL HEALTH SYSTEM**

COMMITMENT TO CULTURAL COMPETENCE

Rationale: 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 target population. Individuals from racial, ethnic, cultural, and linguistically diverse backgrounds frequently require different and individual Mental Health Service System responses.

I. County Mental Health System commitment to cultural competence

Yolo County Health and Human Services Agency (HHS) continues to demonstrate a commitment to cultural competence, cultural humility and cultural proficiency with increasing attention and activities to incorporate the recognition and value of racial, ethnic, and cultural diversity within the County Mental Health System. Over the past year, two additional Cultural Competence Workgroups have been established to assist in efforts to address disparities among the Latino and Hispanic Communities and the Russian-Speaking Communities. The Cultural Competence Committee continues to meet monthly. The LGBTQ+ Workgroup remains active with quarterly activities including meetings, hosting trainings, supporting local LGBTQ+ efforts and/or identifying program changes and recommendations.

II. County recognition, value, and inclusion of racial, ethnic, cultural, and linguistic diversity within the system

In 2018, HHS engaged in activities to demonstrate the ongoing commitment to community outreach, engagement and involvement efforts with identified racial, ethnic, cultural and linguistic communities with mental health disparities. Community Outreach activities with HHS representatives have included:

- 2018 Promotoras Conference, 3/3/18, Woodland
- Que Viva La Vida Farmworker Women's Conference, 3/10/18
- YCH Spring Fling Health & Education Fair, 3/28/18, Woodland
- YCH Spring Fling Health & Education Fair, 3/29/18, West Sacramento
- UC Davis Pow Wow, 4/14/18, Davis
- Cesar Chavez Outreach Event WJUSD, 5/1/18, Woodland
- Senior Resource Fair, 5/4/18, West Sacramento
- Migrant Housing Resource Fair, 5/20/18, Davis
- Migrant Housing Resource Fair, 5/27/18, Madison
- Woodland Farmer's Market and Resource Fair, 6/9/18, Woodland
- Dan Best Ranch, Inc. Resource Faire 6/16/18, Woodland
- Durst Organic Farm Health Fair, 8/31/18, Esparto
- Yolo Parents & Babies Resource Fair, 9/29/18, Woodland, CA
- Senior Resource and Crime Prevention Fair, 10/26/18, Woodland
- Binacional Health Week Fair, 10/27/18, Winters

III. Each county has a designated Cultural Competence/Ethnic Services Manager (CC/ESM) person responsible for cultural competence.

Theresa Smith, LCSW has continued in her role as Cultural Competence/Ethnic Services Manager. She has been a Manager with Yolo County since 2006 and has ongoing participation on the Behavioral Health Management Team. She chairs the Cultural Competence Committee, LGBTQ+ Workgroup, Latino and Hispanic Workgroup and Russian-Speaking Communities Workgroup. She facilitates Cultural Competence trainings and activities for staff, providers and other stakeholders. She also serves as the MHSA Workforce, Education and Training (WET) Coordinator.

Responsibilities of the Cultural Competence Coordinator/ Ethnic Services Manager include:

- Development of the state-mandated Cultural Competence Plan Requirement (CCPR), as well as annual updates
- Oversee, coordinate and chair the Cultural Competence Committee
- Provide Cultural Competence Committee updates to the Quality Improvement Committee (QIC)
- Attend trainings that inform, educate, and develop the unique skills necessary to enhance the understanding and promotion of cultural competence in the behavioral health system
- Participate and advise in planning, policy, and quality improvement recommendations to county leaders to ensure that diverse groups have access to appropriate services
- Interface with Language Line Services, and contracted interpreter services to make sure HHSa is using the service appropriately, and to obtain products and services that will augment the cross-cultural resources of HHSa
- Provide cultural competency information, technical assistance, training and consultation as requested

IV. Identify budget resources targeted for culturally competent activities

Several budget line items targeted cultural competent activities during 2018 included:

- Cultural Competence/Ethnic Services Manager
- LGBTQ+/Cultural Competency Initiative
- Outreach/Benefits Specialists (Spanish Bilingual and Russian Bilingual)
- Family Partner
- Bilingual staff pay differential
- Interpreter Services: Language Line
- MH Services for Deaf and Hard of Hearing (NorCal Services)
- Integrated Behavioral Health Services for Latino Community and Families
- MHSA Programs to address needs of PEI priority populations and CSS unserved/underserved
- Contract for translation services for written beneficiary informing materials

**CRITERION 2
COUNTY MENTAL HEALTH SYSTEM
UPDATED ASSESSMENT OF SERVICE NEEDS**

Rationale: A population assessment is necessary to identify the cultural and linguistic needs of the target population and is critical in designing, and planning for, the provision of appropriate and effective mental health services.

I. General Population Data (Source: United States Census Bureau, v2017)

Yolo County, CA

Population estimates, July 1, 2017, (V2017)	219,116
Population estimates base, April 1, 2010, (V2017)	200,850
Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	9.1%
Population, Census, April 1, 2010	200,849

Age and Sex

Persons under 5 years, percent	5.7%
Persons under 18 years, percent	21.1%
Persons 65 years and over, percent	12.1%
Female persons, percent	51.4%

Race and Hispanic Origin

White alone, percent	74.5%
Black or African American alone, percent	2.9%
American Indian and Alaska Native alone, percent	1.8%
Asian alone, percent	14.9%
Native Hawaiian and Other Pacific Islander alone, percent	0.6%
Two or More Races, percent	5.3%
Hispanic or Latino, percent	31.8%
White alone, not Hispanic or Latino, percent	46.6%

Population Characteristics

Veterans, 2012-2016	8,827
Foreign born persons, percent, 2012-2016	22.2%

Housing

Housing units, July 1, 2017, (V2017)	77,952
Owner-occupied housing unit rate, 2012-2016	51.3%
Median value of owner-occupied housing units, 2012-2016	\$346,200
Median selected monthly owner costs -with a mortgage, 2012-2016	\$1,975
Median selected monthly owner costs -without a mortgage, 2012-2016	\$506
Median gross rent, 2012-2016	\$1,147
Building permits, 2017	579
Families & Living Arrangements	
Households, 2012-2016	72,544
Persons per household, 2012-2016	2.78
Living in same house 1 year ago, percent of persons age 1 year+, 2012-2016	77.0%
Language other than English spoken at home, percent of persons age 5 years+, 2012-2016	37.4%
Education	
High school graduate or higher, percent of persons age 25 years+, 2012-2016	85.6%
Bachelor's degree or higher, percent of persons age 25 years+, 2012-2016	40.0%
Health	
With a disability, under age 65 years, percent, 2012-2016	6.6%
Persons without health insurance, under age 65 years, percent	6.7%
Economy	
In civilian labor force, total, percent of population age 16 years+, 2012-2016	60.1%
In civilian labor force, female, percent of population age 16 years+, 2012-2016	56.6%
Total accommodation and food services sales, 2012 (\$1,000)(c)	656,580
Total health care and social assistance receipts/revenue, 2012 (\$1,000)(c)	846,965
Total manufacturers shipments, 2012 (\$1,000)(c)	2,538,431
Total merchant wholesaler sales, 2012 (\$1,000)(c)	6,762,093
Total retail sales, 2012 (\$1,000)(c)	1,968,762
Total retail sales per capita, 2012(c)	\$9,645
Transportation	
Mean travel time to work (minutes), workers age 16 years+, 2012-2016	22.4
Income & Poverty	
Median household income (in 2016 dollars), 2012-2016	\$57,663
Per capita income in past 12 months (in 2016 dollars), 2012-2016	\$28,996

II. Medi-Cal Population Service Needs

Medi-Cal Approved Claims Data for YOLO County MHP Calendar Year 16

	YOLO					MEDIUM		STATEWIDE	
	Average Number of Eligibles per Month (4)	Number of Beneficiaries Served per Year	Approved Claims	Penetration Rate	Approved Claims per Beneficiary Served per Year	Penetration Rate	Approved Claims per Beneficiary Served per Year	Penetration Rate	Approved Claims per Beneficiary Served per Year
TOTAL									
	60,103	2,013	\$13,039,548	3.35%	\$6,478	4.07%	\$5,916	4.44%	\$5,746
AGE GROUP									
0-5	7,366	60	\$213,010	0.81%	\$3,550	1.50%	\$4,070	2.04%	\$4,842
6-17	14,504	564	\$3,145,467	3.89%	\$5,577	5.00%	\$6,796	6.01%	\$7,222
18-59	31,130	1,175	\$8,861,725	3.77%	\$7,542	4.50%	\$5,609	4.70%	\$5,110
60 +	7,104	214	\$819,347	3.01%	\$3,829	3.03%	\$5,681	2.75%	\$4,577
GENDER									
Female	31,867	1,011	\$6,171,928	3.17%	\$6,105	3.79%	\$5,737	4.07%	\$5,333
Male	28,236	1,002	\$6,867,620	3.55%	\$6,854	4.40%	\$6,091	4.87%	\$6,145
RACE/ETHNICITY									
White	17,240	919	\$6,159,769	5.33%	\$6,703	5.69%	\$5,936	6.01%	\$5,372
Hispanic	23,780	465	\$2,353,894	1.96%	\$5,062	2.74%	\$5,279	3.38%	\$5,430
African-American	2,635	168	\$1,142,927	6.38%	\$6,803	6.48%	\$5,843	7.76%	\$6,158
Asian/Pacific Islander	8,047	102	\$407,522	1.27%	\$3,995	2.35%	\$5,276	2.25%	\$5,728
Native American	495	32	\$136,803	6.46%	\$4,275	6.41%	\$5,714	7.38%	\$5,805
Other	7,908	327	\$2,838,632	4.14%	\$8,681	6.31%	\$7,454	6.23%	\$6,756
ELIGIBILITY CATEGORIES									
Disabled	5,035	897	\$6,698,770	17.82%	\$7,468	17.99%	\$7,098	18.33%	\$6,240
Foster Care	338	141	\$885,439	41.72%	\$6,280	50.23%	\$8,696	46.26%	\$9,147
Other Child	14,723	405	\$1,739,157	2.75%	\$4,294	3.74%	\$5,149	4.58%	\$5,586
Family Adult	10,562	143	\$641,383	1.35%	\$4,485	2.61%	\$3,385	2.81%	\$3,226
Other Adult	4,637	52	\$143,669	1.12%	\$2,763	1.32%	\$4,781	1.17%	\$3,824
MCHIP	7,202	88	\$410,268	1.22%	\$4,662	2.53%	\$4,947	3.05%	\$5,184
ACA	16,755	385	\$2,503,476	2.30%	\$6,503	3.65%	\$4,509	3.86%	\$4,310

III. Medi-Cal Utilization (Source: Network Adequacy Data, Quality Management)

Actual Utilization - Counts for Fiscal Year 2017/2018

Age Group	Mental Health Services	Case Management	Crisis Intervention	Medication Support	Intensive Care Coordination	Intensive Home Based Services	Total
0-17	21167	3327	18	1233	1701	1115	28561
18-20	1616	909	15	543	82	84	3249
21+	31226	16541	798	30005	0	0	78570
Total	54009	20777	831	31781	1783	1199	110380

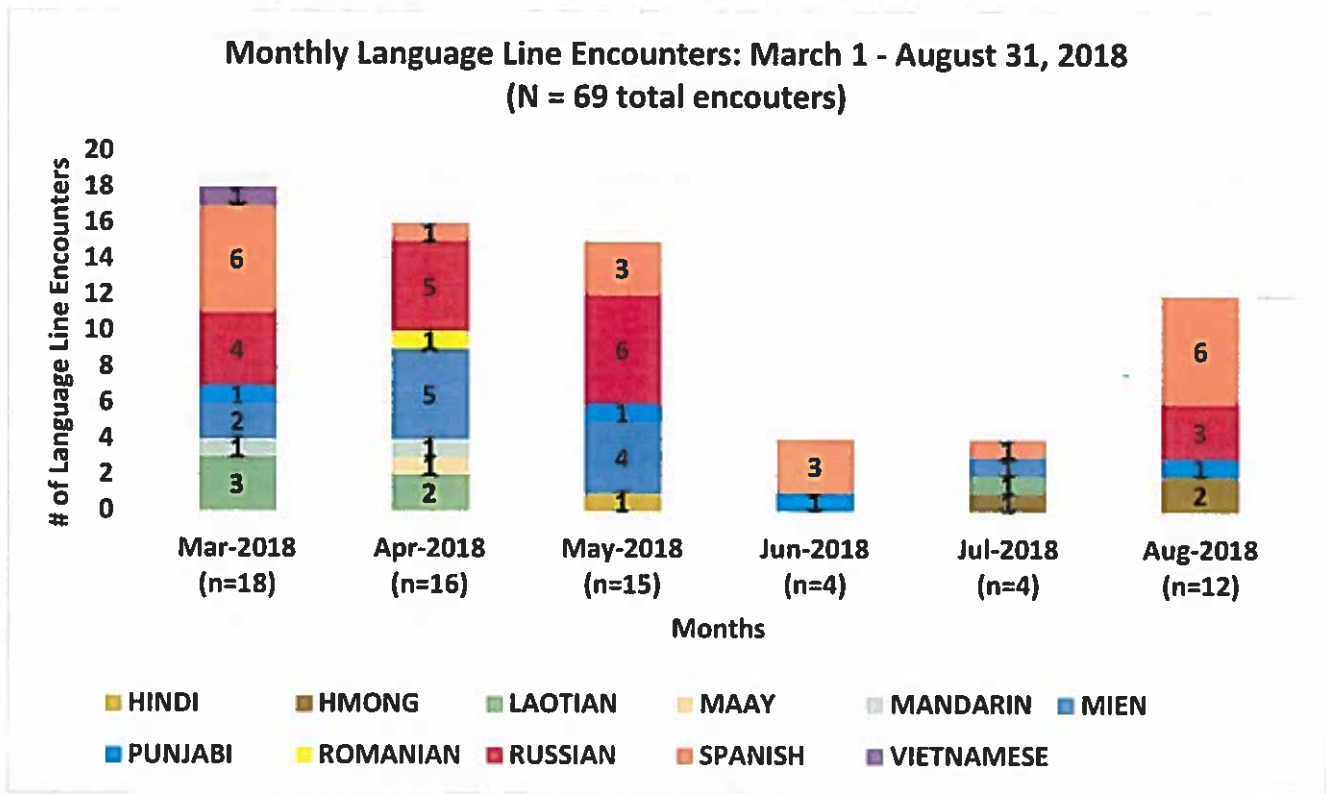
Expected Utilization - Fiscal Year 2018/2019

Age Group	Mental Health Services	Case Management	Crisis Intervention	Medication Support	Intensive Care Coordination	Intensive Home Based Services	Total
0-17	20892	3284	18	1217	1679	1101	28191
18-20	1595	897	15	536	81	83	3207
21+	30820	16326	788	29615	0	0	77549
Total	53307	20507	821	31368	1760	1184	108947

IV. Summary

Similar to last year, Yolo County HHSA demonstrates the need to improve efforts to address disparities with all identified groups, except one. Yolo County reflects a lower penetration rate than other medium-sized counties and statewide average for all populations except Native American (7.86% for Yolo and 6.71% for medium sized counties and 7.51% for statewide average). However, it is noted that the Native American population size is very small (n=32), and therefore the penetration rate may not adequate access to services. Some of the greatest disparities are noted for Asian/Pacific Islander at 1.27% compared to 2.74% for medium-sized counties and 3.38% for statewide average.

V. Language Line Encounters



Language	Mar-2018 (n=18)	Apr-2018 (n=16)	May-2018 (n=15)	Jun-2018 (n=4)	Jul-2018 (n=4)	Aug-2018 (n=12)	Grand Total
HINDI	0	0	1	0	0	0	1
HMONG	0	0	0	0	1	2	3
LAOTIAN	3	2	0	0	1	0	6
MAAY	0	1	0	0	0	0	1
MANDARIN	1	1	0	0	0	0	2
MIEN	2	5	4	0	1	0	12
PUNJABI	1	0	1	1	0	1	4
ROMANIAN	0	1	0	0	0	0	1
RUSSIAN	4	5	6	0	0	3	18
SPANISH	6	1	3	3	1	6	20
VIETNAMESE	1	0	0	0	0	0	1
TOTAL	18	16	15	4	4	12	69

**CRITERION 3
COUNTY MENTAL HEALTH SYSTEM**

**STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND
LINGUISTIC MENTAL HEALTH DISPARITIES**

Rationale: “Striking disparities in mental health care are found for racial and ethnic populations. Racial and ethnic populations have less access to and availability of mental health services, these communities are less likely to receive needed mental health services, and when they get treatment they often receive poorer quality of mental health care. Although they have similar mental health needs as other populations they continue to experience significant disparities, if these disparities go unchecked they will continue to grow and their needs continue to be unmet...” (U.S. Department of Health and Human Services, Surgeon General Report, 2001).

