CMHEP
COMMUNITY MENTAL HEALTH EQUITY PROJECT

California Department of Health Care Services Cultural Competence Plan Requirements

Contract # 21-10165

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INTRODUCTION

PURPOSE

The Cultural Competence Plan Requirements (CCPR) establishes guiding standards and criteria for ending behavioral health disparities and instilling cultural humility into the entire County Behavioral Health System, inclusive of Medi-Cal services, Mental Health Services Act (MHSA), and Realignment. Every county must develop and submit a cultural competence plan consistent with these CCPR standards and criteria (per California Code of Regulations, Title 9, Section 1810.410). “CCPR” in this document shall mean the county’s completed cultural competence plan submission inclusive of all requirements.

BACKGROUND

The original CCPR (2002)[1] addressed only Medi-Cal Specialty Mental Health Services. In 2010, the CCPR was revised to support full system planning and integration. This revision was more inclusive of mental health services and programs throughout the County Mental Health System. In 2013, the U.S. Department of Health and Human Services published the Enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) in response to a national need to eliminate health disparities through the delivery of culturally and linguistically appropriate healthcare. These standards provide a model that aided counties in framing the criteria as a planning tool for establishing goals, organizational policies, processes, and practices for advancing behavioral health equity.

In this revision of the CCPR (2022), the guidance further aligns with the 2013 Enhanced CLAS Standards by clustering the requirements according to their alignment with the three CLAS themes and 15 standards. This document is intended as a framework from which counties may flexibly operationalize the most current guiding principles related to cultural humility, health equity, antiracism, recovery, and trauma-informed care. These plans address population needs, workforce needs, and utilization of best- and community-defined practices applicable to the diverse populations of California.

Persistent and pervasive systemic barriers to high-quality, culturally responsive care contribute to the disparities experienced among communities of color, people with limited or no English proficiency, LGBTQ+ people, transition age youth, immigrants, refugees and asylees, as well as people who are unhoused, impacted by the criminal justice system, older adults, disabled, or otherwise disenfranchised. This document is meant to serve as an updated guide for County Behavioral Health Plans to assess and identify areas of focus and complete Cultural Competence Plans (CCPs) with due consideration to their specific contextual needs. The CCPR recognizes the varied sizes, geographies, diverse populations, county health systems, workforce capacity, and funding structures that might impact BHP goals and priorities. Ultimately, the newly revised CCPR (20XX) works toward the development of the most culturally and

[1] Department of Mental Health (DMH) Information Notice 02-03

linguistically responsive programs and services to meet the needs of unserved, underserved, and inappropriately served populations in California.

TIMEFRAMES

Title 9, California Code of Regulations, Chapter 11, Medi-Cal Specialty MHS, Article 4, Section 1810.410 (c)-(d) states each Behavioral Health Plan (BHP) shall submit an annual CCPR update consistent with the requirements of this revised CCPR document, consistent with the plan reporting requirements, including the population assessment and organizational and service provider assessments.

To restate this more simply, California law requires that counties submit a CCP **update** every year as directed by this plan. The plan should include information about the county's population, community-based organizations, and behavioral health service providers.

Submission Timeline Guidelines

The revised CCPR (20XX) shall be submitted by each county to DHCS on a staggered three-year cycle. A comprehensive CCP is submitted every three years including goals, priorities, and objectives. An Annual Update is submitted in the interim years, reporting on progress and milestones along identified goals.

REQUIREMENTS

PRIMARY STANDARD

Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

THEME 1: GOVERNANCE, LEADERSHIP, AND WORKFORCE

Standard 2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

Standard 3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.

Standard 4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Rationale: The demographics of the county workforce should be a reflection of the community it serves. Counties should recruit and retain staff that have a strong understanding of the culture and community of the populations they serve. Through governance, leadership, and workforce, the county should strive for equity across all populations.

Workforce development should prepare staff for systems change and addressing systemic barriers to accessing culturally responsive care. In addition, ongoing training should further develop cultural competence skills along with an understanding of how the client has been impacted by their mental health condition, experiences with the behavioral health system, and the stigma of mental illness. Direct service providers who practice cultural humility and provide culturally competent specialty mental health services must possess specific skills, knowledge, and training. Clients bring a set of values, beliefs, and lifestyles that are molded by their personal experiences with their mental health, the behavioral health system, and their cultures, spiritual practices, and social affinities. These personal experiences and beliefs can be used when directing clients to self-help programs, peer advocacy and support, education, collaboration and partnership in system change, alternative behavioral health services, and in seeking employment in the behavioral health system.

1.A. WORKFORCE DEVELOPMENT

1.A.1. Each county is required to have a designated Cultural Competence/Ethnic Services Manager (CC/ESM). The CC/ESM is responsible for promoting and monitoring quality and equitable care as they relate to diverse racial, ethnic, and cultural populations served by both county-operated and contracted behavioral health programs (*Standards 2, 3).*

The CC/ESM and County Behavioral Health Director must work closely to address behavioral health and substance use disorder (SUD) issues across the county systems.

