Many Voices, One Direction: Building A Common Agenda For Cultural Competence In Mental Health

A Report to the Community

Proceedings from the California
Mental Health Directors Association Conference
Developed by the California Institute for Mental Health

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Second Row: From left, Gladys Lee, L.C.S.W.; Diane G. Koditek, M.F.T.

Third Row: Stephen W. Mayberg, Ph.D.; and
Erma Kendrick with Matthew R. Mock, Ph.D.

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Many Voices, One Direction: Building A Common Agenda For Cultural Competence In Mental Health

A REPORT TO THE COMMUNITY

PROCEEDINGS FROM THE CALIFORNIA MENTAL HEALTH DIRECTORS ASSOCIATION CONFERENCE

February 6–8, 2002

Santa Barbara, California

California Institute for Mental Health
California Mental Health Directors Association

Co-conveners

California Department of Mental Health
California Council of Community Mental Health Agencies

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FOREWORD

It is difficult to judge the significance of a single conference until long after the event; especially a convening designed to promote cultural competence. Notwithstanding the favorable feedback of participants or their consensus on the recommendations they developed, only time will reveal the ultimate impact of the Santa Barbara Convening of February 2002. There are, however, a number of indicators that the conference participants accomplished something important.

First, the Santa Barbara Convening was a collaborative effort from its conception through its implementation. Representatives from many stakeholder groups made major contributions to planning the event, setting its format and agenda, identifying its presenters, and leading workshops. And throughout the event, multiple perspectives on cultural competence were presented and full participation encouraged.

Second, the approach of the Convening was strategic by focusing more on strategies and solutions than barriers and by grounding its recommendations in the reality faced by county mental health systems.

Third, the Convening recommendations were action oriented, providing clear and consensus driven direction, especially to the Center for Multicultural Development, for addressing the most pressing needs faced by counties.

And finally, there will be follow-up. The California Institute for Mental Health's Center for Multicultural Development (CIMH-CMD) has been charged with promoting accountability by tracking progress on the convening's various recommendations.

In the months since the Santa Barbara Convening we have already witnessed its effects. Two companion videotapes have been produced that communicate both the energy and the content of the Convening. Convening participants have continued to discuss the issues raised there and several of the recommendations they generated have already been accomplished. And, CIMH has secured funding from The California Endowment for a project that will address several other recommendations.

In summary, we do believe that the Santa Barbara Convening was a significant milestone in our collective efforts to create a culturally competent public mental health system in California.

—Sandra Naylor Goodwin, Ph.D.
CIMH Executive Director

—Bob Martinez, Director
CIMH Center for
Multicultural Development

ACKNOWLEDGEMENTS

The Santa Barbara Convening and work of the California Institute for Mental Health's Center for Multicultural Development (CIMH-CMD), in general, were the result of the commitment and hard work of many people and organizations. Special mention should go to the California County Mental Health Directors, who dedicated two consecutive conferences to the promotion of cultural competence; to the Working Group of stakeholders and experts who guided the planning process for the Convening; and, to California's Ethnic Services Managers who provided their expertise in the planning of the conference.

We also would like to thank the Consumers, Surgeon General's Scientific Editors, Agency Directors and Directors of Contract Agencies, and many others who shared their perspectives on panels and in the Working Groups. We also appreciate the contributions of the Director of the California State Department of Mental Health and the Chief of its Office of Multicultural Services.

We would like to thank Jorge Monzon, Owner and Creative Director of A Vision International Productions for producing the three videos from the Convening and for the photographs contained in this report.

Finally, we would also like to thank the staff and Executive Director of CIMH, who helped to organize the Convening, handle the logistical problems that came up, and demonstrate their commitment to cultural competence through their hard work and service.

Voices of Consumers: Why Cultural Competence Is Essential

I have found that it is difficult for me to find a Spanish speaking mental health professional for me to obtain services. I may express my mental health problems by my expression of my bodily complaints. There is the risk my mental health needs may not be identified as needing mental health interventions. I am more likely than white populations to be uninsured.

—Rebecca de la Rosa

I feel comfortable in saying my therapist and doctor can speak my language. They help me out and my parents understand the nature of my illness. They provide me with medication, follow-up, and case management, which eliminated my financial difficulty... It was through therapy and activity groups at APFC that I began to open up to others and to handle problems of daily living because we can speak the same language and share similar cultural values.

—Stella Ho

As an African American, I have experienced problems with being diagnosed and treated for issues I have experienced differently from what most clinicians have been trained to understand and expect.

—Erma Kendrick

I come today to share with you to share my experience as a Native American. In my culture we believe in dreams and we believe in visions. And in that way a person's direction is guided by his dreams. One time I had a dream and I heard a spirit and a voice tell me in a dream of the direction in my life. When I related that vision in the voice that I heard to a mental health worker, they thought I should be in a mental hospital. I spent 60 days in a mental health hospital for observation because I followed the way of my culture.

—John Funmaker

I. INTRODUCTION

Over the past decade, California's mental health systems have made considerable progress in the development of culturally competent programs and services. County mental health agencies, the State Department of Mental Health, practitioners, staff from contract agencies, clients and families, researchers and other stakeholders have come to recognize the necessity of adopting the principles and practices of cultural competence in the delivery of mental health services.

The State Department of Mental Health has adopted groundbreaking cultural competence standards for county mental health systems, and has established an audit process that begins to measure compliance. County agencies have assessed the cultural competence of their systems, identified opportunities for improvement, developed cultural competence plans, and actively promoted positive changes. They have employed ethnic services managers and committed resources to cultural competence consultants and trainers. And, they have taken steps to increase the participation of consumers and increase communications and collaboration with communities.

Notwithstanding this progress, it is clear that much work remains. Progress varies widely from county to county. Few counties have adopted most of the strategies listed above and, in many counties, positive changes have been limited in their scope. In the development of new programs and policies, considerations of cultural competence often are afterthoughts. Furthermore, only a few county agencies have even partially succeeded in achieving the elusive goal of embedding cultural competence throughout their organization and the system they coordinate. Culturally competent practices still tend to be isolated and ad hoc, rather than system-wide.

In its second year of existence, the Center for Multicultural Development (CMD) of the California Institute for Mental Health (CIMH), in conjunction with the California Mental Health Directors Association (CMHDA) and other mental health system stakeholders, decided to assist California's mental health system

California's Progress in Promoting Cultural Competence

- Georgetown Monograph, *Towards a Culturally Competent System of Care* — 1989
- CMHDA creates cultural competence committee — 1990
- Mental Health System Realignment — 1991
- MH legislation (AB 1288, Chapter 89 and AB 1491, Chapter 611) mandates cultural competence — 1991
- 1st Cultural Competence Summit — 1993
- DMH establishes Cultural Competence Plan Requirements — 1997
- DMH creates Office of Multicultural Services — 1998
- CIMH establishes CMD — 2000
- Santa Barbara convening — 2002

The role of [County Mental Health] Directors [in promoting cultural competence] will be to inspire and commit to ongoing leadership.