I. Identified unserved/underserved target populations (with disparities):

Medi-Cal – Identified from Medi-Cal Approved Claims Data for Calendar Year 2016 (Lower penetration rate than Medium-Sized County Average. Reference: Data in Criterion 2 section.)

- Children, 0-5
- Children/Youth, 6-17
- Adults, 18-59
- Older Adults, 60+
- Female
- Male
- White
- Hispanic
- African-American
- Asian/Pacific Islander
- Other Race/Ethnicity Category

Community Services and Supports (CSS) – Identified from Community Planning Process

- Children/Youth, 0-17 with serious emotional disturbance
- Transition Age Youth, 16-25 with serious emotional disturbance and/or serious mental illness
- Adults, 26-59 at risk of incarceration, hospitalization and/or homelessness
- Older Adults, 60+ at risk of incarceration, hospitalization and/or homelessness

WET (Workforce Education and Training) - Identified from Workforce Needs Assessment and Community Planning Process

- Psychiatrists
- Bilingual and Bicultural staff to address needs of diverse client populations including Latino/Hispanic and Russian-speaking populations
- Culturally competent trained staff for diverse cultural, racial and ethnic populations
- LGBTQ+ trained staff with expert supervision
- Career pathways, training and support for consumers/peers and family members
- Diverse staff to increase the availability of home and community based clinical services.

Prevention and Early Intervention (PEI) - Identified from Community Planning Process

- Children, Ages 0-5
- Children, Ages 6-18
- Transition Age Youth, Ages 16-25
- Older Adults
- Latino children, youth and families, especially in rural areas
- Lesbian, Gay, Bisexual, Transgender and Queer/Questioning populations (LGBTQ+)

II. Identified disparities (within the target populations)

Medi-Cal

Similar to last year, lower penetration rates are reflected among Hispanic, African American, White, Asian/Pacific Islander and Other/Multi-Racial cultural groups when comparing rates to other medium-sized counties and the statewide average. While the penetration rate for Native American beneficiaries exceeds the medium-sized MHP and statewide averages, the actual numbers of beneficiaries served is too small to draw meaningful conclusions. Yolo still shows the greatest disparities existed for 0-5 and 6-17 age groups, but all other age groups were below the medium size county's penetration rates.

CSS

In 2018, CSS programs and services have continued to address the identified disparities across all age group populations in related racial/ethnic, linguistic, socio-economic disparities. As previously reported, penetration rates for Yolo reflect overall lower penetration rates compared to other medium-sized counties as well as statewide averages.

WET

The greatest staff shortage still exists for psychiatrists. While successes have occurred in recruitment including one full time psychiatrist, retention has been less successful. There is still a need to increase bi-lingual and bi-cultural staff members and increase the cultural competency level of all staff members, peers/consumers and family members.

PEI

Medi-Cal findings continue to reflect that Children and Youth and demonstrate the greatest disparity in access and need for services across age groups. LGBTQ+ continues to be a priority PEI population due to lack of trained staff, LGBTQ+ local services and current insufficient data collection mechanisms. Stakeholders also identify Older Adults as a priority PEI population despite penetration rate (slightly higher than statewide average.)

III. Identified strategies/objectives/actions/timelines

Medi-Cal

Enhanced outreach and engagement strategies for identified populations include:

1. Increase community-based and co-located mental health services
2. Identify and strategize with cultural brokers to review effectiveness of current outreach and engagement activities, and identify and develop new opportunities
3. Increase the cultural sensitivity, cultural competency and cultural humility of all staff members via trainings, communications (e.g.,: Cultural Competency Monthly Email, articles in HHSU Updates, etc.) and HHSU staff activities (e.g., Avoiding Cultural Appropriation activities during staff social activities).

CSS/MHSA CSS Population

The following CSS programs and strategies have been developed to reduce the disparities with identified target and underserved populations:

Children's Mental Health Services

The Children's Mental Health (CMH) Program provides Outreach and Engagement, System Development, and Full Service Partnership for children with serious emotional disturbance who meet medical necessity for county mental health services.

Goals and Objectives

Goal 1:

CMH Programs aim to provide Full Service Partnership, System Development, and Outreach and Engagement services to all children through age 17 in Yolo County who are experiencing serious emotional difficulties

Goal 2: To expand and augment mental health services to enhance service access, delivery and recovery

Objective 1: Increase the level of participation and involvement of ethnically diverse families in all aspects of the public mental health system

Objective 2:

Reduce ethnic and cultural disparities in accessibility, availability and appropriateness of mental health services to more adequately reflect mental health prevalence estimates

Objective 3: Increase the array of community supports for children and youth diagnosed with serious emotional disturbance and their families; and

Objective 4: Improve success in school and at home, and reduce institutionalization and out of home placements.

TAY Pathways to Independence

The Pathways to Independence Program provides Outreach and Engagement, System Development, and Full Service Partnership for youth with serious emotional disturbance and/or serious mental illness. This program will address needs including access to case management and psychiatry, upholding a continuum of services, and separating TAY Wellness Center services from adult services.

Goals and Objectives

Goal 1:

Pathways to Independence aims to provide Full Service Partnership, System Development, and Outreach and Engagement services to youth ages 16-24 in Yolo County who are experiencing serious mental illness while transitioning to adulthood.

Goal 2:

To expand and augment mental health services to enhance service access, delivery and recovery.

Objective 1:

Reduce ethnic and cultural disparities in accessibility, availability and appropriateness of mental health services and to more adequately reflect mental health prevalence estimates; and

Objective 2: Support successful transition from the foster care and juvenile justice systems.

Adult Wellness Alternatives

The Adult Wellness Alternatives Program provides Outreach and Engagement, System Development and Full Service Partnership to adults who are unlikely to maintain recovery in the absence of ongoing services. Across the County, the continuum of services includes psychiatry, case management and Wellness Centers.

Goals and Objectives

Goal 1:

The Adult Wellness Alternatives program aims to meet the mental health treatment needs of un-served, under-served, and inappropriately served adults in Yolo county with serious mental illness who may be experiencing homelessness or be at risk for homelessness, have criminal justice system involvement, have a co-occurring substance abuse disorder, and/or have a history of frequent use of hospital and emergency room utilization

Goal 2: To expand and augment mental health services to enhance service access, delivery and recovery.

Objective 1: Provide treatment and care that promote wellness, recovery, and independent living;

Objective 2: Reduce the impact of living with serious mental illness (i.e. homelessness, incarceration, isolation); and

Objective 3: Promote the development of life skills and opportunities for meaningful daily activities.

PEI/PEI Priority Populations

Early Childhood Mental Health Access and Linkage Program

The Early Childhood Mental Health Program Access and Linkage program connects children to the appropriate prevention or mental health treatment service. By placing an Access & Referral Specialist in community settings, the program provides universal screenings to identify children who are at risk of developing or showing emerging signs of mental health issues. The program then connects children to suitable services that prevent or intervene early to address mental health problems, regardless of funding source or service setting.

Goals and Objectives

Goal 1: The Early Childhood Mental Health Access and Linkage Program aims to connect children to the appropriate prevention or mental health treatment service.

Goal 2: To expand and augment mental health services to enhance service access, delivery and recovery.

Objective 1: Prevent the development of mental health challenges through early identification;

Objective 2: Address existing mental health challenges promptly with assessment and referral to the most effective service; and

Objective 3: Strengthen access to community services for children and their families.

Mentorship/Strengths-Building Program

The Mentorship/Strengths-Building Program provides outreach and engagement for at-risk youth to build their resiliency and help mitigate the challenges posted by their mental health conditions. The program offers school and community based education programs about children's mental health; school and/or community based prevention groups for school-age children; and after-school mentorship to children and youth. Services are conducted in familiar settings for children and families, with bilingual/bicultural staff in areas with a high proportion of non-English speaking populations.

Goals and Objectives

Goal 1:

The Mentorship/Strengths-Building Program aims to engage underserved youth, in both rural and urban settings, in creative activities that build their resiliency and help to mitigate and/or support their mental health experiences.

Goal 2: To expand and augment mental health services to enhance service access, delivery and recovery.

Objective 1: Provide evidence based curricula to support the development of socially appropriate skills and behaviors;

Objective 2: Strengthen children and youth relationships with peers and supportive adults; and

Objective 3: Support the development of appropriate coping and problem-solving skills.

School-Based Access and Linkage Program

The School-Based Access and Linkage program places a specialist who offers identification and intervention for youth in need of mental health services, and who subsequently links them to suitable services, regardless of funding or service setting. Wellness Teams, including school administrators, counselors, teachers, and staff, meet monthly to review current participants and refer new youth. This program shifts the focus from brief treatment in the schools, to understanding needs and linking the child to the appropriate level of mental health service.

Goal 1:

The School-Based Access and Linkage program aims to connect children and youth to the appropriate prevention or mental health treatment service in both rural and urban settings.

Goal 2: To expand and augment mental health services to enhance service access, delivery and recovery.

Objective 1: Prevent the development of mental health challenges through early identification;

Objective 2: Address existing mental health challenges promptly with assessment and referral to the most effective service; and

Objective 3: Strengthen access to community services for children, youth, and their families.

TAY Wellness Center Services

Yolo County HHSA is expanding available Wellness Center days and hours for TAY who are either at-risk of, or currently experiencing, mental health problems. The Center peer and professional staff will assist TAY to grow their skills in navigating the mental health system, while promoting recovery, resiliency, and connection to services. The Center services will include multiple levels of mental health services, from one-on-one support to interventions specific to severe mental illness. The Center will focus on providing a safe space through activities including sports, mentoring, college preparedness workshops, and group counseling.

Goals and Objectives

Goal 1: Provide a youth/ TAY meeting space focused on resiliency, socialization, peer-support, and mental health programs and services

Objective 1: Provide TAY rehabilitative wellness programs, services, group support, and age-appropriate socialization activities at a Wellness Center; and

Objective 2: Increase number of TAY accessing and participating in mental health services.

TAY Speaker's Bureau

This program aims to reduce the stigma by replacing harmful misconceptions with stories of recovery and resiliency. The TAY Speaker's Bureau engages TAY to share their experiences with mental health to educate and inspire their communities. TAY will receive monthly training and stipends for developing their stories, public speaking practice, and community presentations.

Goals and Objectives

Goal:

Reduce the stigma and discrimination associated with having a mental health conditions, by replacing misconceptions with stories of recovery

Objective 1: Educate community members on the experience of mental health for TAY to better serve and/or support TAY;

Objective 2: Reduce stigma and discrimination thereby increasing access to services for TAY who otherwise may not seek help; and

Objective 3: Build TAY's resiliency and recovery through these leadership opportunities.

Early Intervention Program

The Early Intervention program focuses on youth who are demonstrating signs of developing a mood disorder (i.e., bipolar disorder, major depressive disorder). This program will include a variety of clinical and other supportive services at home, in the clinic, and in community based settings, and will provide evidence based interventions to address emerging symptoms and to support the youth to stay on track developmentally.

Goals and Objectives

Goal 1: Provide early intervention services for youth that are beginning to develop a mood or anxiety-related serious mental illness.

Goal 2: To expand and augment mental health services to enhance service access, delivery and recovery.

Objective 1: Support young adults to stay on track developmentally and emotionally; and

Objective 2: Mitigate the negative impacts that may result from an untreated mental illness.

Integrated Behavioral Health Services for Latino Community and Families

The Integrated Behavioral Health Services for the Latino Community Families program will provide culturally responsive services to Latino/Hispanic residents with health issues, mental health illnesses, and/or substance use issues. The program provides primary care and full-scope behavioral health services to consumers, focused on engaging the family system, while employing specific strategies for engaging male heads of household.

Goals and Objectives

Goal 1:

Integrated Behavioral Health Services for Latino Community and Families aims to provide comprehensive health services, including physical and behavioral health, to the Hispanic/Latino community.

Goal 2: To expand and augment mental health services to enhance service access, delivery and recovery.

Objective 1: Utilize culturally responsive approaches to engaging the Hispanic/Latino population;

Objective 2: Increase engagement in mental health and primary care services by Hispanic/Latino men; and

Objective 3: Improve health and behavioral health outcomes for the Hispanic/Latino population.

LGBTQ+ Cultural Competency Initiative

The LGBTQ+ Cultural Competency Initiative provides the Cultural Competency Committee with information needed to deepen cultural competency among all staff, providers, and other partners. The Initiative will train HHS staff on cultural competency, deepen clinicians' specialization in specific practice areas, and support data infrastructure development specific to LGBTQ+ consumers. The initiative addresses needs of cultural competency among staff specific to serving the LGBTQ+ population; makes recommendations regarding culture-specific experts who will train and provide services to consumers when indicated; makes recommendations regarding supervisory support for clinicians providing services to LGBTQ+ consumers; and makes recommendations regarding data collection concerning the LGBTQ+ population.

Goals and Objectives

Goal:

The LGBTQ+ Cultural Competency Initiative aims to increase targeted support beyond the current training model to improve cultural competency across the system.

Objective 1: Provide a basic level of cultural competency to all staff;

Objective 2: Provide an expert level of cultural competency in specialty areas, including LGBTQ+, targeted to select staff; and

Objective 3: Develop mechanisms to electronically gather, organize, analyze and evaluate demographic data around LGBTQ+ consumers.

IV. Additional strategies/objectives/actions/timelines

The Cultural Competence Committee and CCC's Workgroups have designated the following strategies and tasks to address disparities and improve access:

Latino and Hispanic Workgroup

- Facilitate communication and coordination among local Latino Outreach programs and organizations who have earned trust within Latino/Hispanic communities.
- Provide information for undocumented immigrants regarding available services and programs' demographic reporting requirements.
- Provide information regarding available services and how to access services to Latino Outreach programs and community based organizations trusted in Latino/Hispanic communities.
- Identify and provide expectations, training, resources and support for bilingual staff.

LGBTQ+ Workgroup

- Identify and provide welcoming and inclusive practices for all HHS staff and providers to implement.
- Demonstrate welcoming and inclusive environment via implementation of welcoming and inclusive practices and display of Safe Zone or Rainbow emblems/stickers in the work environment.
- Provide LGBTQ+ specific training and supervision for staff providing treatment services to LGBTQ+ clients.

Russian-Speaking Communities Workgroup

- Provide information regarding available services and how to access behavioral health and substance use/drug Medi-Cal services.
- Provide training to substance use treatment providers regarding the diversity and needs of Russian speaking immigrants and communities.
- Ascertain the capacity of training needs of substance use providers via survey calls and tests calls of all providers involved in the continuum of care for substance use disorder services.

CCC – Re: Native Americans and Indigenous People

- Continue efforts to be inclusive and raise staff awareness regarding Cultural Appropriation and Staff Celebrations
- Provide training to staff regarding Native American Culture and Spiritual Practices of the indigenous people of the Americas (November 2019).

**CRITERION 4
COUNTY MENTAL HEALTH SYSTEM**

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

Rationale: A culturally competent organization views responsive service delivery to a community as a collaborative process that is informed and influenced by community interests, expertise, and needs. Services that are designed and improved with attention to community needs and desires are more likely to be used by patients/consumers, thus leading to more acceptable, responsive, efficient, and effective care (CLAS, Final Report).

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

The Yolo County Cultural Competency Committee strives to ensure that Yolo County's commitment to cultural and linguistic competency are reflected throughout the Health & Human Services Agency (HHS) system, and that staff training and program policies reflect this commitment and manifest racial, ethnic, cultural, and linguistic diversity. The primary goal of the committee is to produce, implement and maintain a Cultural Competence Plan relating to a system-wide commitment to cultural and linguistic competence.