The CC/ESM should have leadership and participation in processes related to Behavioral Health Plan administration for SUD and behavioral health early intervention, prevention, treatment, and recovery supports, including the following:

- Planning and Plan Review
- Stakeholder Participation Processes
- Program Development and Reviews
- Budget Planning
- Workforce, Education, and Training Activities
- Human Resources Management
- Quality Assurance and Performance Improvement Projects
- Preparation and maintenance of required documentation related to CCP activities as needed for compliance review.

CCP Requirement

Detail who is designated as your county's Cultural Competence Committee (CCC). Describe the role and responsibilities of the ESM position. Describe how the CCC is structured within the county behavioral health system. Consider:

1. Does the ESM have any additional titles or responsibilities outside the ESM role (e.g., MHSA Coordinator)? Approximately how much work time is dedicated to ESM responsibilities?
2. How is the CCP aligned or not aligned across divisions or departments within the county system?
3. How does the county ensure the ESM has sustained and meaningful county-wide support in a way that advances health equity and cultural responsiveness?
4. How does the county ensure the ESM has the fiscal and human resources needed to develop and implement the CCP?
5. How does the county demonstrate support for the CCP following submission (e.g., publish an informational notice attached to completed CCP regarding ESM role and CCP requirements)?

1.A.2. Demonstrate commitment of budget resources for activities that promote diversity, equity, inclusion, and accessibility in operations and service delivery (*Standard 2).*

CCP Requirement

Provide evidence of budget and expenditures allocated for delivering culturally responsive services and addressing racial, ethnic, cultural, and linguistic mental health disparities. This may include, but is not limited to the following:

1. Interpreter and translation services
2. Outreach to identified populations of focus
3. Special budget for culturally appropriate behavioral health services
4. Financial incentives for culturally and linguistically competent providers, non-traditional providers, and/or natural healers
5. Dedicated staff and technology for the collection, analysis, and reporting of data
6. Compensation or honoraria to support community member outreach and engagement
7. Regular workforce training in cultural competence, cultural humility, social justice, anti-racism, organizational needs assessment, and other emerging training needs

1.A.3. Recruitment, Hiring, and Retention of a multicultural workforce from, or experienced with, the identified unserved and underserved populations (*Standard 3).*

CCP Requirement

Describe the strategies used to recruit, hire, and retain a workforce that reflects the racial, ethnic, gender, sexual, and cultural diversity of the community served and provides culturally responsive services and supports. Information from the most recent Workforce Assessment and Workforce Education and Training (WET) and from the most recent MHSA Plan may be extracted or linked as applicable and/or available. Consider:

1. Human resource recruitment, support, and retention policies
2. County Equal Opportunity Recruitment Plan and Departmental Recruitment Strategies Plan
3. Integration of community health workers, promotors, peer support specialists, and other traditional health workers
4. Creation and retention of a culturally inclusive workplace for people of color, LGBTQ+ people, people with lived experience, and other cultural identities
5. Opportunities for professional development and promotion
6. Outreach to underrepresented groups in recruitment processes

1.A.4. Describe the county's priorities for governance, leadership, and workforce during the period covered by this plan. Please identify specific, achievable goals. Include timelines and milestones (*Standards 2, 3, 4).*

CCP Requirement

The CCP provides the county with a structured template for integrating cultural competence and cultural humility throughout its structures and workforce. To aid in this endeavor, counties are asked to develop a series of goals that address their priorities for governance, leadership, and workforce. Using these guiding questions, please describe your county's goals, including timelines and milestones, as needed.

1. Governance
    a. What are your county's priorities for governance in the next year?
    b. Please describe a specific, achievable goal that addresses this priority.
    c. How is your county integrating cultural competence and cultural humility into this goal?
    d. What is the timeline for this goal? What do you expect to have achieved in 6 months? 12 months?
2. Leadership
    a. What are your county's priorities for leadership in the next year?
    b. Please describe a specific, achievable goal that addresses this priority.
    c. How is your county integrating cultural competence and cultural humility into this goal?
    d. What is the timeline for this goal? What do you expect to have achieved in 6 months? 12 months?
3. Workforce
    a. What are your county's priorities for governance in the next year?
    b. Please describe a specific, achievable goal that addresses this priority.
    c. How is your county integrating cultural competence and cultural humility into this goal?
    d. What is the timeline for this goal? What do you expect to have achieved in 6 months? 12 months?

1.A.5. Describe any anticipated challenges and facilitators related to governance, leadership, and workforce during the period covered by this plan (*Standards 2, 3, 4).*

CCP Requirement

Using the goals you described in the previous section, consider potential challenges and facilitators that may affect the success of these goals.

1. What benefits will your county receive if these goals are implemented?
2. What challenges do you anticipate? How can you avoid these challenges?
3. What facilitators do you anticipate? How can you enhance these facilitators?