—Diane G. Koditek, M.F.T., President, CMHDA, Mental Health Director, Kern County Mental Health

Issues in Serving African American Clients

- Mental health issues are complicated with overlapping social and physical health problems
- African-Americans are over-represented among HIV+, homeless, in foster care
- Mental health system requires more comprehensive approaches

—Lonnie R. Snowden, Ph.D.

to develop a strategy to move the system to the next level of cultural competence.

On February 6-7, 2002, the California Mental Health Directors Association devoted its quarterly conference to cultural competence but with a unique goal and approach. This convening was not a training, although all participants learned much. Nor was this convening limited to "the choir preaching to the choir." Rather this convening was the setting for an exchange of ideas among directors of local mental health agencies, clients, community based service providers, contract agencies, ethnic services managers, contract agencies, researchers, and the California Department of Mental Health facilitated by the Center for Multicultural Development of the California Institute for Mental Health. Collectively, they addressed the task of identifying the steps needed to move cultural competence from concept to operation and from isolated practice to an embedded systemwide standard of practice.

Cultural competence is never for its own sake... We are interested in cultural competence because it produces better care and therefore better outcomes for our clients.

—Marvin Southard, D.S.W.

Purpose of Proceedings

The primary purpose of this report is to promote positive change in county mental health systems by capturing and memorializing the recommendations for action developed by the mental health directors and other system stakeholders who participated in the Santa Barbara Convening. As with the Convening, this report is not a beginning; it builds on the work of many people who have championed the cause of cultural competence over the past decade.

Issues in Serving Latino Clients

- Disparity in services received
- Heterogeneity of Latino population
- Importance of language barriers

— Steven R. Lopez, Ph.D.

Issues in Serving Asian and Pacific Islander American Clients

- Mental health problems are as prevalent as with other groups
- Cultural and ethnic differences in approach to mental health services – issues of face, shame, and stigma
- Mental health services tend not to be culturally responsive
- Asians in mental health services tend to be more severely disturbed
- Service delivery needs to be in the language of the client

—Stanley Sue, Ph.D.

Issues in Serving American Indian Clients

- County mental health agencies must respect the sovereignty of federally recognized Indian tribes as they collaborate in the planning for mental health services.

—Spero M. Manson, Ph.D.

Nor does this report mark an end point; it points the direction for overcoming barriers faced by county mental health systems and provides the groundwork for developing a consensus among stakeholders for coordinated action.

The Case for Cultural Competence

Culturally competent mental health services are essential to ensuring that all Californians have access to quality mental health care. The rationale for cultural competence is compelling:

- California's cultural and linguistic diversity is increasing rapidly. Currently more than 50 percent of the state's population consists of persons of color. California's diversity will continue to grow through the foreseeable future due to continued immigration and population growth.
- Culture plays an essential role in how clients and their families define mental health and respond to the services offered by mental health providers. Furthermore, there is a complex interrelationship among client culture, gender, age, and sexual orientation and race, ethnicity, and language that must be considered in mental health therapy.
- There are substantial disparities in access to and the effectiveness of mental health services among racial and ethnic populations.
- Historical and enduring personal and institutional racism in the broader society continue to impact the provision of mental health services.
- California's cultural and linguistic diversity is substantially underrepresented in the state's mental health work force, especially in rural areas.
- There is increasing evidence that culturally competent practices result in better mental health outcomes and help to avoid treatment errors.

These factors, and others, are well documented in the Surgeon General's report on mental health and culture race and ethnicity (*Mental Health: Culture, Race, and Ethnicity, Supplement to Mental Health: Report of the Surgeon General*).

Marvin Southard, D.S.W., Mental Health Director, Los Angeles County Mental Health

The Santa Barbara Convening

Convening Framework

The planning for the Santa Barbara Convening was guided by a working group established by the CIMH-CMD. The working group represented all of the principal stakeholder groups important to promoting cultural competence. They designed a Convening agenda to meet two objectives:

- Facilitate a dialogue between local mental health directors and stakeholders to develop strategies for enhancing the cultural competence of California's mental health services.
- Apply the findings of the Surgeon General's Report to California's efforts through the participation of the report's scientific editors.

Stephen W. Mayberg, Ph.D.

The agenda was designed to build on previous discussions, training, and planning related to cultural competence. As a result, the discussions focused on the future, specifically on the resources, tools and strategies counties need to reach their cultural competency goals. The approach acknowledged the ultimate responsibility of counties for the local systems they manage, but also recognized that building culturally competent systems requires participation and contributions from all system stakeholders.

Survey of Mental Health Directors

In order to set the stage for the interaction between mental health directors and system stakeholders, the CIMH-CMD conducted a survey of local mental health agencies. The counties were asked 10 questions that elicited information on:

- Effective practices,
- Assessment strategies,
- Needs and priorities,
- Recommendations for the Convening agenda and format.

Thirty-two counties responded. Their responses indicated the following:

- Counties are engaged in many efforts to promote cultural competence.
- In their efforts to promote cultural competence, counties are at varying stages of development and face a variety of needs and issues.
- There is a need for practical and effective tools and strategies to help to move county systems to the next stage of development.

Three additional themes were consistent across most of the responses:

- Small and rural counties face issues and

Cultural competence is not just political correctness; it's not something we can give lip service to; it's not affirmative action or hiring processes; it's not something that's discrete. Rather, cultural competence is something that must be integrated into our way of thinking

—Stephen W. Mayberg, Ph.D., Director
California State Department of Mental Health

constraints substantially different from those faced by larger counties. A discussion of cultural competence in small and rural counties is attached as Appendix A.

- Survey respondents expressed a need to define concrete action steps that counties can follow to promote cultural competence. Many local mental health agencies would benefit from the guidance a roadmap or template could provide, while recognizing that, in many respects, counties are unique.
- Survey respondents expressed a need to identify promising, best, and proven practices in all of the priority issue areas. In combination, practices and templates would help counties to invest in reviewed or tested strategies rather than having to conduct their own research and development locally.

Survey respondents also identified five priority areas of system operations in which improvements are needed to increase the overall level of cultural competence of county mental health systems:

- Embedding cultural competence into the mental health systems and programs.
- Client and community engagement and participation.
- Clinical tools and tools for the assessment of organizations and individual clinicians.
- human resources policies and strategies.
- Training.

These topics also provided the framework for stakeholder discussion during the Convening and for the development of recommendations.