II. Annual Report of the Cultural Competence Committee's activities

A. Detailed discussion of the goals and objectives of the committee:

- i. Were the goals and objectives met?*
- ii. If yes, explain why the county considers them successful.*
- iii. If no, what are the next steps?*

- 1) Complete Program Reviews to identify current service delivery efforts for underserved target populations and to identify strategies to improve penetration rates.

Minimally Met/Minimal Progress Made

The Committee designated two meetings for program reviews but process was impacted by availability of scheduled staff to assist with program reviews to facilitate strategic discussion. While more program data was available for review, especially for PEI programs, additional data collection review and reporting must be established to assist with program reviews. The Committee's next steps in this effort include:

- a. Review of FY18/19 PEI data
 - b. Review of FY18/19 Results Based Accountability Data especially for Wellness Center programs and CSS programs
- 2) Increase participation and feedback from diverse and prevalent cultural groups in Cultural Competence Committee (CCC) meetings, workgroups and activities.

Partially Met

The following activities have resulted in increased participation and feedback

- a. Establishment and activities of the Latino and Hispanic Communities and Russian-Speaking Communities Workgroups. The Latino and Hispanic Workgroup designated a bi-monthly (every other month) meeting schedule in 2018. The Russian-Speaking Communities Workgroup identified quarterly activities and/or meetings in 2018.
 - b. Establishment of new standing agenda item: Feedback from Clients, Family Members, Staff, Providers and Other Stakeholders
 - c. Additional strategies will continue to be identified and implemented to increase participation from diverse and prevalent cultural groups
- 3) Continue LGBTQ+ Workgroup meetings to assist in meeting goals of the LGBTQ+ Cultural Competency Initiative.

Met

The LGBTQ+ Workgroup continued regular meetings throughout 2018 and hosted four LGBTQ+ training for staff, providers, community members and other stakeholders. Initial meetings in 2018 were monthly and quarterly meetings/activities were designated later in the year.

- 4) Establish Workgroups to address disparities for Latino/Hispanic populations and Russian-Speaking Immigrants and Communities

Met

Workgroups were established and conducted regular meetings and activities. Each workgroup identified priorities and action steps to assist in addressing health disparities. (Reference: Strategies/Action Steps identified in Criterion 3 section.)

- 5) Provide learning opportunities and activities to enhance cultural awareness and knowledge in Yolo County.

Met

In addition to the trainings and outreach activities identified above, the following additional activities enhanced cultural awareness and knowledge in Yolo County over the past year:

- a. CCC hosted a Welcoming and Awareness event for "May is Mental Health Month"
- b. Monthly Cultural Competence Update emails provide information regarding cultural competence activities, trainings/conferences and observances
- c. Provided feedback to HHS Building Respect, Appreciation, and Value for Others (BRAVO) team who, as a result of this feedback, developed more culturally inclusive staff celebrations, especially in respect to Native American and Indigenous populations

- B. Reviews and recommendations to county programs and services:

The CCC continues to identify recommendations to County programs and services via a standing agenda item, "Recommendations to County Programs and Services." In 2018, the Committee added the following recommendation:

- Provide resource information regarding LGBTQ+ Therapists/Providers/Services in Yolo County

The CCC's Workgroups have started to identify and formulate official recommendations, which will be recorded in 2019 meeting minutes. Topic areas for recommendations include:

- Translation of Material and Bilingual Staff Support (Latino and Hispanic Workgroup)
- Recruitment Publicity and Interview Questions - CC Consideration (LGBTQ+ Workgroup and Russian-Speaking Communities Workgroup)

- C. Human resources report:

Please see below for summary results of the Fall 2017 Ethnicity and Cultural Identity Staff and Provider Surveys.

	HHS Behavioral Health Staff		HHS Behavioral Health Providers	
<i>Number of Respondents</i>	60		149	
Breakdown				
<i>Staff - 60/60 Providers - 148/149</i>	Behavioral Health	42 70.00%	CommuniCare	43 29.05%
	MHSA PEI	12 20.00%	YCCC	31 20.94%
	Choose Not To Answer	02 03.33%	Turning Point	28 18.92%
	Other	04 06.67%	Suicide Prevention	16 10.81%
			Fourth and Hope	13 08.78%
			Progress House	05 03.38%
			RISE	04 02.70%
			Safety Center/DUI	02 01.35%
			North Valley BH	01 00.66%
Gender				
<i>Not Selected by any respondents – Transgender Male, Transgender Female and Self-Identification</i>				
<i>Staff - 60/60 Providers - 149/149</i>	Female	54 90.00%	Female	118 79.19%
	Male	06 10.00%	Male	28 18.79%
	Choose Not To Answer	00 00.00%	Choose Not To Answer	02 01.34%
	Other	00 00.00%	Other	01 00.67%
Self-Identified Sexual Orientation				
<i>Not Selected by any respondents – Questioning</i>				
<i>Staff - 60/60 Providers - 148/149</i>	Heterosexual/Straight	56 93.33%	Heterosexual/Straight	125 84.46%
	Gay	00 00.00%	Gay	04 02.70%
	Lesbian	01 01.67%	Lesbian	01 0.68%
	Bisexual	01 01.67%	Bisexual	07 04.73%
	Queer	01 01.67%	Queer	02 01.35%
	Choose not to answer	01 01.67%	Choose not to answer	06 04.05%
	Other	00 00.00%	Other	03 02.03%
I am a consumer of Mental Health Services				
<i>Staff - 60/60 Providers - 149/149</i>	Yes	10 16.67%	Yes	32 21.48%
	No	46 76.67%	No	107 71.81%
	Choose not to answer	04 06.67%	Choose not to answer	10 06.71%
I have a family member who is a consumer of Mental Health Services				

Staff - 60/60 Providers - 147/149	Yes	26 43.33%	Yes	65 44.22%
	No	29 48.33%	No	69 46.94%
	Choose not to answer	05 08.33%	Choose not to answer	13 08.84%
HHSA Behavioral Health Staff			HHSA Behavioral Health Providers	
I self-identify as a person with a disability				
Staff - 60/60 Providers - 146/149	Yes	11 18.33%	Yes	12 08.22%
	No	47 78.33%	No	131 89.73%
	Choose not to answer	02 03.33%	Choose not to answer	03 02.05%
<i>Physical Mobility - 2 Chronic Health Condition - 3 Learning Disability - 2 Mental Illness - 6 Other - 1</i>			<i>Physical Mobility - 1 Chronic Health Condition - 2 Learning Disability - 3 Mental Illness - 7 Difficulty Seeing - 1 Difficulty Hearing - 1</i>	
Ethnicity, Origin, Race – Part A Latino/Hispanic Origin				
Staff - 59/60 Providers - 143/149	Yes	15 25.42%	Yes	37 25.87%
	No	42 71.19%	No	104 72.73%
	Choose not to answer	02 3.39%	Choose not to answer	02 01.40%
Ethnicity, Origin, Race – Part B (Counts below include multiple selections by one respondent.)				
Staff - 59/60 Providers - 148/149	White/Caucasian	23 38.98%	White/Caucasian	82 55.41%
	Mexican/Mexican American	11 18.64%	Mexican/Mexican American	28 18.92%
	Black/African American	10 16.95%	Black/African American	11 07.43%
	Western European	06 10.17%	Western European	12 08.11%
	Eastern European	00 00.00%	Eastern European	10 06.76%
	Filipino	04 06.78%	Filipino	03 02.03%
	American Indian/Alaskan Native	03 05.08%	American Indian/Alaskan Native	13 08.78%
	Chinese	03 05.08%	Chinese	05 03.38%
	Central American	02 03.39%	Central American	05 03.38%
	Northern European	02 03.39%	Northern European	06 04.05%
	Southern European	00 00.00%	Southern European	05 03.38%
	Ashkenazi Jew	00 00.00%	Ashkenazi Jew	06 04.05%
	Caribbean	01 01.69%	Caribbean	00 00.00%
	Chicano	01 01.69%	Chicano	05 03.38%
	Puerto Rican	00 00.00%	Puerto Rican	03 02.03%
	Japanese	00 00.00%	Japanese	02 01.35%
	Other Asian	00 00.00%	Other Asian	03 02.03%
	Asian Indian	01 01.69%	Asian Indian	02 01.35%
	Korean	00 00.00%	Korean	01 00.68%
	Native Hawaiian	00 00.00%	Native Hawaiian	02 01.35%
	Cambodian	01 01.69%	Cambodian	01 00.68%
	Continental African	00 00.00%	Continental African	01 00.68%
	Hmong	00 00.00%	Hmong	01 00.68%
Pacific Islander	00 00.00%	Pacific Islander	01 00.68%	
Mien	00 00.00%	Mien	01 00.68%	
Russian	00 00.00%	Russian	01 00.68%	
Ukrainian	00 00.00%	Ukrainian	01 00.68%	

Unknown	00 00.00%	Unknown	01 00.68%
Decline to state	04 06.78%	Decline to state	07 4.73%
Other	02 03.39%	Other	06 04.05%

D. County organizational assessment

In October 2018, the Cultural Competence Committee engaged in discussion and rating of "Organizational Self-Assessment Cultural Competence. The Committee added an additional scale to assess for progress regarding LGBTQ+ Initiative; please see appendix for scale utilized.

Summary:

The Committee identified that the current tool and ratings generally provide for the minimal presence of culturally competent activities or minimal staff expectations, but does not reflect the depth and breadth of culturally capable and competent practices desired in Yolo. Thus, the group conducted a qualitative review of performance on the CC Criterion, identifying two categories: "progress made" and "improvement needed.

	CC CRITERION	Achievements (2018 Progress/Accomplishments)	Improvement Needed (2019 Goals/Objectives/Tasks)
1	Agency Commitment to Cultural Competence	<ul style="list-style-type: none"> • Management level person as CC/ESM • Specific budgeted items for CC activities • Maintains active CC plan and updates annually 	<ul style="list-style-type: none"> • Identify more quantitative strategies and related implementation timetable • Mission statement and strategic goals, to be more reflective of commitment to CC
2	Assessment of Service Needs	<ul style="list-style-type: none"> • Increased collection of PEI program data • Increased collection of RBA data for programs 	<ul style="list-style-type: none"> • Increased data extraction and analysis from Management Information System (Avatar) • Improve collaboration with other county partners and community stakeholders to leverage system-wide data management • Consistent data collection efforts across programs
3	Cultural Input into Agency Activities	<ul style="list-style-type: none"> • Established free-standing CC committee • Established ongoing workgroups for 1) LGBTQ+ Populations, 2) Latino and Hispanic Communities and 3) 	<ul style="list-style-type: none"> • Implement additional engagement strategies to increase participation at CCC meetings

		Russian-Speaking Communities	<ul style="list-style-type: none"> Increase participation of clients, family members and community stakeholders.
		Achievements (2018 Progress/Accomplishments)	Improvement Needed (2019 Goals/Objectives/Tasks)
4	Integration of Cultural Competence Committee within Organization	<ul style="list-style-type: none"> CC/ESM direct reports to the Deputy Mental Health Director CC/ESM reports at each Quality Improvement Committee CC/ESM manages Wellness Centers, which enhances the inclusion of client culture into overall cultural competence activities 	<ul style="list-style-type: none"> Increase service/program reviews with respect to CC issues Increase participation in MHSA planning and monitoring of services
5	Cultural Competence Staff: Training and Activities	<ul style="list-style-type: none"> Requires all staff to complete cultural competence training annually Offered more than 6 hours of Cultural Competency training for staff Collect feedback regarding knowledge gain and/or usefulness of most trainings 	<ul style="list-style-type: none"> Identify training plan for all staff functions including executive, admin and fiscal staff (CLAS Standard 11) Identify mechanism to ascertain usefulness and implementation of training content
6A	Cultural Competence Staff: Recruitment, Hiring and Retention strategies for Latino and Hispanic Populations	<p>HHSA has staff members who are from or have experience working with the most prevalent cultural group of its service users the following staff levels:</p> <ul style="list-style-type: none"> Direct service / clinical Supervisory Administrative 	<ul style="list-style-type: none"> Identify strategies to improve recruitment, hiring and retention of a diverse workforce that reflects the population served
6B for Russian-Speaking Communities	<p>HHSA has staff members who are from or have experience working Russian-Speaking Communities its service users the following staff levels:</p> <ul style="list-style-type: none"> Direct service/ clinical (Benefits Specialist) 	<ul style="list-style-type: none"> Identify strategies to improve recruitment, hiring and retention of a diverse workforce that reflects the population served
6C for LGBTQ+ Populations	<p>HHSA has staff members who are from or have experience working with LGBTQ+ Communities and its service users the following staff levels:</p>	<ul style="list-style-type: none"> Identify strategies to improve recruitment, hiring and retention of a diverse workforce that reflects the population served

		<ul style="list-style-type: none"> • Direct service / clinical • Supervisory • Administrative 	
		Achievements (2018 Progress/Accomplishments)	Improvement Needed (2019 Goals/Objectives/Tasks)
7	Language Capacity: Interpreters	HHSA provides interpreter services or bilingual staff at points of direct service	<ul style="list-style-type: none"> • Provide at least one training to staff at points of direct service on the appropriate awareness and utilization of Language Line services by all staff members • Provide at least one training on the appropriate awareness and utilization of in-person interpreter services to staff at points of direct service
8	Language Capacity: Bilingual Staff	<p>HHSA hired a third staff member who speaks the language of the most prevalent cultural group of service users who have LEP at one of the following staff levels:</p> <ul style="list-style-type: none"> • Direct service/clinical • Supervisory • Administrative <p><i>It was noted that HHSA has more than three Spanish-Bilingual staff members.</i></p>	<ul style="list-style-type: none"> • Provide at least one training to raise awareness of values, traditions and/or practices of cultural groups served. • Provide at least one training and/or for resource regarding appropriate medical/health literacy when providing interpreting services.
9	Commitment to LGBTQ+ Initiative, Training and Services	<ul style="list-style-type: none"> • Ongoing LGBTQ+ Workgroup Meetings and Activities • LGBTQ+ Trainings provided to staff, providers, community members and/or other stakeholders 	<ul style="list-style-type: none"> • Provide at least one expert training/supervision to staff serving LGBTQ+ populations) Cultural Competency Initiative Goals and Task) • Forward at least two Official LGBTQ+ Recommendations to County Services and Programs

E. Training plans

The Cultural Competence Committee has played a significant role in identifying relevant Cultural Competency trainings for staff members. The Committee recommended a Spirituality and Behavioral Health training, which was conducted in August 2018. For 2019, two training topics have been scheduled regarding feedback and concerns documented by the CCC. Trainings have been scheduled for 1) Cultural Humility (June 2019) and 2) Native American Culture and Spirituality (November 2019).

**CRITERION 5
COUNTY MENTAL HEALTH SYSTEM**

CULTURALLY COMPETENT TRAINING ACTIVITIES

Rationale: Staff education and training are crucial to ensuring culturally and linguistically appropriate services. All staff will interact with clients representing different countries or origins, acculturation levels, and social and economic standing. Staff refers not only to personnel employed by the organization but also its subcontracted and affiliated personnel (CLAS, Final Report).

I. The county system shall require all staff and stakeholders to receive annual cultural competence training.

Yolo County Health and Human Services Agency (HHS) requires that all staff, providers and stakeholders receive annual cultural competence training. The Cultural Competence Committee (CCC) offers 6 hours of cultural competence training each fiscal year. Trainings are:

- Offered during monthly All Behavioral Health meetings at least twice per year
- Hosted and/or coordinated on-site, live-stream, and off-site for flexible learning opportunities
- Available via Relias online trainings

Completion of training for HHS staff is monitored and tracked by the Cultural Competence Coordinator/Ethnic Service Manager; provider compliance is monitored via monthly reporting and site visits.

To ensure completion of required trainings, the following action steps have been identified for implementation in 2019:

- Staff who have not completed a cultural competence training by March 2019 will be identified and reminded of requirement and resources
- Establish training and corrective action/support plan for any staff member who has not completed an annual cultural competence training by June 30, 2019.