Surgeon General's Report

The Surgeon General's Report and the presentations of its the scientific editors provided the conceptual and research foundation for the deliberations of the convening participants. During the convening, the editors shared the key findings of the various sections of the report and offered their advice to the convening participants on how to implement the report's recommendations.

Convening Format and Agenda

The planning process and county survey set the stage for the direction of the convening and its focus on local mental health systems as a nexus for promoting culturally competent mental health services. Over the course of the two-day meeting, participants heard from mental health clients, the scientific editors, and advocates. They witnessed the interactions of a twelve-person panel representing mental health directors, clients, researchers, contract agencies, and ethnic services managers.

They came together in five working groups that generated specific recommendations in the five areas of system operations for

Elizabeth W. Pfromm, M.S., M.P.A., Executive Director, Los Angeles Child Guidance Clinic

moving the implementation of cultural competence to the next level in local mental health systems. These working groups brought the full range of mental health system stakeholders to the discussion of the five issue areas. The process generated discussions that were rich in ideas that fully reflected the diverse cultures and mental health system stakeholder roles represented at the Convening.

The entire Convening, from its opening presentations by mental health clients to its closing by Stephen Mayberg, Ph.D., Director of the California State Department of Mental Health, was a continuous dialogue between local mental health directors and other stakeholders, within the community of local mental health directors, and among advocates for cultural competence.

The highlights of these discussions are incorporated throughout the Findings and Recommendations section that follows.

Keys to Creating Systemic Change

1. Listen proactively to the voices of local consumers and communities representing diversity. Actively engage them in the work of local mental health systems.
2. Involve, integrate, and infuse the role of Ethnic Services Managers throughout the local mental health agency.
3. Build partnerships around diversity with education institutions, funders and others.
4. As programs are created or updated, incorporate considerations of cultural competency and accountability in initial design and development stages.
5. Eliminate silos related to cultural competence. Work collaboratively across programs, departments, and disciplines in your county.
6. Ensure that cultural competence is embedded in all the structures of your organization. Make sure that all workers understand the role of cultural competence in their work.

—Matthew R. Mock, Ph.D.

Convening Recommendations

The recommendations developed during the Convening are reported in the following sections of this report. Overall, the recommendations address actions, policy and practice changes, resource allocations, and the development and application of tools that would promote cultural competence in California's mental health system, and especially in county mental health agencies.

The formal recommendations of the Convening were developed through the deliberations of the five working groups and were presented in the reports of the working groups to the full body of Convening participants.

In addition, throughout the Convening, researchers and stakeholders offered advice on how California's mental health systems should proceed to enhance cultural competence. These recommendations, as well as issues that were raised during the working group discussions, are incorporated throughout the discussion presented in the Findings and Recommendations section that follows.

While this report has attempted to capture the full range of the rich discussion and recommendations of the Convening, it is the formal recommendations that are highlighted and provide the primary basis for future actions.

Rachel Guerrero, L.C.S.W., Chief, Office of Multicultural Services, California Department of Mental Health

No one entity can make a difference on its own. It [cultural competence] requires collaboration. It's all about relationships. Relationships are central to health and health care.

—Spero M. Manson, Ph.D.

Accordingly, the recommendations brought forward in these proceedings were selected from a much more extensive set of observations and suggestions. Those recommendations highlighted below meet the following selection criteria:

- The recommendations are drawn from the survey of California mental health directors, and deliberations and reports of the Convening's working groups and are focused on moving cultural competence in California county mental health systems to the next level.
- They are feasible, have high potential for generating immediate impact or rapid change, and address an immediate priority of local mental health agencies.
- They are sufficiently specific to guide action and allow for future evaluation but broad enough to encompass a variety of specific actions that can be undertaken by stakeholder organizations.
- They were developed by experts, local mental health directors, consumers, ethnic service managers, contract agencies, and other stakeholders who were involved in creating the products of the Convening.
- They are designed to guide the efforts of the Center for Multicultural Development and other organizations, associations, and stakeholders to support the enhancement of cultural competence in local mental health systems.

Targets for Recommendations

CIMH-CMD	California Institute for Mental Health—Center for Multicultural Development
DHM	California Department of Mental Health
CMHDA	California Mental Health Directors Association
CCCMHA	California Council of Community Mental Health Agencies
ESM	Ethnic Services Manager
Funders	Philanthropic and government entities that can provide resources for the accomplishment of the recommendation

"Consumers are a powerful agent of change."

—Alice J. Washington

II. FINDINGS AND RECOMMENDATIONS

The findings and recommendations presented below were developed from three sources:

- The results of the survey of mental health directors.
- The presentations of the scientific editors, consumers, and members of the panels conducted at the Santa Barbara Convening.
- The products of the deliberations of the work groups including both their formal recommendations and their informal discussions.

Not all recommendations proposed and discussed during the Convening are incorporated in this section. Priority was given to those recommendations that appeared to represent broad consensus, were formally recommended by the work groups, and are likely to be accomplished in the relative near term (within three years).

"Ask us [consumers] what we want... It is easier for us to tell you what we want than for you to guess about the things you think we should have."
"I don't speak for every African American or every consumer. Ask quite a few people [for their input]."

—Erma Kendrick

Panel of Scientific Editors and Stakeholders

The presentations by the scientific editors and the panel of stakeholders raised a variety of issues vital to the promotion of cultural competence in California. While the presenters brought different perspectives to the issue of cultural competence, there was a clear consensus that *it is now time for California's mental health system to move to the next level of cultural competence.* California has made considerable progress in understanding the importance of cultural competence, adopting cultural competence as an important value and goal, and providing the conceptual basis for work in this area. Additionally, many local mental health agencies and community-based agencies have developed services and programs that are very successful in addressing the needs of diverse communities. However, barriers remain for California's overall mental health system and many of its local agencies in operationalizing the tenets of cultural competence.

In order to move to the next level, the scientific editors and stakeholder panel recommended the following:

Sylvia Aguirre-Aguilar, Executive Director, El Hogar Mental Health and Community Services Center

Keys to Engaging Consumers

- Provide transportation.
- Pay a stipend.
- Hold meetings at a time convenient for participating consumers.