II. Annual cultural competence trainings

FY 2017/2018 Cultural Competency Trainings

Training Event	Description of Training	Length of Training	Attendance by function	Total Attendance	Date of training	Name of Presenter
Cultural Competence Communication	Training staff in the use of mental health interpreters;	20 minutes	#Support Staff - 5	5	7/24/17	Theresa Smith, LCSW
Cultural Competence Communication	Training staff in the use of mental health interpreters; Communicating Effectively with the Hearing Impaired and Visually Impaired	90 minutes	*Direct Services - 18 *Administration - 4 *Interpreters - 9	31	8/3/17	Theresa Smith, LCSW
Social/Cultural Diversity	Serving the LGBTQ+ Communities	90 minutes	*Direct Services - 29 *Direct Services Contractors - 2 *Administration - 11 *Interpreters - 2	44	9/7/17	Theresa Smith, LCSW
Social/Cultural Diversity; Cultural Competence Communication	Serving the LGBTQ+ Communities; Training staff in the use of mental health interpreters	30 minutes	*Support Staff - 2 *Administration - 1 *Interpreters - 3	6	9/25/17	Theresa Smith, LCSW
Social/Cultural Diversity; Cultural Competence Communication (Fourth and Hope)	Communicating Effectively with Diverse Populations; Serving the LGBTQ+ Communities	90 minutes	*Direct Services Contractors - 16	16	10/10/17	Theresa Smith, LCSW

Social/ Cultural Diversity	Best Practices for Working with LGBTQ Victims	6 hours	*Direct Services - 8 *Administration - 2	10	10/26/17	Al Killen-Harvey (Livestream)
Training Event	Description of Training	Length of Training	Attendance by function	Total Attendance	Date of training	Name of Presenter
Social/ Cultural Diversity	Serving Individuals with Military Experience (Veterans)	90 minutes	*Direct Services - 26 *Direct Services Contractors - 1 *Administration - 11 *Interpreters - 6 *Other Community Stakeholders- 1	45	11/2/17	Reed Walker, MSSE, USN (ret)
Mental Health Interpreter Training	Overview of Behavioral Health System for Behavioral Health Interpreters	60 minutes	*Interpreters - 5	5	Due By 12/26/17	Relias/E-learning
Mental Health Interpreter Training	The Role of the Behavioral Health Interpreter	60 minutes	*Interpreters - 4	4	Due By 12.26/17	Relias/E-learning
Social/ Cultural Diversity	Serving Spanish-speaking Communities	90 minutes	*Direct Services - 20 *Direct Services Contractors - 2 *Administration - 6 *Interpreters - 5	33	12/7/17	Latino Outreach Program Providers; Theresa Smith, LCSW
Cultural Awareness and Sensitivity	Understanding Our Clients and Family Members' Experiences	90 minutes	*Direct Services - 37 *Direct Services Contractors - 7 *Administration - 4 *Interpreters - 7	55	5/3/18	Client Panel, Theresa Smith, Facilitator

Social/ Cultural Diversity; Cultural Competence Communica- tion	Communicating with Diverse Individuals and Families (Wellness Center Staff/Peer Support Workers)	60 minutes	*Direct Services – 11 *Administration - 1	12	6/11/18	Theresa Smith, LCSW
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III. Fiscal Year 2018/2019 Training Plan

Training Event	Description of Training	How long	Attendance by function	Date of training	Name of Presenter
Cultural Awareness/Sensitivity	LGBTQ+ Training: How to Be an Ally	120 minutes	*Direct Services *Direct Services Contractors * Support Services *Administration *Interpreters *Other Community Stakeholders	July 31, 2018	#Out for Mental Health
Cultural Awareness/Sensitivity	LGBTQ+ Training: How to Support LGBTQ+ Youth	120 minutes	*Direct Services *Direct Services Contractors * Support Services *Administration *Interpreters *Other Community Stakeholders	July 31, 2018	#Out for Mental Health
Social/Cultural Diversity	Mental Health and Spirituality	90 minutes	*Direct Services *Direct Services Contractors * Support Services *Administration *Interpreters *Other Community Stakeholders	August 2, 2018	Local Faith Leaders – Panel Tessa Smith, Outreach Specialist - Facilitator
Cultural Awareness/Sensitivity	LGBTQ+ Training: How to Be an Ally	120 minutes	*Direct Services *Direct Services Contractors * Support Services *Administration *Interpreters *Other Community Stakeholders	August 3, 2018	#Out for Mental Health

Cultural Awareness/Sensitivity	LGBTQ+ Training: How to Support LGBTQ+ Youth	120 minutes	*Direct Services *Direct Services Contractors *Support Services *Administration *Interpreters *Other Community Stakeholders	August 3, 2018	#Out for Mental Health
Cultural Awareness/Sensitivity	Client Culture: Transition Age Youth, Resiliency	75 minutes	*Direct Services *Direct Services Contractors *Support Services *Administration *Interpreters *Other Community Stakeholders	November 1, 2018	TAY Speakers' Bureau TAY Team
Training Event	Description of Training	How long	Attendance by function	Date of training	Name of Presenter
Mental Health Interpreter Training	Understanding Culture, Ethnicity and Language Dynamics	60 minutes	*Interpreters	Spring 2019	E-learning
Working with Mental Health Interpreters	Best Practices; Understanding Culture, Ethnicity and Language Dynamics	30 minutes	*Direct Services *Direct Services Contractors *Support Services *Administration *Interpreters Stakeholders	Summer 2019	E-learning, webinar or live training
Cultural Sensitivity/Awareness	Cultural Humility; Reducing Stigma	75 minutes	*Direct Services *Direct Services Contractors *Support Services *Administration *Interpreters *Other Community Stakeholders-	June 6, 2019	Theresa Smith, LCSW, Facilitator

**CRITERION 6
COUNTY MENTAL HEALTH SYSTEM**

**COUNTY'S COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE:
HIRING AND RETAINING CULTURALLY AND LINGUISTICALLY COMPETENT STAFF**

Rationale: The diversity of an organization's staff is necessary, but not a sufficient condition for providing culturally and linguistically appropriate health care services. Although hiring diverse and bilingual individuals from different cultures does not in itself ensure that the staff is culturally competent and sensitive, this practice is a critical component to the delivery of relevant and effective services for all clients. Staff diversity at all levels of an organization can play an important role in considering the needs of clients from various cultural and linguistic backgrounds in the decisions and structures of the organization. (CLAS, Final Report).

I. Workforce Needs Assessment

Time Period:

Fiscal Year 2016-17 (July 1st, 2016 – June 30th, 2017) unless "Current" is indicated

Sources:

- HSA Human Resources data for HSA staff member counts
- Fall 2017 Staff Ethnicity Survey
- EQRO data regarding clients served demographics

Number of Public Mental Health System employees and vacancies of your agency in this county/city jurisdiction.

Total Number of Current PMHS Employees	154
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	Filled Positions	Vacancies
Case Manager	14	Unable to verify – for requested time period
Executive and Management Staff	3	Unable to verify – for requested time period
Licensed Clinical Psychologist	3	1
Licensed Clinical Social Worker	4	Unable to verify – for requested time period
Licensed Marriage and Family Therapist	5	2
Licensed Professional Clinical Counselor	0	Unable to verify – for requested time period
Licensed Psychiatric Technician	1	1

Occupational Therapist	1	0
Physician Assistant	0	0
	Filled Positions	Vacancies
Psychiatric Mental Health Clinical Nurse Specialist	4	0
Psychiatric Mental Health Nurse Practitioner	1	0
Psychiatrist - Child and Adolescent	1	0
Psychiatrist - General	1	1
Psychiatrist - Geriatric	0	0
Other, please specify: Mental Health Peer Support Workers	12	12

Number of clients served in FY 2016-17, by race/ethnicity	Caucasian/ White	Hispanic	Asian	Black/ African American	Other/ Unknown
Total	919	465	102	168	327

Number of staff in FY 2016-17 by race/ethnicity	Caucasian/ White	Hispanic	Asian	Black/ African American	Other/ Unknown
Staff	23	14	4	10	89

Primary languages spoken by clients and staff	# of HSA Staff Providing Direct Services per survey results of 60 respondents
Spanish	8
Hmong	0
Chinese (Mandarin and Cantonese)	1
Russian	1
Korean	0
Tagalog	1
American Sign Language	2
Arabic and Farsi	0
Other (please specify) Cambodian	0
Other (please specify) Lao	0
Other (please specify) Samoan	0
German	2
Punjabi	1
Khmer	1
Swahili	2

Estimated number of <i>clients</i> who are LGBTQIA (lesbian, gay, bisexual, queer, intersex, and asexual)?	Unknown
Estimated number of <i>staff</i> who are LGBTQIA (lesbian, gay, bisexual, queer, intersex, and asexual)?	4* <ul style="list-style-type: none"> - based on staff voluntary self-report

II. Priority Workforce Needs, by Discipline

Top seven hard-to-fill and hard-to-retain positions, ranked
1. Psychiatrist – Child and Adolescent
2. Psychiatrist - General
3. Psychiatric Mental Health Nurse Practitioner
4. Executive and Management Staff
5. Licensed Clinical Social Worker
6. Licensed Marriage and Family Therapist
7. Licensed Professional Clinical Counselor

Reasons for Hard-to-Fill/Retain for each of the top needed positions (select all that apply)	Position #1	Position #2	Position #3	Position #4	Position #5	Position #6	Position #7
Not enough qualified candidates	X	X	X	X	X	X	X
Low compensation					X	X	X
Lack of opportunity for advancement							
High rate of burnout							
High caseload/overburdened with clients							
Record-keeping burden (Medi-Cal)	X	X					
High rate of retirement in this profession							
Employees often leave to pursue more education							
Language/Culture barrier (please list)							

Unknown							
Other							

III. MHSA WET Programs

A. Peer Workforce Development Workgroup

The Peer Workforce Development Workgroup provides Yolo County peer staff with an array of training and supports to develop their roles as direct service providers to consumers as well as their personal professional progress.

The Peer Workforce Development Committee supports the outcomes of increasing peer workforce visibility, skill development, and role clarity, while simultaneously decreasing stigma and inherent bias in the non-peer workforce.

Goal:

The Peer Workforce Development Workgroup aims to create a program that will ensure that Peers are provided with the evidence-based skill building, professional development opportunities, training, and internal HHSa support they require to provide effective services to consumers, reduce stigma, and expand their own foundation of marketable skills.

- **Objective 1:** Strengthen the onboarding, training, and supervision available to peer support staff
- **Objective 2:** Consider evidence-based practices in the peer support model
- **Objective 3:** Increase inclusion of peer workforce across the agency

B. Psychiatry Residency Program Development

A Psychiatric Residency Program offers the promise of encouraging psychiatric residents to enter the public mental health workforce and receive training and supervision in the public mental health system and MHSA values. Psychiatry Residents are supervised by the Yolo County HHSa Medical Director and receive training and resource in psychiatric assessment and treatment, cultural competency, and issues in community mental health. The Psychiatric Residency Program aims to increase availability and quality of psychiatrists serving Yolo consumers.

Goal: HHSa aims to continue to explore the feasibility of a Psychiatric Residency Program.

- **Objective 1:** Train new psychiatrists in the public mental health system and MHSA values.

Objective 2: Increase the available supply of psychiatrists.

C. Clinical Internship Program

Key activities for Clinical Internship Program which support the outcome of increased availability of trained clinical staff will include:

- Screening and assessment for mental health issues
- Providing psychotherapeutic treatment for, and the prevention of, mental illness that may include cognitive behavioral therapy, psychodynamic, cognitive, and behavioral treatments for depression, and other evidence-based practices as needed.
- Providing home and community-based mental health treatment services.
- Providing referrals and linkages to other community-based providers for needed social services and primary care.

Goal:

This program aims to increase the availability of home- and community-based clinical services while training new therapists in the arena of specialty mental health services for individuals age 18 and older.

- **Objective 1:** Increase the workforce competent to assess, diagnose, and treat individuals and families in the public mental health system.
- **Objective 2:** Provide psychotherapeutic supports to assess and treat individuals and families in the public mental health system.

D. Mental Health Professional Development

The Mental Health Professional Development program provides training and capacity building for mental health providers. The program addresses:

- Clinical training and identified evidence based practices
- Online professional development courses using the E-Learning platform
- A strength-based approach to leadership and team development using Gallup's StrengthsFinder
- Training and technical assistance to promote cultural competency

Mental Health Professional Development will support the outcome of increased formal training and skill building for HHS staff in all roles and at all levels, to respond to both ongoing and community identified needs among the workforce.

Goal:

The Professional Development program aims to ensure a competent and trained workforce in alignment with MHS values that is versed in relevant evidence based practices.

- **Objective 1:** Ensure clinical staff are trained in relevant evidence based practices.
- **Objective 2:** Provide support to front office staff to provide supportive and welcoming experiences.
- **Objective 3:** Ensure a culturally competent and informed workforce.

IV. SUMMARY

While the identified WET MHS programs are making important strides, the need still exists for more bilingual/bicultural Hispanic staff members as well as staff members from Russian, Ukrainian and Asian/Pacific Islander cultures.

**CRITERION 7
COUNTY MENTAL HEALTH SYSTEM
LANGUAGE CAPACITY**

Rationale: Accurate and effective communication between clients, providers, staff, and administration is the most essential component of the mental health encounter. Bilingual providers and other staff who communicate directly with clients must demonstrate a command of both English and the language of the client that includes knowledge and facility with the terms and concepts relevant to the type of encounter (CLAS, Final Report). The DHCS will provide threshold language data to each county.

I. Bilingual workforce capacity

Yolo County HHSA continues to dedicate resources and identify strategies to expand bilingual staff capacity to address language needs. The Cultural Competence Committee's Latino and Hispanic Workgroup and Russian-Speaking Communities Workgroup have identified priority tasks related to support, train and/or recruit bilingual and bicultural staff members.

Data of bilingual staff and provider staff members are scheduled for review during 2019 Cultural Competency meetings. In addition to information collected during the Fall 2017 Language Survey, CCC will also review more detailed information collected as part of Network Adequacy requirements. From the reviews, CCC will review capacity and identify additional strategies to grow bilingual staff capacity.

II. Fall 2017 Language Proficiency Survey Results

A. HHSA Staff Members

	NO	YES			
Are You Proficient in American Sign Language?	49	2			
	NO	YES – SPEAKING	YES – READING	YES – WRITING	
Are You Proficient in Spanish?	43	8	7	5	
Are You Proficient in Russian?	50	0	0	0	
	NO	YES	YES – OTHER LANGUAGES IDENTIFIED		

Are You Proficient in Other Languages?	41	10	Cantonese -1 German – 2 Khmer – 1 Mandarin – 1 Punjabi – 1 Swahili -2 Tagalog - 1
--	----	----	---

B. HHS Contract Providers

	NO	YES			
Are You Proficient in American Sign Language?	84	11			
	NO	YES – SPEAKING	YES – READING	YES – WRITING	
Are You Proficient in Spanish?	70	23	20	18	
Are You Proficient in Russian?	94	1	2	1	
	NO	YES	YES – OTHER LANGUAGES IDENTIFIED		
Are You Proficient in Other Languages?	79	15	Amharic – 1 Cantonese – 1 Fijian-Hindi – 1 French – 4 Hebrew – 1 Hindi – Italian – 1 Mandarin – 2 Moldavian – 1 Punjabi -2 Romanian – 1 Swedish – 1 Thai – 1 Urdu – 1		

III. Provision of Services

HHSA continues to:

- Provide a 24-hour phone line with statewide toll-free access that has linguistic capability, including TDD or California Relay Service for all individuals.

- Provide bilingual staff, interpreters and/or Language Line services at all points of contact.
- Inform clients in writing in their primary language, of their rights to language assistance services including posting of this right.
- Provide culturally and linguistically appropriate written information for threshold languages, including the following, at minimum:
 1. Member service handbook or brochure;
 2. General correspondence;
 3. Beneficiary problem, resolution, grievance, and fair hearing materials;
 4. Beneficiary satisfaction surveys;
 5. Informed Consent for Medication form;
 6. Confidentiality and Release of Information form;
 7. Service orientation for clients;
 8. Mental health education materials, and
 9. Evidence of appropriately distributed and utilized translated materials.
- Implement policies, procedures, and/or practices that comply with the following Title VI of the Civil Rights Act of 1964 (see page 32) requirements:
 1. Prohibiting the expectation that family members provide interpreter services;
 2. A client may choose to use a family member or friend as an interpreter after being informed of the availability of free interpreter services; and
 3. Minor children should not be used as interpreters.