—Erma Kendrick

1. *Counties must continue to strengthen their efforts to promote cultural competence.* Progress depends in large measure on the leadership and commitment of local mental health agencies and their leaders. In times of budget limitations, this may require high levels of creativity and a willingness to re-examine current budget allocations.
2. *Effective engagement of clients and communities are core components of culturally competent systems and organizations.* The perspectives and knowledge of clients and community members are vital elements in the development, implementation, and evaluation of culturally competent mental health services.
3. *Collaboration among system stakeholders is essential.* California's mental health system represents a complex set of interdependent relationships involving:
   - Clients, family members, and communities;
   - County mental health agencies, ethnic services managers (ESM), community based organizations, advocates, private providers, and medical care providers;
   - State and local agency directors and legislative and executive policy makers; and,
   - Academicians and researchers.
4. *The efforts of researchers and practitioners must become more collaborative in the promotion of cultural competence.* Both practitioners and researchers agreed that more mental health research is needed to be grounded in practice and in the reality of communities and that the involvement of communities, and practitioners in the definition and conduct of that research is an important goal.
5. *Addressing stigma must be given high priority.* Progress in promoting cultural competence and reducing disparities among diverse populations of clients depends in large measure on the ability of mental health systems to reduce stigma.
6. *The role of ethnic services managers (ESM) must be strengthened.* Historically, ethnic services managers have made major contributions to the development of culturally competent systems of care. Collectively, they have been sources of expertise on cultural competence, facilitators for building connections with diverse communities, organizational coaches and cheerleaders, and resources for internal accountability. Their role needs to be further developed and integrated into the decision making of County Mental Health Agencies.

From left, Erma Kendrick, Executive Director, Kern County Mental Health Association, and Matthew R. Mock, Ethnic Services Manager.

Work Group Recommendations

This section presents the recommendations developed by the five Convening work groups. For each of the five topics, a vision statement is presented that frames the discussion and recommendations. The vision statement and the presentation of issues are drawn from the discussions of the work group, the Convening presentations, and the panels. Also provided for each recommendation is a list of the agencies and organizations tasked to address it.

1. Embedding Cultural Competence into Mental Health Systems and Programs

Vision: *Policies and practices throughout mental health organizations reflect considerations of cultural competence; management and administrative practices promote cultural competence in clinical services and the development of cultural competence throughout the organization; and, the development or restructuring of organizational components, policies, and practices incorporate explicit attention to issues of cultural competence.*

Issues

One of the most significant challenges to enhancing cultural competence in local mental health systems is the ad hoc nature of many of the programs designed to accomplish this goal. Cultural competence strategies are frequently viewed as program appendages and subject to the availability of special funding. In addition, new programs and policies are often developed with cultural competence considered only as an afterthought. Strategies for embedding cultural competence are intended to address these issues.

Embedding cultural competence in a mental health agency requires that:

- Organizational policies and operations contribute to the promotion of cultural competence.
- Efforts to promote cultural competence are sustained over time.
- Cultural competence is infused into outcome measures and quality indicators.

Convening participants and mental health agencies that responded to the survey suggested a variety of strategies for promoting the embedding of cultural competence throughout an organization. These strategies included:

- Developing and expressing leadership commitment to cultural competence.
- Breaking-down silos by removing communications and learning barriers among organization units.
- Ensuring significant involvement of clients and family members.
- Providing sufficient and secure long-term funding and resources.
- Creating opportunities for continuous learning and quality improvement.
- Establishing a central point of coordination for promoting cultural competence throughout the organization.

Recommendations

1. Develop a clearinghouse of best practices addressing promoting cultural competence in organizations. (CIMH-CMD/CMHDA/ESMs/funders)
2. Support development of accountability systems in mental health agencies that assess the progress of the organization and its clinical services in increasing cultural competence. (DMH/CMHDA/funders)

William Arroyo, M.D., Medical Director for Children's Services, Los Angeles County Mental Health

3. Develop leadership programs in cultural competence for mental health agency managers and ethnic services managers. (CIMH-CMD)

2. Client and Community Engagement and Participation

Vision: *A mental health system in which the perspectives and experiences of clients and family members are respected and incorporated in all aspects of program design, delivery, and evaluation; clients are trained and employed as paid staff in outreach, education, and service delivery; and, community perspectives are solicited and actually inform the policies and operations of local mental health systems.*

Issues

The engagement of clients and communities in mental health services is fundamental to the delivery of culturally competent services and to ensuring access to diverse communities. Client and community engagement encompasses a number of dimensions:

- Client participation in his/her own therapy.
- Client and family participation in the planning and assessment of mental health services.
- Client employment in the delivery of mental health services.
- Community education and information sharing to increase understanding of mental health and access to mental health services and to address stigma.
- Engagement of community representatives in the planning and assessment of mental health services.

Convening participants also emphasized the importance of recognizing the heterogeneity of clients and communities and avoiding tokenism in their engagement. In addition to race, ethnicity, and language diversity, considerations of age, gender, sexual orientation, and other factors will help provide an agency with a full range of perspectives from key stakeholders.

Convening participants also pointed out that mental health systems should employ community members and clients in a variety of capacities including community outreach and education and mental health therapy. Given the barriers of county civil service regulations, many agencies find it difficult to hire consumers directly as county employees. Therefore contract agencies often provide important avenues for consumer employment in mental health systems.

Convening participants also identified a number of barriers to effective community and client engagement. Mental health directors noted that outreach activities are not reimbursable through Medi-Cal and other funding streams. Consumers pointed to limited access to transportation and meetings being held at times inconvenient to community members.

Recommendations

1. Identify and disseminate best practices in the employment of clients as mental health agency employees in outreach, education, therapy, and administrative positions. (CIMH-CMD)
2. Develop state funding policies that allow for support for the involvement of clients and community members with mental health agencies. (CMHDA/DMH)
3. Provide resources for outreach and engagement by providing grant funding or by allowing state Medi-Cal reimbursement for these activities. (CMHDA/DMH/funders)

3. Clinical Tools and Organization and Clinician Assessment

Vision: *Mental health agencies have evidence-based tools and techniques to conduct culturally competent client assessments and therapy and to assess the cultural competency of their providers and organizations.*

Clinical Tools—Issues

Local mental health agencies have high demand for culturally appropriate clinical tools for client assessment and therapy. While a number of tool development efforts are underway, they need to be supported with sufficient resources to accelerate their development and testing.

Several issues were prominent in the discussion of clinical tools, including:

- The clinical assessment of clients should take into account the environments in which they live.
- It is important to look at existing tools and build on current efforts. This requires development of a compendium of evidence-based practice information.
- Practitioners need tools that are appropriate for or can be modified to address needs of increasingly diverse populations.
- Research and practice are often disconnected. Practitioners are not always current in the literature of cultural competence and published research frequently has little relevancy to the needs of practitioners.

Assessment of Cultural Competence of Clinicians and Organizations

The assessment of cultural competence should be undertaken by local mental health agencies on the following levels:

- Individual clinician.
- Service and organization.

Individual Clinician Assessment Issues: While the survey of local mental health agencies revealed that several agencies use tools for assessing the cultural competence of individual clinicians, most have not been able to develop or locate

Esther Castillo, L.C.S.W., Mental Health Director, Yolo County Alcohol, Drug & Mental Health Services

appropriate instruments. Convening participants identified a number of issues related to the assessment of the cultural competence of individual clinicians. These included:

- Assessment tools are needed because worker/community parity is unlikely to be achieved in the foreseeable future and even bilingual/bicultural clinicians are not necessarily culturally competent.
- Objective measures of cultural competence are needed to increase understanding of requirements among clinicians and ensure that all clinicians are evaluated by the same set of standards.
- Organizations need to establish an environment in which providers view feedback as a necessary tool for improved performance.
- Tools are needed to measure the effectiveness of cultural competence training for clinicians.

Services and Organizational Assessment Issues: Survey respondents and Convening participants gave high priority to the development and validation of tools for the assessment of the cultural competence of mental health agencies and the services they provide. Several issues were raised related to services and organizational assessment:

- Researchers should extend their research to the organizational level, examining the contribution of organizational cultural competence to client outcomes.
- Existing measures and tools should be collected and evaluated to avoid duplicating past efforts.
- Cultural competence assessments should be used to identify best practices in both service delivery and organizational development.
- Assessments of cultural competence should be extended to examine all of the services mental health clients receive including case management, case assessment, and physician-only delivered services.

Recommendations

1. Support the development and testing of tools to assess the cultural competence of clinicians. (DMH/CIMH-CMD/funders)
2. Develop and validate tools to assess cultural competence at the organizational level for mental health agencies. (DMH/CMHDA/CCMHA/CIMH-CMD)
3. Establish a task force to identify and assess available tools designed to assess the cultural competency of clinicians; identify the agencies currently using these instruments; and, compile the results in a clearinghouse. (DMH/CMHDA/CIMH-CMD)
4. Assess system commitment to cultural competence by determining if cultural competence is integrated into initiatives addressing mental health's "Hot Topics." (CMHDA)

4. Human Resources

Vision: *The staff of all components of the mental health system reflects the diversity of the populations served; culturally competent providers and administrative staff are recognized and rewarded; and, youth from diverse communities are provided with pathways to access careers in the mental health field.*

Issues

Workforce diversity is a key element of culturally competent mental health services. Yet, California's mental health system workforce falls far short of reflecting the diversity of California's population or the population it serves. Respondents to the survey of mental health agencies identified the recruitment and retention of diverse staff as a significant challenge in their attempts to create more culturally competent staffs.

The Convening participants identified a number of strategies to increase the diversity of the mental health workforce, including:

- Increasing the numbers of diverse students in mental health academic pipelines from elementary and secondary school through graduate school and supporting their involvement through mentoring and internships.
- Promoting retention of mental health workers through improvements in the work environment and reduction of the stigma often associated with the profession.
- Increasing the numbers of culturally competent mental health workers by employing consumers and community members from diverse communities.
- Reducing administrative barriers to a diverse workforce through increasing licensing reciprocity with other states, reducing the barriers to the employment of qualified immigrant mental health workers, and reducing the bureaucratic barriers to rapidly hiring skilled staff.
- Ensuring that the level of skills sought for a position is consistent with the level of work the position is required to perform, thereby allowing more clients and community members to be employed in appropriate positions in the mental health system.

Recommendations

1. Identify and disseminate best practices of the hiring of consumers and family members through contracts with community agencies. Identify and reduce barriers to the expansion of this practice. (CIMH-CMD)
2. Provide training and technical assistance to assist counties to promote retention of mental health workers. (CIMH-CMD/DMH)
3. Develop financial support and public relations campaigns to attract high school and college students from diverse communities into mental health careers. (DMH/funders)

5. Training

Vision: *Cultural competence is incorporated into all training plans and embedded in all training courses; standards for effective cultural competence training are developed, tested, and adopted; the effectiveness of training efforts is determined through evaluation; and, a system for evaluating and certifying trainers is established.*

Issues

Training is arguably the most important tool for the dissemination of cultural competence knowledge techniques, and values in mental health organizations. Notwithstanding the considerable investment organizations have made in cultural competence training, several needs remain:

- There is no coordinated mechanism to assess trainers and identify qualified trainers to mental health agencies.

- Training curriculum and requirements are not validated nor standardized.
- Strategies are needed to assess the relationship between training and enhanced cultural competence for both individual clinicians and organizations.
- Training curricula need to be developed for consumers, family members, and community members.

Recommendations

1. Compile and assess current mental health cultural competence training practices in California. (CIMH-CMD)
2. Assess mental health programs to identify proven, promising, and best clinical and organizational practices. Develop training programs around these practices to foster their diffusion throughout California. (CIMH-CMD)
3. Integrate cultural competence into social work and other professional training. (Funders)
4. Establish a process for identifying and certifying cultural competence trainers. (CIMH- CMD/CMHDA/DMH/ESM)
5. Develop strategies for evaluating training and determining the effectiveness of training in increasing the cultural competence of individuals and organizations and in promoting effective services. (CIMH-CMD/CMHDA/DMH/ESM).

Science editors, *Surgeon General's Report.* From left, Spero M. Manson, Ph.D., Professor and Head, American Indian and Alaska Native Programs, Department of Psychology, University of Colorado Health Services Center, Denver; Steven R. Lopez, Ph.D., Professor, Department of Psychology, University of California, Los Angeles; Lonnie R. Snowden, Ph.D., Center for Mental Health Research, Professor, School of Social Welfare, University of California, Berkeley; Stanley Sue, Ph.D., Professor, Departments of Psychiatry and Psychology, Director, Asian American Studies Program, University of California, Davis.

III. CONCLUSION AND NEXT STEPS

The Santa Barbara Convening of February 2002 was significant in both its process and its products. The testimonials of clients, presentations of the scientific editors of the Surgeon General's Report and the dialogue among stakeholders modeled a process of engagement that was intrinsically valuable.

Additionally, the recommendations developed by Convening participants reflect the full role diversity of mental health stakeholders. These recommendations are intended to promote progress by:

1. Providing a foundation for the development of the strategic plan for the CIMH-CMD.
2. Helping to establish an agenda for collaboration among stakeholders to promote cultural competence.
3. Serving as an expression of consensus on policy and funding priorities.

The wealth of information generated by the Convening will also assist the CIMH-CMD, in partnership with other organizations, to develop a Framework for Cultural Competence in Public Mental Health Agencies. The goal of this Framework is to provide guidance to local mental health agencies as they work to enhance the cultural competence of their systems.

The ultimate value of the work produced at the Santa Barbara Convening, however, will be measured by the longevity of the effort it initiated. Too often, conferences become end points, rather than transit points to higher-level efforts. It is the intent of the CIMH-CMD to build on the products of the Convening; to have the recommendations guide its work and to provide an agenda for its continued dialogue among stakeholders; to revise the recommendations as needed; and to shift priorities when goals are met. To this end, the CIMH-CMD has committed itself to the following course of action:

- Engage key stakeholders around these recommendations to encourage formal support and to continue the process used in the Convening to generate consensus on priorities.
- Establish an accountability process in order to report back to stakeholders on the progress made towards accomplishing recommendations.
- Rapidly begin work on recommendations of opportunity by identifying good and promising practices and research efforts, publishing reports, conducting training, and creating working groups to attack specific problems.
- Seek funding and support the funding requests of other stakeholders to acquire the resources needed to accomplish these recommendations.