IV. Contract Expectations

Beginning July 1, 2018, revised contract language regarding Cultural Competency was adopted for Behavioral Health contract providers including Drug Medi-Cal providers. Please see contract expectations below including Language Access and Translation Requirements.

VI. CULTURAL COMPETENCY

A. Cultural competence is defined as a set of congruent practice behaviors, attitudes, and policies that come together in a system, agency, or among consumer providers and professionals which enable that system, agency, or those professional and consumer providers to work effectively in cross-cultural situations.

B. Contractor recognizes 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 differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally unique needs. Providing medically necessary specialty behavioral health, substance abuse, and

co-occurring disorder services in a culturally competent manner is fundamental in any effort to ensure success of high quality and cost-effective services. Offering those services in a manner that fails to achieve its intended result due to cultural and linguistic barriers is not cost effective.

C. Contractor shall assess the demographic make-up and population trends of its service area to identify the cultural and linguistic needs of the eligible beneficiary population. Such studies are critical to designing and planning for providing appropriate and effective behavioral health, substance abuse, and co-occurring disorder services.

D. Contractor shall provide cultural competency training on an annual basis to all staff. This training shall address the ethnic, cultural, and language needs of clients. Training can be provided by County on a space available basis or obtained by Contractor from an independent source(s). Contractor shall provide the County with documentation of the cultural competency trainings by submitting the required reports as outlined in Exhibit D, Terms and Conditions.

E. Contractor shall implement practices and protocols that are inclusive and responsive to the needs of diverse cultural populations, including Lesbian, Gay, Bisexual, Transgender and Queer/Questioning (LGBTQ) individuals, families and communities.

F. Contractor shall adopt the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care to improve health care quality and advance health equity. Refer to <http://minorityhealth.hhs.gov> (US Department of Health and Human Services Office of Minority Health).

G. Language Access and Translation Requirements

1. "Threshold Language" pursuant to the Dymally-Alatorre Bilingual Services Act and "Prevalent Language" pursuant to State contracts and 42 CFR. §438.10(a), means a language that has been identified as the primary language, as indicated on the Medi-Cal Eligibility System (MEDS), of 3,000 beneficiaries or five percent of the beneficiary population, whichever is lower, in County's Medi-Cal service area. (Cal. Govt. Code §7290-7299.8; 42 CFR. §438.10(a); 9 CCR §1810.410(a)(3).)

2. Contractor shall comply with the linguistic requirements included herein.

a. The Contractor shall provide all written materials for potential clients and clients in a font size no smaller than 12 point. (42 CFR. 438.10(d)(6)(ii).)

b. The Contractor shall ensure its written materials are available in alternative formats, including large print, upon request of the potential client or client at no cost. Large print means printed in a font size no smaller than 18 point. (42 C.F.R. § 438.10(d)(3).)

c. The Contractor shall make its written materials that are critical to obtaining services, including, at a minimum, provider directories, beneficiary handbooks, appeal and grievance notices, denial and termination notices, and Contractor's behavioral health education materials, available in the prevalent non-English languages in the county. (42 CFR. § 438.10(d)(3).)

d. The Contractor shall notify clients that written translation is available in

prevalent languages free of cost and shall notify clients how to access those materials. (See 42 CFR § 438.10(d)(5)(i) & (iii); 9 CCR § 1810.410(e)(4).)

i. The Contractor shall include taglines in the prevalent non-English languages in the State of California, as well as large print, explaining the availability of written translation or oral interpretation to understand the information provided. (42 CFR. § 438.10(d)(2).)

ii. The Contractor shall include taglines in the prevalent non-English languages in the State of California, as well as large print, explaining the availability of the toll-free and Teletypewriter Telephone/Text Telephone (TTY/TDY) telephone number of the Contractor's member/customer service unit. (42 CFR § 438.10(d)(3).)

iii. The Contractor shall notify clients that written translation is available in prevalent languages free of cost and shall notify clients how to access those materials. (42 C.F.R. § 438.10(d)(5)(i), (iii); Cal. Code Regs., tit. 9, § 1810.410, subd. (e), para. (4).)

e. The Contractor shall make oral interpretation and auxiliary aids and services, such as TTY/TDY and American Sign Language (ASL), available and free of charge for any language. Contractor shall notify clients that the service is available and how to access those services. (42 CFR. § 438.10(d).

**CRITERION 8
COUNTY MENTAL HEALTH SYSTEM**

ADAPTATION OF SERVICES

Rationale: Organizations should ensure that clients/consumers receive from all staff members, effective, understandable, and respectful care, provided in a manner compatible with their cultural health beliefs and practices and preferred language (CLAS Final Report).

I. Client driven/operated recovery and wellness programs

A. Wellness Centers

Yolo County HHSA's Wellness Centers offer a variety of wellness and recovery activities, including rehabilitative services, skill-building groups and computer labs with internet access. Mental health peer support workers provide support groups, individual support and facilitate other activities at the Wellness Centers. Also, other clinical staff members (medical director, clinicians and behavioral health case managers) offer groups of interest for clients.

- a) **Woodland Wellness Center**
The Woodland Center is open Monday through Friday, 9 a.m. to 4 p.m. and serves clients and consumers 18 years of age and older.
- b) **West Sacramento Wellness Center**
The West Sacramento Center is open Tuesday and Thursday, 10 a.m. to 3 p.m. and serves clients and consumers 18 years of age and older.
- c) **STAY (STAY=Support for Transition Age Youth) Well Center**
The STAY Well Center is located on the campus of Woodland Community College and is open Monday through Friday, 9 a.m. to 5 p.m. The center provides a wellness space for transition age youth (16-25 years old) and Woodland Community College (WCC) students. HHSA and Woodland Community College staff partner to provide support for students facing mental health, personal, and/or academic challenges.
- d) **Transition Age Youth (TAY)/Davis Wellness Center**
The TAY/Davis Wellness Center is scheduled to be open on Monday and Wednesday, 11 a.m. to 6 p.m. in December 2018. The HHSA TAY team including TAY peer support workers take a lead in operating the Center to meet the needs of TAY.

Each center continuously solicits feedback from clients regarding groups and activities of interest. The Woodland and West Sacramento centers also collect quarterly feedback via anonymous surveys regarding the following statements:

1. I felt respected by Wellness Center Staff.
2. Wellness Center programs, groups and activities met my needs.
3. I felt comfortable at the Wellness Center.
4. As a result of participating in Wellness Center programs, activities and/or groups, I felt more connected or made at least one friend.
5. As a result of participating in Wellness Center programs, activities and/or groups, I felt less isolated.

B. Cool Beans Coffee & Eats

Recovery-oriented vocational rehabilitation opportunities continue to be offered to clients by Turning Point Community Programs at Cool Beans Coffee & Eats, a consumer-supervised, consumer-operated coffee station located at the Woodland Bauer building site. The consumers develop self-confidence, as well as experience with making espresso drinks, selling food and snacks, and cashiering.

II. Responsiveness of mental health services

Yolo County HHSA staff and providers make available, as appropriate, alternatives and options that accommodate individual preference, or cultural and linguistic preferences. Also, HHSA staff and providers facilitate the ease with which culturally and linguistically diverse populations can obtain services. These efforts and strategies include:

- A Provider Directory is made available to clients with information regarding
 - 1) Specialty populations served and specific services offered;
 - 2) Cultural and linguistic services and capabilities, including languages offered and alternatives and options for culturally appropriate services; and
 - 3) Whether the provider's office/facility has accommodations for people with physical disabilities, including offices, exam room(s) and equipment.
- Offices are decorated with paintings, sculptures and other objects that include artwork and scenes from varied cultural groups, making the offices welcoming to clients and the community.
- HHSA staff and providers continually strive to increase community-based, co-located and/or home-based services to increase access and improve outcomes for clients.

III. Quality of Care: Selection of Contract Providers

Contract providers are required to provide information during the Request for Proposal (RFP) process regarding the capabilities, history and plans to provide culturally competent services. RFP proposals are evaluated and scored on multiple criteria in the selection of contract providers.

IV. Quality Assurance: Assessment of Quality of Care

Yolo County HHSA current processes to assess the quality of care provided for all consumers under the consolidation of specialty mental health services include:

- A. **Results Based Accountability (RBA)**
HHSA utilizes Results Based Accountability (RBA) framework to identify relevant client outcome measures for programs and services. Programs identify specific outcome measures for three levels:
 - PM1: How much did we do?
 - PM2: How well did we do it?
 - PM3: Is anyone better off?Feedback is collected from clients to assess the quality of care provided and the impact of participating in or receiving services.
- B. **Consumer Perception/Satisfaction Surveys**
Surveys are administered in May and November each year, which provide valuable information regarding outcome measures and client's report of the quality of care received.
- C. **Grievances and Complaints**
HHSA maintains a process for Medi-Cal and non-Medi-Cal client Grievance and Complaint/Issues Resolution. During the investigation phase, Quality Management staff gathers information by talking with the grieving party regarding the circumstances surrounding the grievance, and learning what the party would like to have done to resolve the grievance. A plan to address the grievance is developed and implemented, with notification back to the party who filed the grievance. Grievance data is reviewed during QIC meetings.

APPENDIX LISTING

1. Agency Self-Assessment of Cultural Competence Tool
2. Fall 2018 Staff and Provider Ethnicity Surveys
3. Cultural Competence Committee Meeting Topics
4. Cultural Competence/Ethnic Service Manager's QIC Updates
5. 2018 Diverse December Calendar
6. Training: Improving Our Culturally Competent Service Delivery Efforts: Understanding Our Clients and Family Members' Experiences
7. Training: Spirituality and Behavioral Health
8. CCC: Welcoming and Mental Health Month Event
9. Cultural Competence Email Communications and Updates

APPENDIX LISTING

1. Agency Self-Assessment of Cultural Competence Tool

YOLO COUNTY HEALTH & HUMAN SERVICES AGENCY
Agency Self-Assessment of Cultural Competence
Group Discussion and Rating

Friday, October 12, 2018

This self-assessment process will help HHSA to develop goals for specific management and/or service delivery changes to progress toward the objective of cultural competence.

Adapted from

CULTURAL COMPETENCY ASSESSMENT SCALE

BEHAVIORAL HEALTH CARE - OUTPATIENT SERVICE DELIVERY
AGENCY LEVEL

Carole Siegel, Gary Haugland and Ethel Davis Chambers
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Center for the Study of Issues in Public Mental Health
Orangeburg, NY 10962

I. PREFACE

The scale is applicable to an agency delivering behavioral health care in an outpatient treatment environment. The scale is pro-active in the sense that it is intended to suggest ways in which an agency can become culturally competent. It can be used as an organizational self-assessment scale. CC is linked to evidence-based practices (EBP) under the premise that the level of CC of an agency impacts its ability to appropriately adapt and implement an EBP. Organizations that have made accommodations to meet the needs of the cultural groups within its target and user community may find it easier to understand which facets of an EBP need special attention when it is implemented. The effectiveness of an EBP should also be measured with respect to culture-specific outcomes.

II. BASIC DEFINITIONS

Cultural Competence (CC)

The attribute of a behavioral health care organization that describes the set of congruent behaviors, attitudes, skills, policies and procedures that enable its caregivers to work effectively and efficiently in cross/multi-cultural situations at all of its organizational levels.

Cultural group

A subgroup that is from the major racial ethnic groups of African American, Hispanic, Asian American/Pacific Islander, American Indian/Alaskan Native or from a recent immigrant or refugee population. Subgroups can be identified by distinct languages (e.g., Mandarin-speaking Chinese among Asian Americans), or locales of origin (e.g., Dominicans among Hispanics); OR

A subgroup that is identified by the agency as requiring special attention since features of its "culture" limit the ability of its members to appropriately access or participate in mainstream service delivery systems. Such subgroups might include, but are not limited to, gay and lesbian communities, people with hearing impairments, rural and "mountain folk," migratory workers, etc.

Target community

The population the agency designates as its intention to serve. This can cover a population area (such as a geographically or politically defined service area) or a specifically targeted population (such as persons needing a specific type of intervention, persons in a certain age group, persons speaking a specific language). If the target population is geographically dispersed, the county in which the agency resides is used to represent the target community, (although, it is recognized that some potential service users may not reside in the county).

CULTURAL COMPETENCY ASSESSMENT SCALE - 1

CRITERION 1.

AGENCY'S COMMITMENT TO CULTURAL COMPETENCE

Agency (or its parent organization (PO)) has a management level person responsible for CC and:

- A dedicated budget for CC activities
- A CC plan
- Procedures for updating the CC plan

1	2	3	4	5
Agency (or PO) has not yet made cultural competence part of its mission	Agency (or PO) has made accountability for CC part of at least one management level person's activities	In addition to (2), agency (or PO) has only one of the following: dedicated budget for CC activities; a written CC plan with objectives, strategies, and implementation timetable	Agency (or PO) has both a dedicated budget and a written CC plan with objectives, strategies, and implementation timetable	In addition to (4), agency (or PO) requires periodic review and updates of its written CC plan

Rationale: A management level person who has primary responsibility for CC within the structure of the organization ensures that CC will be addressed. Without a dedicated budget for CC, only limited activities can be conducted. A written plan concretizes the agency's commitment to CC. Review and updating ensures that the feedback loop has been closed and that corrective actions have been taken, as well as ensures responsiveness to changing characteristics of the target population.

CULTURAL COMPETENCY ASSESSMENT SCALE – 2

CRITERION 2.

ASSESSMENT OF SERVICE NEEDS

Agency obtains current data on its service users and its target community that enable identification of their cultures and language needs

1	2	3	4	5
Agency does not obtain current data on its service users nor on its target community that would enable identification of cultures or languages needs	Agency obtains current data on its service users that allows their cultures and their language needs to be identified	In addition to (2), agency has identified prevalent cultural groups of its service users	In addition to (3), agency has identified language needs among prevalent cultural groups of its service users	In addition to (4), agency has identified prevalent cultural groups of the target community

Rationale: Particular data items need to be collected for all clients in a consistent manner so that they can be aggregated to assess the cultures and language needs of the population being served by the agency.

Information on the target community allows the agency to tailor its outreach and services to the needs of its cultural groups.

CULTURAL COMPETENCY ASSESSMENT SCALE – 3

CRITERION 3.

CULTURAL INPUT INTO AGENCY ACTIVITIES

Agency has a CC Committee or other group that addresses cultural issues and has participation from cultural groups of the target community.

1	2	3	4	5
Agency does not have a CC Committee or other group that addresses cultural issues	Agency does not have a CC Committee but addresses CC issues in other of its committees, boards or advisory	Agency has established a free-standing CC Committee	The CC Committee includes two representatives from the most prevalent cultural group of the target community who attend at least 50% of yearly meetings	In addition to (4), the CC Committee includes at least one representative from the 2nd most prevalent cultural group of the target community who attends at least 50% of yearly meetings

Rationale: Cultural input into agency activities is expected to come from a CC Committee. A committee dedicated to CC will enhance the likelihood that activities appropriate to the culture are introduced and carried out. The committee can go under many names (Examples: Multicultural Committee, Diversity Committee, Planning Committee, Consumer Advisory Board) and members may not be individually identified.

CC input may be obtained as part of the functions of existing boards, advisory groups and committees

Input is sought from representatives of the most prevalent cultural group of the target community. These may be agency staff, consumers, family members or community leaders. Having more than one representative from a cultural group makes active participation more likely. While these representatives may not be official members or even the same individuals at each meeting, there must be 2 from the most prevalent culture at half the meetings held in a year.

Input from additional cultural groups is desirable, and recognizing difficulties in soliciting committee members, one representative is sought to begin the process.

CULTURAL COMPETENCY ASSESSMENT SCALE – 4

CRITERION 4.