While it is clear that no single organization can accomplish these goals, the Santa Barbara Convening demonstrated what can be accomplished when counties, clients, the State, researchers, CBOs, associations and other stakeholders work collaboratively to enhance the cultural competence of California's local mental health systems.

Appendix A

Promoting Cultural Competence in Small and Rural County Mental Health Systems

The special circumstances of small counties were a clear theme of the responses to the local agency survey and were echoed throughout the deliberations of the Santa Barbara Convening. In response to the interest in this topic, the CIMH-CMD convened a meeting of representatives from small and rural counties at the subsequent CMHDA meeting in Los Angeles.

Notwithstanding the unique and sometimes limiting environment in which the mental health agencies of small and rural counties work, directors of these agencies expressed strong support for promoting cultural competence in their counties, for the following reasons:

- The diversity of populations of many rural counties is increasing rapidly.
- All people have cultural characteristics that must be taken into account in the delivery of mental health services.
- The tools of cultural competence are valuable in ensuring quality services for all people.
- People of color, recent immigrants, and limited English speaking residents in small and rural counties tend to have relatively low socioeconomic status and high risk for isolation from needed services.
- Small rural counties are less successful in attracting bilingual and bicultural mental health workers and so must rely on cultural competence training and employment of community workers and clients to build capacity to serve their increasingly diverse populations.
- Mental health systems in rural counties must be especially creative and persistent in their outreach efforts. Small counties are likely to have fewer agencies that make mental health referrals, primary care health systems with limited accessibility, and lower levels of awareness of the availability of mental health services among low-income communities.

"Represent the unique problems faced by rural Counties, which do not have the staff or resources dedicated to cultural competency as in the larger communities."
"I know in my discussions with them (my peers) that many do not see cultural competence as being useful, but as one more demand being made on them. This is especially true for small Counties who have no threshold ethnic groups."

—Survey Respondents

As representatives from small counties stated, while small counties are each unique, collectively they face special circumstances that influence their ability to enhance the level of cultural competence of their mental health systems. On the positive side, many small counties have not achieved the level of population diversity of larger counties. This provides them with more time to adapt to increasing diversity and to learn from counties that preceded them. However, small counties do face significant challenges:

1. *Staffing:* Although recruitment of culturally and linguistically diverse staff is difficult for most county agencies, the barriers are particularly difficult for small counties that cannot match urban salaries or offer the same degree of community diversity.
2. *Funding:* Small county agencies have smaller budgets, which reduce their flexibility to allocate funds to programs tailored specifically for particular ethnic communities.
3. *Community:* Smaller counties tend to have populations that are not as diverse as their larger counterparts. Additionally, the political climate in small counties tends to be less supportive to multicultural approaches to mental health services.

A group of mental health directors from small and rural counties recommended the following steps as part of a comprehensive approach to building cultural competence in small county mental health systems:

- Increase knowledge of and involvement of the communities served. With scarce resources, it is important to target services and strategies for maximum impact.
- Build linkages to other sectors and organizations in the county, especially law enforcement and providers of primary medical care.
- Reduce human resources barriers to recruiting, retaining, and hiring qualified bilingual, bicultural staff.

In response to these goals and special circumstances, the mental health directors from small counties identified the following priority needs to support their efforts to enhance the cultural competence of mental health services in their counties:

- Affordable, accessible interpreter services.
- Increased access to cultural competence training.
- Video conferencing for distance learning.
- Clinical and organizational assessment tools.

Recommendation

Given the importance of cultural competence and the unique circumstances of small and rural counties, it was the consensus of the conference that CIMH-CMD, CMHDA, and DMH give priority to identifying tools and strategies for promoting cultural competence that are specially adapted for in small and rural counties.

Appendix B

The CIMH Center for Multicultural Development

The California Institute for Mental Health (CIMH) is a non-profit public interest 501 (c) 3 corporation established in 1993 for the purpose of promoting excellence in mental health services through training, technical assistance, research and policy development. CIMH is dedicated to increasing awareness and improving services for people with mental health related problems. The Institute was established by California's county mental health directors, who serve as members of the Board of Directors along with consumers, family members, and public interest representatives, to provide a center to support locally delivered, publicly funded mental health services through collaboration with all system stakeholders.

In June 1999, the Board of Directors of California Institute for Mental Health voted unanimously to support the development of a Center for Multicultural Development (CMD) within CIMH. Through this decision, the Board reinforced the commitment of CIMH to address the implications of the growing diversity of California's population and the imperative to create mental health systems of care, which are inclusive, accessible, and culturally appropriate. The development of the Center for Multicultural Development will advance the mission, values, and goals of CIMH. The decision also reflects the Board's belief that cultural competence is an essential characteristic of effective publicly funded mental health systems, requires the adoption and integration of supporting policies, skills and behaviors in all aspects of the mental health system, and must be integrated into all CIMH activities and functions.

The Center is designed to promote the cultural competence of publicly funded behavioral health systems and ensure the integration of cultural competence into policy development, research, training, technical assistance, and other activities and products of CIMH. The Center for Multicultural Development will provide technical assistance to support the development of culturally competent systems of care, and disseminate educational materials and products in multiple languages, which can be used by local systems of care, providers, consumers, and community members, conduct and facilitate training in cultural competence. Other priorities are research, development, and dissemination of policy recommendations and the development of guidelines that promote the overall cultural competency of public behavioral health care systems. The Center plans to coordinate research that uses county data to maximize the applicability of results to the needs and concerns of public systems of care and their clients and dissemination of information on best practices, results of county studies and the findings of other research.

CIMH's cultural competence Advisory Committee was formed as a subcommittee of the Board of Directors, and is guiding CIMH's efforts to adapt all our organization's programs and organizational structures to reflect cultural diversity.

Appendix C

Recommended Standards for Culturally and Linguistically Appropriate Health Care Services Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda

Based on an analytical review of key laws, regulations, contracts, and standards currently in use by federal and state agencies and other national organizations, these proposed standards were developed with input from a national advisory committee of policymakers, providers, and researchers. In the [full report], each standard is accompanied by commentary that addresses its relationship to existing laws and standards, and offers recommendations for implementation and oversight to providers, policymakers, and advocates.