INTEGRATION OF CC COMMITTEE OR OTHER GROUP WITH RESPONSIBILITY FOR CC WITHIN AGENCY

CC Committee or other group with responsibility for CC is integrated within agency evidenced by the following activities:

- Reviews services/programs with respect to CC issues at the agency
- Reports to Quality Assurance/Quality Improvement program of the agency/PO
- Participates in planning and implementation of services at the agency
- Directly transmits recommendations to executive level of agency/PO

1	2	3	4	5
CC Committee or other group performs no activities of integration	CC Committee or other group performs 1 of the 4 activities of Integration	CC Committee or other group performs 2 of the 4 activities of Integration	CC Committee or other group performs 3 of the 4 activities of Integration	CC Committee or other group performs all 4 of the activities of integration

CULTURAL COMPETENCY ASSESSMENT SCALE – 5

CC STAFF: TRAINING ACTIVITIES

Agency (or PO) offers to staff educational activities in which cultural issues are addressed and requires staff to have an adequate amount of specific training on CC

1	2	3	4	5
Agency (or PO) does not offer educational activities in which cultural issues are addressed nor provide specific training on CC to staff	Agency (or PO) offers educational activities in which cultural issues are addressed	In addition to (2), agency (or PO) requires all direct service/clinical staff to receive CC specific training during year	In addition to (3), agency (or PO) requires that administrative staff receive CC specific training during year	In addition to (4), agency (or PO) offers direct service/clinical staff 6 hours or more of CC specific training during year

Rationale: Training and educating staff in CC enhances the likelihood of the delivery of culturally competent services in culturally competent environments. Ideally, educational activities should be available to all staff, and training should take place every year and be available to if not required of staff at all levels in the organization. Professional educational activities, when offered, should address cultural issues since special considerations may be required for cultural groups.

CULTURAL COMPETENCY ASSESSMENT SCALE – 6

CRITERION 6A.

CC STAFF: RECRUITMENT, HIRING AND RETENTION OF STAFF FROM/OR EXPERIENCED WITH THE MOST PREVALENT CULTURAL GROUP OF SERVICE USERS

Agency is committed to hiring and retaining CC staff who are from or who have had experience working with the most prevalent cultural group of its service users

CRITERION 6B - WITH THE 2nd MOST PREVALENT CULTURAL GROUP OF SERVICE USERS

CRITERION 6C - WITH THE 3rd MOST PREVALENT CULTURAL GROUP OF SERVICE USERS

1	2	3	4	5
Agency has neither hired nor has documented goals to recruit, hire and retain direct service / clinical, supervisory and administrative-level staff who are from or have had experience working with the most prevalent cultural group of its service users	Agency has a documented goal to recruit, hire and retain direct service / clinical, supervisory and administrative level staff who are from or have had experience working with the most prevalent cultural group of its service users	Agency has hired staff members who are from or have experience working with the most prevalent cultural group of its service users at one of the following staff levels: <ul style="list-style-type: none"> • Direct service / clinical • Supervisory • Administrative 	Agency has hired staff members who are from or have experience working with the most prevalent cultural group of its service users at two of the levels	Agency has hired staff members who are from or have experience working with the most prevalent cultural group of its service users at all three levels

CULTURAL COMPETENCY ASSESSMENT SCALE – 7

LANGUAGE CAPACITY: INTERPRETERS

Agency (or PO) accommodates persons who have limited English proficiency (LEP) by using interpreter services or bilingual staff

1	2	3	4	5
Agency (or PO) does not provide interpreter services or bilingual staff for service users from prevalent cultural groups in the target community with LEP	Agency (or PO) provides interpreter services at point of first contact for persons from the target community with LEP	Agency (or PO) provides interpreter services or bilingual staff at points of direct service for the most prevalent cultural group of service users with members with LEP	In addition to (3), agency (or PO) provides interpreter services or bilingual staff at points of direct service for the 2 nd most prevalent cultural group of service users with members with LEP	In addition to (4), agency (or PO) provides interpreter services or bilingual staff at points of direct service for the 3 rd most prevalent cultural group of service users with members with LEP

CULTURAL COMPETENCY ASSESSMENT SCALE – 8

LANGUAGE CAPACITY: BILINGUAL STAFF

Agency has staff who speak the language of the most prevalent cultural group of service users with members who have LEP

1	2	3	4	5
Agency has neither hired nor has documented goals to recruit, hire and retain staff who speak the language of the most prevalent cultural group of service users with members who have LEP	Agency has a documented goal to recruit, hire and retain direct service / clinical and supervisory staff who speak the language of the most prevalent cultural group of service users with members who have LEP	Agency has hired one direct service/clinical staff member who speaks the language of the most prevalent cultural group of service users with members who have LEP	Agency has hired a second staff member who speaks the language of the most prevalent cultural group of service users who have LEP at one of the following staff levels: <ul style="list-style-type: none"> • Direct service / clinical • Supervisory • Administrative 	Agency has hired a third staff member who speaks the language of the most prevalent cultural group of service users who have LEP at one of the following staff levels: <ul style="list-style-type: none"> • Direct service / clinical • Supervisory • Administrative

CULTURAL COMPETENCY ASSESSMENT SCALE – 9

COMMITMENT TO LGBTQ+ Cultural Competent Training, Services and Initiative Efforts as evidenced by the following activities:

- Ongoing LGBTQ+ Workgroup Meetings and Activities
- LGBTQ Training provided to staff, providers, community members and/or other stakeholders
- Progress with LGBTQ+ Initiative Goals and Tasks
- LGBTQ+ Recommendations to County Services and Programs

1	2	3	4	5
CC Committee or other group performs no activities	CC Committee or other group performs 1 of the 4 activities	CC Committee or other group performs 2 of the 4 activities	CC Committee or other group performs 3 of the 4 activities	CC Committee or other group performs all 4 of the activities

Notes

APPENDIX LISTING

2. Fall 2018 Staff and Provider Ethnicity Surveys



Yolo County Health and Human Services Agency – **Fall 2018 - STAFF**
(Anonymous Submission) – Ethnicity, Race and Cultural Identities

1. **Branch Category. Please choose only one.**

- Adult & Aging Child, Youth & Family Community Health
 Service Centers Choose not to answer Other; specify _____

2. **Staff Category (Main Job Function). Please choose only one.**

- Direct Services - Licensed Direct Services - Unlicensed
 Prevention and Early Intervention Services
 Governance and Leadership Staff: Management/Administration/Executive Leadership
 Non-Direct Services: Support Services/Fiscal/Clerical/Quality Management
 Choose not to answer Other; specify _____

3. **Primary Program/Service Category. Please choose only one.**

- Child Welfare Services Public Health Public Authority
 Public Guardian In Home Support Services Eligibility/Other Social Services
 Behavioral Health Services (Mental Health, Mental Health Services Act and/or Substance Use)
 Choose not to answer Other; specify _____

4. **Ethnicity, Origin and Race**

A. Are you of Latino/Hispanic Origin? Yes No Unknown Choose not to answer

B. Please check below all that apply to your cultural identity.

- | | | |
|---|--|---|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Continental African |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Caribbean |
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Hmong | <input type="checkbox"/> Caucasian/White |
| <input type="checkbox"/> Guamanian | <input type="checkbox"/> Mien | <input type="checkbox"/> German |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Chinese | <input type="checkbox"/> Ukranian |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Filipino | <input type="checkbox"/> Serian |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Korean | <input type="checkbox"/> Portugese |
| <input type="checkbox"/> Chicano/a | <input type="checkbox"/> Japanese | <input type="checkbox"/> Eastern European |
| <input type="checkbox"/> Mexican/Mexican-American | <input type="checkbox"/> Thai | <input type="checkbox"/> Northern European |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Ashkenazi Jew | <input type="checkbox"/> Southern European |
| <input type="checkbox"/> Central American | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Western European |
| <input type="checkbox"/> South American | <input type="checkbox"/> Greek | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Decline to State | | |
| <input type="checkbox"/> Other; Specify _____ | | |

5. **Current Gender Identity**

- Female Male Transgender Female Transgender Male
 Other; specify _____ Choose not to answer

6. **Self-Identified Sexual Orientation**

- Heterosexual/Straight Gay Lesbian Bisexual Questioning Queer
 Other; specify _____ Choose not to answer

7. **I am a consumer of Mental Health Services.** Yes No Choose not to answer

8. **I have a family member who is a consumer of Mental Health Services.** Yes No Choose not to answer

9. **I self-identify as a person with a disability.** Yes No Choose not to answer

If yes, please check all that apply:

- Physical mobility Difficulty Seeing Difficulty Hearing Difficulty Having Speech Understood
 Developmental Disability Chronic Health Condition Learning Disability Mental Illness
 Other; specify _____ Choose not to answer

10. **I am a veteran or person with military experience.** Yes No Choose not to answer



Yolo County Health and Human Services Agency – Fall 2018 - PROVIDERS
(Anonymous Submission) – Ethnicity, Race and Cultural Identities

1. Provider/Agency. Please choose only one.

- | | | |
|--|---|--|
| <input type="checkbox"/> CommuniCare | <input type="checkbox"/> Fourth and Hope | <input type="checkbox"/> Turning Point Community Programs |
| <input type="checkbox"/> First 5 Yolo | <input type="checkbox"/> RISE, Inc. | <input type="checkbox"/> Victor Community Support Services |
| <input type="checkbox"/> Yolo Community Care Continuum | <input type="checkbox"/> Community Recovery Resources | |
| <input type="checkbox"/> CORR Medical Clinic | <input type="checkbox"/> Other; specify _____ | |

2. Staff Category (Main Job Function). Please choose only one.

- | | |
|--|---|
| <input type="checkbox"/> Direct Services - Licensed | <input type="checkbox"/> Direct Services - Unlicensed |
| <input type="checkbox"/> Prevention and Early Intervention Services | |
| <input type="checkbox"/> Governance and Leadership Staff: Management/Administration/Executive Leadership | |
| <input type="checkbox"/> Non-Direct Services: Support Services/Fiscal/Clerical/Quality Management | |
| <input type="checkbox"/> Choose not to answer | <input type="checkbox"/> Other; specify _____ |

3. Program/Service Populations. Please check all that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> Child (0-5) | <input type="checkbox"/> Children (6-15) | <input type="checkbox"/> Children/Youth (under 18 years of age) |
| <input type="checkbox"/> Transition Age Youth (16-25) | <input type="checkbox"/> EPSDT Youth (under age 21) | |
| <input type="checkbox"/> All Adults (18 and older) | <input type="checkbox"/> Adults (18-59) | <input type="checkbox"/> Older Adults (60 years and older) |

4. Ethnicity, Origin and Race

A. Are you of Latino/Hispanic Origin? Yes No Unknown Choose not to answer

B. Please check below all that apply to your cultural identity.

- | | | |
|---|--|---|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Continental African |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Caribbean |
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Hmong | <input type="checkbox"/> Caucasian/White |
| <input type="checkbox"/> Guamanian | <input type="checkbox"/> Mien | <input type="checkbox"/> German |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Chinese | <input type="checkbox"/> Ukranian |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Filipino | <input type="checkbox"/> Serian |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Korean | <input type="checkbox"/> Portugese |
| <input type="checkbox"/> Chicano/a | <input type="checkbox"/> Japanese | <input type="checkbox"/> Eastern European |
| <input type="checkbox"/> Mexican/Mexican-American | <input type="checkbox"/> Thai | <input type="checkbox"/> Northern European |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Ashkenazi Jew | <input type="checkbox"/> Southern European |
| <input type="checkbox"/> Central American | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Western European |
| <input type="checkbox"/> South American | <input type="checkbox"/> Greek | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Decline to State | | |
| <input type="checkbox"/> Other; Specify _____ | | |

5. Current Gender Identity

- | | | | |
|---|-------------------------------|---|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male | <input type="checkbox"/> Transgender Female | <input type="checkbox"/> Transgender Male |
| <input type="checkbox"/> Other; specify _____ | | | <input type="checkbox"/> Choose not to answer |

6. Self-Identified Sexual Orientation

- | | | | | | |
|--|------------------------------|----------------------------------|-----------------------------------|---|--------------------------------|
| <input type="checkbox"/> Heterosexual/Straight | <input type="checkbox"/> Gay | <input type="checkbox"/> Lesbian | <input type="checkbox"/> Bisexual | <input type="checkbox"/> Questioning | <input type="checkbox"/> Queer |
| <input type="checkbox"/> Other; specify _____ | | | | <input type="checkbox"/> Choose not to answer | |

7. I am a consumer of Mental Health Services. Yes No Choose not to answer

8. I have a family member who is a consumer of Mental Health Services. Yes No Choose not to answer

9. I self-identify as a person with a disability. Yes No Choose not to answer

If yes, please check all that apply:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Physical mobility | <input type="checkbox"/> Difficulty Seeing | <input type="checkbox"/> Difficulty Hearing | <input type="checkbox"/> Difficulty Having Speech Understood |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Chronic Health Condition | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Other; specify _____ | | | <input type="checkbox"/> Choose not to answer |

10. I am a veteran or person with military experience. Yes No Choose not to answer

APPENDIX LISTING

3. Cultural Competence Committee Meeting Topics

Yolo County Health and Human Services Agency

Cultural Competence Committee (CCC)

Meeting Topics – January to June 2018



2018 Meetings are scheduled for the 2nd Fridays of the month from 10:30 to Noon

Theresa Smith, Cultural Competence/Ethnic Services Manager, 530-666-8746

HSA.CulturalCompetency@yolocounty.org

Meeting Date (Friday)	Topic	Location
January 12, 2018 10:30 to Noon	CCC Meeting including discussion of 2017 Cultural Competence Plan Update	Thomson Room 137 N. Cottonwood Street, Woodland, CA 95695
February 9, 2018 10:30 to Noon	Special Workgroup Meeting: Latino and Hispanic Communities Workgroup This meeting time is dedicated for individuals who plan to be a part of the ongoing Workgroup for addressing the needs and disparities of Latino and Hispanic communities in Yolo County.	Thomson Room 137 N. Cottonwood Street, Woodland, CA 95695
March 9, 2018 10:30 to Noon	CCC Meeting with Extended Discussion on <ol style="list-style-type: none"> 1) 2017 Staff and Provider Ethnicity Surveys 2) 2018 Organizational Assessment of CC Criteria 3) 2018 CCC Goals 	Thomson Room 137 N. Cottonwood Street, Woodland, CA 95695
April 13, 2018 11:00 to Noon	Special Workgroup Meeting: Russian-Speaking Communities Workgroup This meeting time is dedicated for individuals who plan to be a part of the ongoing Workgroup for addressing the needs and disparities of Russian-Speaking communities in Yolo County.	162 Community Room 500 Jefferson Building A West Sacramento
May 11, 2018 10:30 to Noon	Special Event: May is Mental Health Month The CCC will host an open event in honor of May is Mental Health Month.	Walker and Thomson Rooms 137 N. Cottonwood Street, Woodland, CA 95695
June 8, 2018 10:30 to Noon	CCC Meeting including discussion of Program Reviews: Plan and Expectations	Thomson Room 137 N. Cottonwood Street, Woodland, CA 95695

CCC Meeting Topics – July to December 2018

2018 Meetings are scheduled for the 2nd Fridays of the month from 10:30 to Noon

Theresa Smith, Cultural Competence/Ethnic Services Manager, 530-666-8746

HHS.A.CulturalCompetency@yolocounty.org

Date		Location
July 13, 2018	Cultural Competence Meeting/Standing Agenda Items <u>Cultural Competence Plan Update – Activities and Tasks</u> <ul style="list-style-type: none"> - Mid-Year Review of Committee’s Expectations and Goals - Identify Follow-Up Tasks 	Thomson Room, Bauer Building, 137 N. Cottonwood Street, Woodland
August 10, 2018	Cultural Competence Meeting/Standing Agenda Items <u>Cultural Competence Plan Update – Activities and Tasks</u> <ul style="list-style-type: none"> - Confirm Criteria for Organizational Assessment in October - Review Staff and Provider Ethnicity Survey to be collected in Fall - Data Update 	Thomson Room, Bauer Building, 137 N. Cottonwood Street, Woodland
September 7, 2018	Cultural Competence Meeting/Standing Agenda Items <u>Cultural Competence Plan Update – Activities and Tasks</u> <ul style="list-style-type: none"> - Program Reviews 	Thomson Room, Bauer Building, 137 N. Cottonwood Street, Woodland
October 12, 2018	Cultural Competence Meeting/Standing Agenda Items <u>Cultural Competence Plan Update – Activities and Tasks</u> <ul style="list-style-type: none"> - Discuss/Complete The Agency Self-Assessment of Cultural Competence - Discuss/Review Strategies and Efforts for Reducing Racial, Ethnic, Cultural and Linguistic Mental Health Disparities 	Thomson Room, Bauer Building, 137 N. Cottonwood Street, Woodland
November 9, 2018	Cultural Competence Meeting/Standing Agenda Items <u>Cultural Competence Plan Update – Activities and Tasks</u> <ul style="list-style-type: none"> - Review 2018 Goal Progress/Accomplishments - Identify 2019 Goals and Objectives 	Thomson Room, Bauer Building, 137 N. Cottonwood Street, Woodland
December 14, 2018	Cultural Competence Meeting/Standing Agenda Items <u>Cultural Competence Plan Update – Activities and Tasks</u> <ul style="list-style-type: none"> - Review CCP Update and Identify Revisions Needed for final Administrative Review 	Thomson Room, Bauer Building, 137 N. Cottonwood Street, Woodland