Preamble

Culture and language have considerable impact on how patients access and respond to health care services. To ensure equal access to quality health care by diverse populations, health care organizations and providers should:

1. Promote and support the attitudes, behaviors, knowledge, and skills necessary for staff to work respectfully and effectively with patients and each other in a culturally diverse work environment.
2. Have a comprehensive management strategy to address culturally and linguistically appropriate services, including strategic goals, plans, policies, procedures, and designated staff responsible for implementation.
3. Utilize formal mechanisms for community and consumer involvement in the design and execution of service delivery, including planning, policymaking, operations, evaluation, training and, as appropriate, treatment planning.
4. Develop and implement a strategy to recruit, retain and promote qualified, diverse and culturally competent administrative, clinical, and support staff that are trained and qualified to address the needs of the racial and ethnic communities being served.
5. Require and arrange for ongoing education and training for administrative, clinical, and support staff in culturally and linguistically competent service delivery.
6. Provide all clients with limited English proficiency (LEP) access to bilingual staff or interpretation services.
7. Provide oral and written notices, including translated signage at key points of contact, to clients in their primary language informing them of their right to receive no-cost interpreter services.
8. Translate and make available signage and commonly-used written patient educational material and other materials for members of the predominant language groups in service areas.
9. Ensure that interpreters and bilingual staff can demonstrate bilingual proficiency and receive training that includes the skills and ethics of interpreting, and knowledge in both languages of the terms and concepts relevant to clinical or non-clinical encounters.

Family or friends are not considered adequate substitutes because they usually lack these abilities.

10. Ensure that the clients' primary spoken language and self-identified race/ethnicity are included in the health care organization's management information system as well as any patient records used by provider staff.
11. Use a variety of methods to collect and utilize accurate demographic, cultural, epidemiological and clinical outcome data for racial and ethnic groups in the service area, and become informed about the ethnic/cultural needs, resources, and assets of the surrounding community.
12. Undertake ongoing organizational self-assessments of cultural and linguistic competence, and integrate measures of access, satisfaction, quality, and outcomes for CLAS into other organizational internal audits and performance improvement programs.
13. Develop structures and procedures to address cross-cultural ethical and legal conflicts in health care delivery and complaints or grievances by patients and staff about unfair, culturally insensitive or discriminatory treatment, or difficulty in accessing services, or denial of services.
14. Prepare an annual progress report documenting the organizations' progress with implementing CLAS standards, including information on programs, staffing, and resources.

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Appendix D

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Appendix E

Cultural Competence Web Sites

Organization Name	Web Site and Description
American College of Physicians	**www.acponline.org/journals/annals/15may96/cultcomp.htm**
American Public Health Association	**www.apha.org**
Asian & Pacific Islander American Health Forum	**www.apiahf.org** A cooperative agreement with the Office of Minority Health and the Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services established the Asian and Pacific Islander Health Information Network (APIHIN) in 1995. The purpose of APIHIN is to create a network for disseminating and sharing health information, resources and policy issues among individuals and organizations that provide health services to the Asian and Pacific Islander American (APIA) communities.
Asian Health Services	**www.ahschc.org**
Association of American Indian Physicians	**www.ionet.net/~aaip**
Association of Clinicians for the Underserved	**www.clinicians.org**
Bettering the Health of Minority Americans: The Commonwealth Fund	**www.cmwf.org/programs/minority/index.asp**
Black Health Network	**www.blackhealthnet.com**
California Endowment	**www.calendow.org** Excellent annotated bibliography on diversity related topics on Publication's page.

Organization Name	Web Site and Description
CensusMreau (minority facts)	**www.census.gov/pubinfo/www/hotlinks.html**
Center for Cross Cultural Research	**www.ac.wwu.edu/~lonner/cross_culture.html** Focus on teaching and contributions to curriculum, research and scholarship, and publications in cross-cultural psychology.
Center for Cross-Cultural Health	**www.crosshealth.com** The Center is also a research and information resource. Through information sharing, training and research, the Center works to develop culturally competent individuals, organizations, systems, and societies.
Center for Immigration Studies	**www.cis.org** Links to: other immigration-related sites, other research organizations, government agencies in the United States, publications, advocates, foreign government agencies, other overseas sites.
Center for Research on Ethnicity, Culture and Health	**www.sph.umich.edu/crech/index.html** Established in 1998, provides a forum for basic and applied public health research on relationships among ethnicity, culture, socioeconomic status and health. The Center seeks to develop new interdisciplinary frameworks for understanding these relationships while promoting effective collaborations among public health academicians, health providers, and local communities.
Centers for Disease Control and Prevention	**www.cdc.gov**
Closing the Gap	**http://closing-the-gap.com**
Cross Cultural Health Care Program	**www.xculture.org** National leaders in training medical interpreters and educating health care professionals in cultural competency issues.

Organization Name	Web Site and Description
Diversity Rx	**www.diversityrx.org** Promotes language and cultural competence to improve the quality of health care for minority, immigrant, and ethnically diverse communities. DiversityRx is a Health and Human Services sponsored project to evaluate federal, state, and private sector measures of linguistic and cultural competence. This is the site that champions national standards for medical interpreters.
Ethnicity and Health	**www.tandf.co.uk/journals/carfax/13557858.html** **www.iun.edu/~libemb/trannurs/trannurs.htm** Ethnicity and health journals.
Harvard School of Public Health	**www.hsph.harvard.edu/hsb207b/readings.html#three** Excellent bibliographies on race and racism "race" & Racism — HSB 207b Department of Health & Social Behavior, Fall, 1996, Course Instructor: Camara Phyllis Jones, M.D., M.P.H., Ph.D.
Health Care For All	**www.hcfa.org**
Healthy People 2010	**www.health.gov/healthypeople**
Hispanic Health Council	**www.hispanichealth.com**
Immigrant Health Web Sites	**mcrcr4.med.nyu.edu/NYTFIH/sites.htm** Links to Immigrant Health Web Sites from the New York Task Force on Immigrant Health.
Indian Health Service	**www.ihs.gov**
Institute for African-American Health	**www.applicom.com/iaah**

Organization Name	Web Site and Description
Latino Health Institute	**www.lhi.org**
Kaiser Family Foundation	**www.statehealthfacts.org** Compilation of state health data including minority health information.
National Association of Community Health Centers	**www.nachc.com**
National Caucus & Center on Black Aged	**www.ncba-blackaged.org**
National Center for Cultural Competence	**http://www.georgetown.edu/research/gucdc/nccc/** Pioneer organization in the field of cultural competence. Produces a steady stream of valuable resources.
National Center for Farmworker Health	**www.ncfh.org** Migrant Health Newsline of the National Center for Farmworker Health.
National Coalition of Hispanic Health and Human Services Organizations	**www.cossmho.org**
National Hispanic Medical Association National Latina Health Organization	**http://home.earthlink.net/~nhma/index.html** **http://latino.sscnet.ucla.edu/women/nlho**
National Medical Association	**www.natmed.org**
National MultiCultural Institutes	**www.nmci.org** The National MultiCultural Institutes' mission is to increase communication, understanding and respect among people of different racial, ethnic and cultural backgrounds, and to provide a forum for discussion of the critical issues of facing our society. They accomplish this through tri-annual conferences in February, and November and through individualized training and consulting programs.