APPENDIX LISTING

4. Cultural Competence/Ethnic Service Manager's QIC Updates

YOLO COUNTY HEALTH AND HUMAN SERVICES AGENCY

Cultural Competence Committee Update to QIC

January 12, 2018

1. CCC Meetings/Activities/Updates

- a. Next meeting is today from 10:30 to Noon
- b. 2017 Update to Cultural Competence Plan is posted on website.
- c. Program/Service Recommendation from December 2017 Meeting:

Provide written and oral information regarding how demographic information is handled and reported when undocumented immigrants participate in HHSA services.

d. Update: Staff and Provider Ethnicity Surveys

- *Approximately 40 more responses to enter/ score from providers*
- *Entered: Staff – Part 1 – 60, Part 2 – 52; Provider - Part 1 – 102, Part 2 – 95*

2. Workgroups

- A. LGBTQ+ Workgroup will meet on Friday, February 2nd, 10:30 to Noon, Thomson Room in Bauer.
- B. Initial meetings to be scheduled for new workgroups:
 1. Latino/Hispanic Populations Workgroup
 2. Russian-Speaking Immigrants and Communities Workgroup

Theresa Smith, LCSW

Theresa Smith, LCSW - Program Manager
Cultural Competence/Ethnic Services Manager
MHSA Workforce Education and Training Coordinator
Yolo County Health and Human Services Agency
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YOLO COUNTY HEALTH AND HUMAN SERVICES AGENCY
Cultural Competence Committee Update to QIC
April 13, 2018

1. CCC Meetings/Activities/Updates

A. Program/Service Recommendation from March 2018 Meeting:

Provide resource Information regarding LGBTQ+ Therapists/Providers/Services in Yolo County

B. May's CCC meeting is Welcoming and Awareness Event for May is Mental Health Month

C. Reminder: Cultural Competence Trainings – 1st Thursdays, 8:30-10 in May, August and November – Open to Providers. Emails will be sent prior to trainings with more details.

2. Workgroups

A. LGBTQ+ Workgroup

- Met March 4, 2018. Next meeting is May 4, 2018, 10:30-Noon, Thomson Room, Woodland
- Identified 2018 Goals, Issues and Priorities
 - 1) Create/distribute checklist/strategies to HHSA/Providers/Partners on welcoming and inclusive practices
 - 2) Establish LGBTQ+ related criteria for organizational assessment of cultural competence
 - 3) Invite Yolo Rainbow Families for meeting/presentation for HHSA staff and providers

B. Latino/Hispanic Populations Workgroup

- Met February 9, 2018. Next meeting is April 18, 2018, 11-Noon, Community Room, Gonzales building
- Identified 2018 Goals, Issues and Priorities
 - 1) Addressing CCC's recommendations regarding undocumented Immigrants
 - 2) Addressing the needs, requirements and supports for a proficient Spanish bilingual workforce.
 - 3) Ensure the 1) availability, 2) cultural appropriateness and 3) culturally competent delivery of translated materials
 - 4) Provide expectations/training and support regarding having individuals sign legal documents that are not translated into their primary language
 - 5) Providing information/support/training to the larger community to reduce stigma, raise awareness and address trauma.
 - 6) Provide resources for families, schools and others to have conversations with children and youth regarding cultural sensitivity/awareness
 - 7) Providing regular meeting updates regarding Latino Outreach Programs (CommuniCare and RISE); information and resource sharing and community data related to Yolo County's Latino and Hispanic populations including needs, service utilization rates and penetration rates.
 - 8) Ensuring HHSA utilizes appropriate bilingual services or interpreter services, especially in emergency and safety situations

C. Russian-Speaking Communities Workgroup

- First meeting is today in West Sacramento from 11 to Noon.

Theresa Smith, LCSW

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YOLO COUNTY HEALTH AND HUMAN SERVICES AGENCY
Cultural Competence Committee Update to QIC
June 8, 2018

1. CCC Meetings/Activities/Updates

- A. May Meeting – Forty participants in Welcoming Event
- B. Today's Meeting – 1) Discuss plans for Program Review –Identify current service delivery efforts to underserved target populations and to identify strategies to improve penetration rates. 2) Identify meeting topics for remainder of 2018 to include needed activities for Cultural Competence Plan Annual Update.
- C. Reminder: Cultural Competence Trainings – 1st Thursdays, 8:30-10 August and November – Open to Providers. Emails will be sent prior to trainings with more details.

2. Workgroups

A. Report Back: LGBTQ+ Workgroup

Met May 4, 2018. Discussion and feedback regarding 1) Identifying LGBTQ+ related criterion for annual organizational assessment and 2) developing/distributing checklist for welcoming and affirming LGBTQ+ practices and 3) questions/information to collect from LGBTQ+ providers and resources in Yolo County.

Next meeting: August 2, 2018

B. Report Back: Latino and Hispanic Workgroup

Met in April; reports from Empower Yolo, CREO/CCHC Program and Latino Outreach Program/RISE

Discussion and feedback regarding 1) Support and Training for Proficient Bilingual Workforce and 2) Informational handout addressing Immigrants' Concerns with involvement in HHS services

C. Report Back: Russian-Speaking Communities Workgroup

Met April 13, 2018. Discussed and identified priority concern in communities.

Post meeting information-sharing. (SUD positions, outreach to Russian-speaking candidates.)
Planning for additional consultation and possible provider awareness/training opportunity.

3. Suggestion: QIC Standing Agenda Item - "Clients/Consumers, Family Member and Stakeholder Feedback".

Theresa Smith, LCSW

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YOLO COUNTY HEALTH AND HUMAN SERVICES AGENCY
Cultural Competence Committee Update to QIC
September 21, 2018

1. CCC Meetings/Activities/Updates

- A. As a part of the annual Cultural Competence Plan Update due December 3, 2018; staff and providers will be requested to complete an Ethnicity/Cultural survey in October. SurveyMonkey link and paper surveys will be made available.
- B. Reminder: Cultural Competence Training on Thursday, November 1st, 8:30-10 is open to Providers. Email will be sent prior to trainings with more details.
- C. CCC has also instituted a standing agenda item similar to QIC -*Feedback from Clients, Family Members, Staff and Other Stakeholders*. We have recorded eight items to date for follow up and future progress reports.

Feedback from Clients, Family Members, Staff and Other Stakeholders

- 1) *Guidance needed for staff members when client/family members decline interpreter services but staff members still have concerns regarding comprehension, informed consent, etc.*
- 2) *Treatment protocol/expectations and training needed when serving transgender clients.*
- 3) *Need to provide more parent/caregiver support group opportunities.*
- 4) *Need to address barriers to accessing needed treatment due to current behavioral health status (length of sobriety, medication compliance status, etc.)*
- 5) *Client/family members advise that some practices of "respecting client's confidentiality" in public places (ignoring clients) transmit as disrespectful and stigmatizing.*
- 6) *Request for staff and providers to define/breakdown "youth" when advertising training/services, specifying age groups will assist with others in determining relevance/eligibility for participation. Ex: Does training/services include focus for 0-5? 5-12? 12-18? Transition Age Youth – 16-25?*
- 7) *Need current resource list for alternative medicine resources beyond acupuncture in Yolo County*
- 8) *Need list of available supports and resources for transgender young adults (18-30).*

2. Next Workgroup Meetings

- A. LGBTQ+ Workgroup - Next meeting is November 2, 2018 at 10:30 a.m., Thomson Room, Bauer, Woodland
- B. Latino and Hispanic Workgroup - Next meeting is October 17, 2018, 11 a.m., Community Room, Gonzales building, Woodland
- C. Russian-Speaking Communities Workgroup - Next meeting is October 19, 2018, 1:30 p.m., Community Room, West Sacramento. The meeting will feature Substance Use Disorders Services presentation by Ian Evans, Alcohol/Drug Administrator.

Theresa Smith, LCSW

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YOLO COUNTY HEALTH AND HUMAN SERVICES AGENCY
Cultural Competence Coordinator/Ethnic Services Manager's Update to QIC
November 16, 2018

1. Staff and Provider Ethnicity Survey

- A. To be available and distributed December 10, 2018. Please return by December 28, 2018.
- B. May submit paper copies or via survey monkey.
- C. Please plan accordingly for encouragement of completion by your staff members.
- D. Only Ethnicity, Race and Cultural Identity (Anonymous Submission) information to be collected.

2. Workgroup Meetings/Activities

- A. LGBTQ+ Workgroup
 - 1) Next meeting is Thursday, January 24, 2019 at 10:30 a.m., Thomson Room, Bauer, Woodland
 - 2) Project: Welcoming/Inclusive Checklist; Safe Zone and Rainbow stickers
- B. Latino and Hispanic Workgroup
 - 1) Next meeting is Wednesday, January 16, 2019, 10:30-Noon Thomson Room, Bauer, Woodland
 - 2) Projects: Undocumented Immigrant Brochure; Support/Strategies for Bilingual Staff
- C. Russian-Speaking Communities Workgroup
 - 1) Next meeting: TBD
 - 2) Project: Test Calls

3. Cultural Competence Committee Updates

- A. Cultural Competence Plan Update due December 3, 2018 to DHCS.
- B. Monthly meetings to continue in 2019.
- C. 2019 Extended Discussion/Workgroup Sessions: Cultural Competency Training Plans to Address CLAS Standard #4
 - Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

4. EQRO Consumer Focus Groups, February 2019

- A. Please plan to identify, secure and arrange for participation by Consumer/Family Member.
- B. We will share criteria for participation as soon as received.

Theresa Smith, LCSW

Theresa Smith, LCSW - Program Manager
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APPENDIX LISTING

5. 2018 Diverse December Calendar

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<h1>December 2018</h1>						
2	3	4	5	6	7	8
INTERNATIONAL DAY FOR ABOLITION OF SLAVERY BEGINS AT SUNDOWN CHANUKAH/HANUKKAH FEAST OF DEDICATION FESTIVAL OF LIGHTS ADVENT BEGINS	INTERNATIONAL DAY OF DISABLED PERSONS CHANUKAH/HANUKKAH FEAST OF DEDICATION FESTIVAL OF LIGHTS	Felices Fiestas! CHANUKAH/HANUKKAH FEAST OF DEDICATION FESTIVAL OF LIGHTS	INTERNATIONAL VOLUNTEER DAY CHANUKAH/HANUKKAH FEAST OF DEDICATION FESTIVAL OF LIGHTS	ST. NICHOLAS DAY CHANUKAH/HANUKKAH FEAST OF DEDICATION FESTIVAL OF LIGHTS	PEARL HARBOR REMEMBRANCE DAY CHANUKAH/HANUKKAH FEAST OF DEDICATION FESTIVAL OF LIGHTS	BODHI DAY FEAST OF THE IMMACULATE CONCEPTION CHANUKAH/HANUKKAH FEAST OF DEDICATION FESTIVAL OF LIGHTS
9	10	11	12	13	14	15
CHANUKAH/HANUKKAH FEAST OF DEDICATION FESTIVAL OF LIGHTS	HUMAN RIGHTS DAY ENDS AT SUNDOWN CHANUKAH/HANUKKAH FEAST OF DEDICATION FESTIVAL OF LIGHTS	 11	FEAST OF OUR LADY OF GUADALUPE DAY  12	즐거운 추월 보내세요 13	Nghi Lễ Vui Vê 14	BILL OF RIGHTS DAY  15
16	17	18	19	20	21	22
Las Posadas 	Las Posadas	Las Posadas	Las Posadas	Las Posadas	Las Posadas	Las Posadas
23	24	25	26	27	28	29
Las Posadas	Las Posadas NOCHE BUENA ADVENT ENDS	CHRISTMAS DAY 	KWANZAA UMOJA UNITY	KWANZAA KUJICHAGULIA SELF-DETERMINATION	KWANZAA - UJIMA COLLECTIVE WORK AND RESPONSIBILITY	KWANZAA UJAMAA - COOPERATIVE ECONOMICS
30	31	January 1, 2019				
RIZAL DAY KWANZAA NIA PURPOSE	KWANZAA KUUMBA CREATIVITY	January 1, 2019 KWANZAA IMANI FAITH				

APPENDIX LISTING

6. Training: Improving Our Culturally Competent Service Delivery Efforts: Understanding Our Clients and Family Members' Experiences

YOLO COUNTY HEALTH AND HUMAN SERVICES AGENCY (HHS)A
All Behavioral Health Staff Training
Cultural Competency Training for HHS Staff and Providers

**Improving Our Culturally Competent Service Delivery Efforts:
Understanding Our Clients and Family Members' Experiences**

Thursday, May 3, 2018, 8:30 – 10 a.m.
Community Room, Gonzales Building, 25 N. Cottonwood Street, Woodland

1. Welcome, Agenda
2. "Plus/Delta – The Rotation Internship Model. Perspectives from Year One.
3. Review and Resources: Improving Our Culturally Competent Service Delivery Efforts
4. Understanding Our Clients and Family Members' Experiences
 - A. Parent/Caregiver's Insights (Experience with Behavioral Health Services, Navigating Systems and What Is Needed Now)
 - B. Client Panel

You Are Invited To . . .

Cultural Competence Committee (CCC)

Welcoming and Mental Health Month Event

Friday, May 11, 2018 11:00 a.m. to 1:00 p.m.

Walker and Thomson Rooms

137 N. Cottonwood Street, Woodland, CA 95695

Drop by for a few minutes and . . .

- ✓ Enjoy refreshments
- ✓ Learn about CCC and Workgroup Activities
- ✓ View Directing Change Program and Student Films
- ✓ Complete CCC Interest/Feedback Forms



Understanding Our Clients and Family Members' Experiences

A. Caregiver's Insights (Experience with Behavioral Health Services, Navigating Systems and What Is Needed Now)

1. Experiences with receiving behavioral health services in Yolo County - What's working well and what needs improvement?
2. Experiences with navigating multiple systems/departments/agencies in Yolo County - What's working well and what needs improvement? (Are agencies coordinating efforts, etc.?)
3. Suggestions for HHSA and HHSa providers for improving their efforts in providing culturally competent, trauma-informed services

B. Client Panel Questions

ABOUT YOU

1. What would you like to share about how you identify yourself? (Ex: Name, ethnicity, age, etc.)
2. What would you like to share about what brought you to receive services from HHSA Behavioral Health staff, programs or providers?

STIGMA

3. Do you feel stigmatized in the community because of your mental health condition? If your answer is yes, please elaborate.
 - Are you stigmatized at your job?
 - At school?
 - At your place of worship?
 - At the mental health clinic or Wellness Center?
 - Other places?
4. While there have been efforts to reduce stigma around mental illness and substance use disorders, have you noticed any changes in the attitudes of family, friends and/or in our community in recent years?

CULTURE

5. We know that race, language, ethnicity, gender identity and spirituality are just a few of the facets of culture that influence who you are, as well as how others relate to you.
 - What aspects of your personal culture do you feel is important for staff and providers to understand?
6. What suggestions do you have for HHSA and HHSa providers to help improve our efforts to provide culturally competent services and support clients' wellness, recovery and resiliency?

APPENDIX LISTING

7. Training: Spirituality and Behavioral Health

Spirituality and Behavioral Health

All Behavioral Health Staff Training

Thursday, August 2, 2018, 8:30 – 10 a.m.

Community Room, Gonzales Building, 25 N. Cottonwood Street, Woodland

1. **Welcome and Sign In**
2. **You Are Invited To . . .**
 - A. Increase Understanding of Spirituality, Faith and/or Religion of those we Serve
 - 1) Importance in Recovery and Resiliency
 - 2) Role in Acceptance or Traumatic Experiences
 - 3) Framework for Understanding Cause and Remedy for Problems and/or Mental Health Conditions
 - B. Explore Personal Spiritual Beliefs/Practices/Experiences and Impact on Serving Others
 - C. Build Your Cultural Competency (Knowledge/Skills/Practices) to Enhance Your Cultural Humility
3. **Resources and References (Attachments)**
4. **Increasing Our Knowledge and Awareness to Better Serve**
Panel – Special Guests/Faith Leaders/Faith Liaisons
 - A. Sharing
 - B. Questions for Special Guests/Faith Leaders/Faith Liaisons
5. **Evaluation – please complete and submit at “Sign In” table**
Certificate of Attendance – if needed, please pick up at end of training near the Sign-In table.

Notes

Panel - Spirituality and Behavioral Health

Facilitator: Tessa Smith, HHSA Outreach Specialist/Family Partner

- A. Sharing
- B. Questions for Special Guests/Faith Leaders/Faith Liaisons

* * *

Special Guests/Faith Leaders/Faith Liaisons:

<p>Bonnie Berman President of Congregation Bet Haverim</p>
<p>Alan E. Brownstein Past Co-President of Congregation Bet Haverim</p>
<p>Mike Duncan (Concow/Wailaki/Wintun/Western Band Shoshone) Substance Abuse Counselor, Northern Valley Indian Health</p>
<p>The Rev. Terri Hobart Rector – St. Luke’s Episcopal Church Active Member – Woodland Ecumenical & Multi-Faith Ministries (WEMM)</p>
<p>Khalid Saeed National President American Muslim Voice Foundation Member – Woodland Mosque & Islamic Center Active Member – Woodland Ecumenical & Multi-Faith Ministries (WEMM)</p>
<p>Tatiana Shevchenko Director - Russian Information and Support Services</p>

Sharing (ten minutes each)

Name/Title

Role in Yolo County as Faith Leader/Faith Liaison

Faith/Religion You Will Share About

- 1) Tenets/Beliefs of Faith/Religion
- 2) Significant Observances, Customs and/or Practices
- 3) Teachings/Practices related to Women and Diverse Communities (LGBTQ, Diverse Racial and Ethnic Groups, Etc.)
- 4) Things Behavioral Staff Members Should Know and Do to Effectively Welcome, Include and Serve Individuals and Families

Spirituality and Behavioral Health

Resources and References

	Item/Handout	Notes
1	Mental Health and Spirituality Initiative: Consensus Definitions	Definitions provided by California's Mental Health & Spirituality Initiative Website: http://www.mhspirit.org/ <u>Monthly Conference Calls</u> 4 th Wednesday of the Month, 9 to 10 a.m. Call-in number is 515-739-1529 and the access number is 982384#
2	Cultural Competence Continuum	Provides reminders of ongoing process to develop cultural competence and cultural proficiency.
3	Cultural Humility	Reminds us to be open to what a person has determined as a personal culture – personal expression of heritage and culture.
4	Newsweek Article: <i>Most LGBTQ Adults are Religious, Poll Finds</i>	Highlights importance of Religion for LGBTQ Adults <i>Note: As needed, search for LGBTQ Affirming Churches</i>
5	Article: Religious Barriers to Mental Healthcare -The American Journal of Psychiatry Residents' Journal	Identifies barriers and opportunities to address.
6	The Big Religion Chart	Provides summary of major religions and belief systems of the world. Source: http://www.religionfacts.com/big-religion-chart
7	Cultural Formulation Interview – Excerpts from DSM-5 - Patient Version and Informant Version	A set of 16 questions that clinicians may use to obtain information during a mental health assessment about the impact of culture on key aspects of an individual's clinical presentation and care.
8	Exploring Culture in CLAS: Religion and Spirituality	Provides highlights of webinar. Provides examples from questionnaires and Spirituality Assessment Tools (HOPE and FICA).
9	HOPE Approach to Spiritual Assessment	Identifies questions for HOPE Spiritual Assessment

APPENDIX LISTING

8. CCC: Welcoming and Mental Health Month Event

YOLO COUNTY HEALTH AND HUMAN SERVICES AGENCY
ADULT AND AGING BRANCH * MENTAL HEALTH SERVICES ACT (MHSA) * CULTURAL COMPETENCE COMMITTEE

You Are Invited To . . .

**Cultural Competence Committee (CCC)
Welcoming and Mental Health Month Event**

Friday, May 11, 2018 11 a.m. to 1 p.m.

Walker and Thomson Rooms

137 N. Cottonwood Street, Woodland, CA 95695

* * *

Drop by for a few minutes and . . .

- ✓ *Enjoy refreshments*
- ✓ *Learn about CCC and Workgroup Activities*
- ✓ *View Directing Change Program and Student Films*
- ✓ *Complete CCC Interest/Feedback Forms*



Questions? Please contact Theresa Smith, LCSW, Cultural Competence/Ethnic Services Manager
at 530-666-8746 or HHSA.CulturalCompetency@yolocounty.org

APPENDIX LISTING

9. Cultural Competence Email Communications and Updates

Subject: CCC Updates and Announcements - August 2018

Hello Cultural Competence Committee Members and Partners,

I hope you are well.

You are invited to the next [Cultural Competence Committee meeting on Friday, August 10, 2018 from 10:30 to Noon in the Thomson Room](#) in the Bauer building located at 137 N. Cottonwood Street in Woodland. Please see attachment for meeting topics through December 2018.

Meetings/Reminders/Announcements/Resources

1. The Quality Improvement Committee (QIC) will not meet in August.
2. The next **Latino and Hispanic Workgroup meeting is Wednesday, August 15th from 11 a.m. to Noon in the Thomson Room**, Bauer building located at 137 N. Cottonwood Street in Woodland. *Health Education Council will share information regarding the [Mente Sana, Vida Sana \(Healthy Minds, Healthy Life\)](#) mental health program, which is an Implementation Pilot Project of the California Reducing Disparities project. Please join us!*
3. **FREE Conference: Yolo County Conference on Young Latino Males – “From At-Risk to At-Promise: Supporting the Lives of Marginalized Students” Friday, September 7, 2018, 8 a.m. to 1 p.m.** at Yolo County Office of Education in Woodland. Please RSVP by September 1st by clicking the following link: <https://goo.gl/forms/gMogve87ZPtSigvt1> Questions? Contact Jesse Ortiz at jesse.ortiz@ycoe.org
4. **Resource: Senior Peer Counseling** is a no cost service for older adults (age 60 or older) in Yolo County. Peer counselors (age 55 and older) are recruited from throughout Yolo County and include [Spanish-speaking and Russian-speaking volunteers](#). For more information or to request a peer counselor, please call 530-758-3704.
5. **Resource: Links to websites that lists LGBTQ Friendly congregations.** (Shared by The Rev. Terri Hobart, Rector – St. Luke's Episcopal Church in Woodland; a faith leader on the special guest panel at the recent Spirituality and Behavioral Health Training)

<http://www.believeoutloud.com/background/about-us>
<http://www.integrityusa.org>
6. **Cultural Competence Summit, October 23-24, 2018, Riverside, CA. Hosted by CIBHS.** Register by 10/9/2018 and the price is \$290.00, if after then it is \$325.00. For more information, please click <https://cibhs.networkofcare4elearning.org/EventDetail.aspx?pid=797&OrgId=223>
7. The next **CCC's LGBTQ+ Workgroup meeting** is Friday, November 2, 2018 from 10:30 to Noon in the Thomson Room in the Bauer building located at 137 N. Cottonwood Street in Woodland.

Subject: CCC Updates and Announcements - September 2018

Hello Cultural Competence Committee Members and Partners,

I hope you are well.

You are invited to the next **Cultural Competence Committee meeting on Friday, September 14, 2018 from 10:30 to Noon in the Thomson Room** in the Bauer building located at 137 N. Cottonwood Street in Woodland.

Meetings/Reminders/Announcements/Resources

1. The Quality Improvement Committee (QIC) will **meet on Friday September 21, 9:00-10:30 a.m.** Please note the room change for this meeting date: Clarksburg Room #177, Gonzales Building, 25 N. Cottonwood Street, Woodland, CA 95695.
2. The next **Latino and Hispanic Workgroup meeting is Wednesday, October 17th from 11 a.m. to Noon** in the Community Room, Gonzales building located at 25 N. Cottonwood Street in Woodland.
3. The next **CCC's LGBTQ+ Workgroup meeting is Friday, November 2, 2018 from 10:30 to Noon** in the Thomson Room in the Bauer building located at 137 N. Cottonwood Street in Woodland.
4. **Resources for Suicide Prevention Week**
 - A. Know the Signs website www.suicideispreventable.org
 - B. Attachment: 5 Ways to Help During National Suicide Prevention Week (and Beyond)
5. **Uplifting Women and Girls of Color in California Conference 2018.** October 8, 2018, Los Angeles, CA. Fees begin at \$60. For more information, visit <https://www.eventbrite.com/e/women-community-well-being-and-public-mental-health-uplifting-women-and-girls-of-color-in-tickets-39891614894?aff=erellivmlt>
6. **Uplifting Men and Boys of Color in California Conference 2018.** October 9, 2018, Los Angeles, CA. Fees begin at \$60. For more information visit <https://www.eventbrite.com/e/mens-leadership-conference-uplifting-men-and-boys-of-color-in-california-conference-2018-with-tickets-48807563737?aff=erellivmlt>
7. **Improving OUTcomes: LGBTQ+ Health Conference 2018.** October 19-20, 2018 (Friday-Saturday) Embassy Suites, Sacramento. Sponsored by UC DAVIS Health, Office for Equity, Diversity & Inclusion. General Attendance: \$300. Discounts available for RNs, MAs, social workers, students and residents. For more information, visit <http://improvingoutcomesconference.com/>
8. **Asian & Pacific Islander Mental Health Empowerment Conference 2018.** November 29-30, 2018. Hilton Oakland Airport, Oakland, CA. FREE Admission. Limited Space. To RSVP NOW & for more information visit <https://www.apimhec.org/> *Guests include Pisey Sok, MDiv, AMFT – Spiritual Leader & practitioner of the healing arts and David Burns, MD – Author & Psychiatrist Stanford University*
9. **Cultural Competence Summit, October 23-24, 2018, Riverside, CA. Hosted by CIBHS.** Register by 10/9/2018 and the price is \$290.00, if after then it is \$325.00. For more information, please click <https://cibhs.networkofcare4elearning.org/EventDetail.aspx?pld=797&OrgId=223>

Subject: CCC Updates and Announcements - October 2018

Hello Cultural Competence Committee Members and Partners,

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You are invited to the next **Cultural Competence Committee meeting on Friday, October 12, 2018 from 10:30 to Noon in the Thomson Room** in the Bauer building located at 137 N. Cottonwood Street in Woodland.

Meetings/Reminders/Announcements/Resources

1. NAMI Yolo County invites you to the **Mental Illness Awareness Week Rally – In Our Own Voice: Personal Stories of Recovery, Thursday, October 11th from 5:30-7 p.m.** at Heritage Plaza, 2nd and Main Streets, Woodland. Free pizza, ice cream cones and open mic. For more information regarding NAMI Yolo County events, visit <https://www.namiyolo.org/wp-content/uploads/2018/09/Calendar-2018--6.pdf>
2. The next **Latino and Hispanic Workgroup meeting is Wednesday, October 17th from 11 a.m. to Noon in the Community Room, Gonzales building** located at 25 N. Cottonwood Street in Woodland.
3. The next **Russian-Speaking Communities Workgroup meeting is Friday, October 19th from 1:30-3 p.m. in West Sacramento** - Community Room, 500 Jefferson Blvd, Building A. The meeting will include a presentation from Ian Evans, Yolo County Alcohol and Drug Administrator regarding available Substance Use Disorder services.
4. The November HHS All Behavioral Health Staff Meeting will be a **Cultural Competency Training open to providers**. The topic is ***Understanding the Needs of Transition Age Youth***. The training will feature the viewing of Youth Digital Stories and sharing by Transition Age Youth. The training is **Thursday, November 1, 2018, 8:30 to 9:45 a.m.** in the Community Room, Gonzales building located at 25 N. Cottonwood Street, Woodland. There is no need to register for this training. *Please join us!*
5. The next **CCC's LGBTQ+ Workgroup meeting is Friday, November 2, 2018 from 10:30 to Noon** in the Thomson Room in the Bauer building located at 137 N. Cottonwood Street in Woodland.
6. The **Quality Improvement Committee (QIC) will meet on Friday, November 9, 9:00-10:30 a.m.** in the Thomson Room, Bauer building, 137 N. Cottonwood Street, Woodland.
7. **Improving OUTcomes: LGBTQ+ Health Conference 2018**. October 19-20, 2018 (Friday-Saturday) Embassy Suites, Sacramento. Sponsored by UC DAVIS Health, Office for Equity, Diversity & Inclusion. General Attendance: \$300. Discounts available for RNs, MAs, social workers, students and residents. For more information, visit <http://improvingoutcomesconference.com/>
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Subject: CCC Updates and Announcements - November 2018

Hello Cultural Competence Committee Members and Partners,

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You are invited to the next **Cultural Competence Committee meeting on Friday, November 9, 2018 from 10:30 to Noon in the Thomson Room** in the Bauer building located at 137 N. Cottonwood Street in Woodland.

Meetings/Reminders/Announcements/Resources

1. The **Quality Improvement Committee (QIC)** will meet on **Friday November 16, 9:00-10:30 a.m.** in the Clarksburg Room #177, Gonzales Building, 25 N. Cottonwood Street, Woodland, CA 95695.
2. Resource: **Each Mind Matters: Veterans**
Veterans are an important part of our community, but too often do not get the care they need, especially during the transition into civilian life. Check out resources at <https://www.eachmindmatters.org/mental-health/veterans/> aimed at helping veterans support their mental health and wellbeing.
3. Resource: Information Regarding Upcoming **LGBTQ+ Support Activities and Opportunities** in Woodland/Yolo County. See attachment regarding:
 - Parents of Transgender Young Adults: Peer Support Group on Tuesday, November 13th, 7-8:30 p.m.
 - Adult LGBTQ+ and Allies – Meet, Greet and Eat, Thursday, November 15th, 5:30-7:30 p.m.
 - Young Adult LGBTQ+ and Allies Get Together, Friday, November 30th, 6-8 p.m.
4. Facts To Know: **American Indian Heritage Day**, also known as Native American Heritage Day, recognizes the native American heritage, history and contributions. It's the Friday after Thanksgiving Day in the United States. Some states recognize this day as a legal holiday or observance. For more information, visit <https://www.timeanddate.com/holidays/us/american-indian-heritage-day>
5. **Asian & Pacific Islander Mental Health Empowerment Conference 2018**. November 29-30, 2018. Hilton Oakland Airport, Oakland, CA. FREE Admission. Limited Space. To RSVP NOW & for more information visit <https://www.apimhec.org/> *Guests include Pisey Sok, MDiv, AMFT – Spiritual Leader & practitioner of the healing arts and David Burns, MD – Author & Psychiatrist Stanford University*
6. The next **Latino and Hispanic Workgroup meeting is Wednesday, January 16, 2019 from 10:30 a.m. to Noon** in the Thomson Room in the Bauer building located at 137 N. Cottonwood Street in Woodland.
7. The next **CCC's LGBTQ+ Workgroup meeting is Thursday, January 24, 2019 from 10:30 to Noon** in the Thomson Room in the Bauer building located at 137 N. Cottonwood Street in Woodland.
8. **SAVE THE DATE: 2019 African American Mental Health Conference – February 28, 2019. Engaging & Empowering Communities through Education, Advocacy & Action.** Presented by the Los Angeles County Department of Mental Health. For more information, please contact: AAMHConf@dmh.lacounty.gov