Organization Name	Web Site and Description
Office of Minority Health Resource Center	**www.omhrc.gov/welcome.htm**
President's Initiative on Minority Health	**http://raceandhealth.hhs.gov**
Stanford University Geriatric Education Center	**www-leland.stanford.edu/dept/medfm/gec/page1.html** Multidisciplinary ethnogeriatric education, focusing on faculty development, training for health care providers, research, and policy analysis.
State University of New York Institute of Technology	**www.hslib.washington.edu/clinical/ethnomed** The EthnoMed site contains information about cultural beliefs, medical issues and other related issues pertinent to the health care of recent immigrants; also contains Ethnic Medicine Guide from Harborview Medical Center, University of Washington. Contains a Resource Bibliography In Cross Cultural Nursing, 1998, by Melinda Mich and Noel Chrisman, University of Washington.
Texas Department of Health	**www.baylor.edu/~Charles_Kemp/refugee_health.htm** Contains information on refugee health and resettlement.
Transcultural and Multicultural Health Links	**www.lib.iun.indiana.edu/trannurs.htm** This site is a must for health profiles of various groups.
Transcultural and Multicultural Health Links	**www.iun.edu/~libemb/trannurs/trannurs.htm** Table of Contents includes: Health Profiles | Government Offices | Essays and Surveys | Bibliographies | Related Links | Methods | Usenet | Amish| Buddhist | Christian Science | Hindu | Islam | Jehovah Witness | Judaism| Mormon | Quaker | African American | Alaskans, Native | Asian and Pacific Islanders | Chinese | Cambodian | Hispanic | Hmong | Indian | Japanese |Korean | Native American | Thai | Tibetan | Vietnamese | Women | Gay, Lesbian, Bisexual |

Organization Name	Web Site and Description
Transcultural Nursing Society	**www.tcns.org** About the society, its purposes, and how to join.
U.S. Department of Agriculture	**www.nal.usda.gov/fnic/pubs/bibs/gen/cultural.html** Cultural perspectives on food and nutrition.
U.S. Mexican Border Health	**http://158.72.105.163/borderhealth**
Udall Center for Studies in Public Policy	**http://udallcenter.arizona.edu**
University of Pennsylvania Health Systems—Cultural Competence for Health Systems	**www.uphs.upenn.edu/aging/diverse/direct.shtml** Ethnicity and aging.

Appendix F

Convening Participants
California Mental Health Directors
Full Association Thematic Roundtables/Breakout

Assessment/ Clinical Tools

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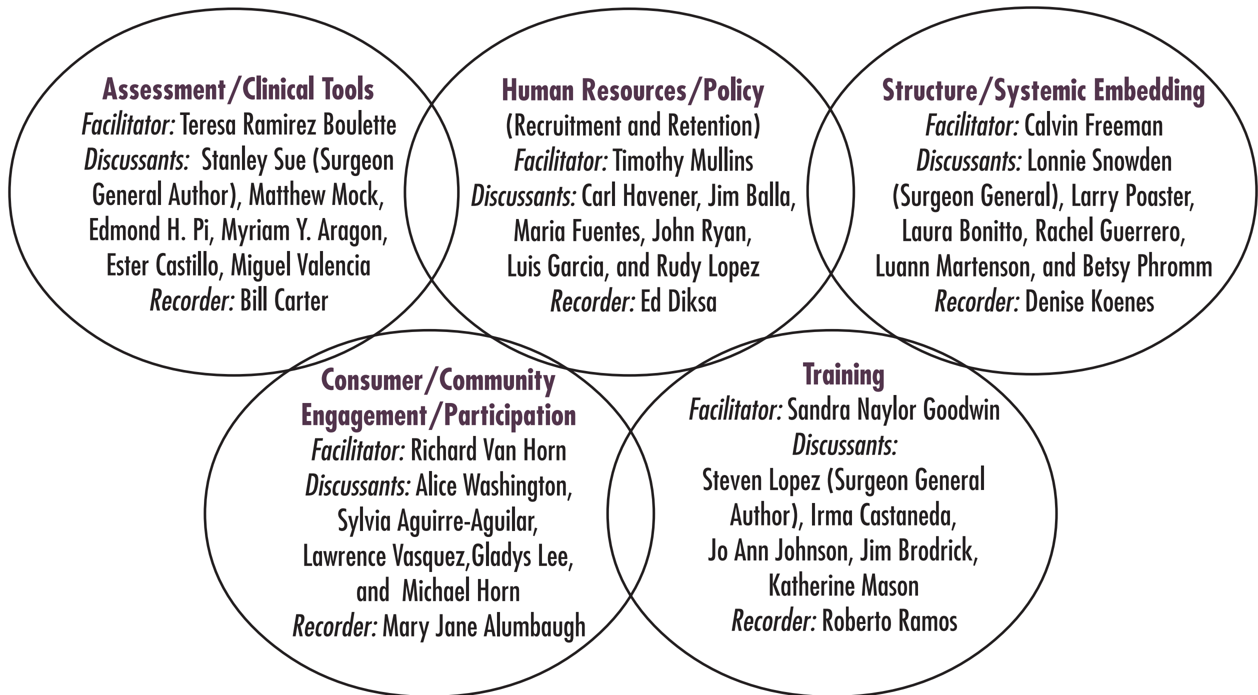
Appendix G

California Mental Health Directors Full Association
Theme: Cultural Competence

Thematic Roundtables/Breakout Groups



The California Mental Health Directors Association is dedicated to the accessibility of quality cost-effective mental health care for the people of California. Principal goals are to advocate for quality mental health systems of care, which are culturally competent, consumer-guided, family-sensitive, and community-based. The California Mental Health Directors Association provides assistance, information, training, and advocacy to the public mental health agencies that are its members.

The California Institute for Mental Health is a non-profit public interest corporation established for the purpose of promoting excellence in mental health. CIMH is dedicated to a vision of a community and mental health services system that provides recovery and full social integration for persons with psychiatric disabilities, ensures culturally competent services and service delivery, sustains and supports families and children, and promotes mental health wellness.

The CIMH Center for Multicultural Development is designed to promote the cultural competence of publicly funded behavioral health systems and ensure the integration of cultural competence into policy development, research, training, technical assistance, and other activities and products of CIMH. Programs will be developed to assist mental health services throughout California to provide culturally appropriate services to meet the needs of diverse populations.

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