4. Who will benefit from or be burdened by this plan? What are your strategies for mitigating unintended consequences?

1.B. CULTURAL COMPETENCY TRAINING ACTIVITIES

1.B.1. Counties must have a plan and process to provide training to county staff and contractors regarding CLAS Standards, diversity, equity, and inclusion, cultural humility, community-defined practices, and other competencies related to behavioral health equity (*Standard 4).*

Training topics may include, but are not limited to, the following topics:

- Cultural humility, sensitivity, and awareness
- Social determinants of health and health disparities
- Issues of care access and treatment for children and families
- Consumer and family experiences related to behavioral health care, including issues of trauma, discrimination, stigma, treatment, recovery, resilience, consumer-provider communication
- Data collection, analysis, and evaluation
- Cultural healing practices and supports
- Community engagement strategies
- Transgender-affirming care
- Anti-racist practices
- Integration of paraprofessionals
- Integration of interpreters
- Diversity, equity, and inclusion in recruitment, hiring, retention, and promotion

CCP Requirement

1. Describe how the county will provide training and professional development during the period covered by this report. List anticipated training activities for the next year.
2. Provide rationale and need for each training, linking activities to governance, leadership, and workforce goals.
3. Identify the projected unduplicated number of staff who will participate in training within the period covered by this plan.
4. Identify goals for the percentage of staff who will be trained and the number of training hours to be completed.
5. Provide a timeline for the projected training activities.
6. Include a description of how cultural competence will be embedded in all training activities.

NOTE: Workforce Education and Training (WET) component information from the most recent MHSA Plan may be extracted or linked as applicable and/or available.

THEME 2: COMMUNICATION AND LANGUAGE ASSISTANCE

Standard 5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

Standard 6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

Standard 7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

Standard 8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Rationale: The second theme addresses Standards 5, 6, 7, and 8 regarding language access, assistance, and communication. The theme focuses on the organization's ability to provide language assistance and communicate in culturally responsive ways. This should include best practices in communicating with populations including titles, pronouns, cultural practices, and personal identity. Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability or oversight mechanisms to provide appropriate services, as well as provide them to consumers in their preferred language.

The organization must assure the competence of language assistance provided to those with limited or no English proficiency and provide interpreters or bilingual staff as needed. This includes providing services in ASL. Language accessibility includes patient-related materials and signage in the languages commonly spoken in the community. Your county should utilize this section in order to assess and enhance language accessibility.

2.A.1. Language translation, print, signage, and multimedia resources (*Standards 5, 6, 8).*

CCP Requirement

The county is responsible for providing behavioral health-related informational materials that meet the communication needs of all residents in order to facilitate access to all health care and services. The county shall have the following available for review during the compliance visit:

1. Culturally and linguistically appropriate written information for threshold languages, including the following, at minimum:
   a. Member service handbook or brochure
   b. General correspondence issued by the county

c. Beneficiary problem, resolution, grievance, and fair hearing materials
d. Beneficiary satisfaction surveys
e. Informed Consent for Medication form
f. Confidentiality and Release of Information form;
g. Service orientation for clients;
h. Behavioral health education materials, and
i. Evidence of appropriately distributed and utilized translated materials.

2. Documented evidence in the clinical chart that clinical findings and reports are communicated in the clients' preferred language.
3. Documentation reflecting the client's lived name, gender, and pronouns, where applicable.
4. Consumer satisfaction survey translated in threshold languages, including a summary report of the results (e.g., back translation and culturally appropriate field testing).
5. Mechanism for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and culturally appropriate field testing).
6. Mechanism for ensuring translated materials is at an appropriate reading level (6th grade).[2]

2.A.2. Evidence of dedicated resources and strategies for expanding bilingual staff capacity *(Standards 5, 7).*

CCP Requirement

1. Extract or provide link to evidence in the WET Plan on building bilingual staff capacity to address language needs or building bilingual capacity. Include hiring plans, recruitment tools, or training incentives or bonuses for current bilingual staff.
2. Extract or provide link to updates from MHSA, CSS, or WET Plans on bilingual staff members who speak the threshold languages.
3. Identify and describe the annual dedicated resources for interpreter services.

2.A.3. Evidence of policies, procedures, and practices in place for meeting clients' language needs, including the following: *(Standards 5, 7, 8)*

CCP Requirement

1. A 24-hour phone line with statewide toll-free access that has linguistic capability, including TDD or California Relay Service, shall be available for all individuals.

   NOTE: The use of the language line is viewed as acceptable in the provision of services only when other options are unavailable. Least preferable are language

[2] HHSA DHCS All Plan Letter 21-004, "Standards for determining threshold languages, non-discrimination requirements, and language assistance services"

lines. Consider use of new technologies such as video language conferencing. Use new technology capacity to grow language access.

a. Description of protocol used for implementing language access through the county's 24-hour phone line with statewide toll-free access.

2. Ensure staff receive appropriate training on how to utilize an interpreter when a client requires language assistance services, including American Sign language services and TDD or California Relay Services.
3. Evidence of availability of interpreters (e.g., posters/bulletins) and/or bilingual staff for clients who speak threshold languages.

2.A.4. Describe your county's approach to ensuring that language assistance is provided by appropriate and linguistically competent people (e.g., professional interpreters, bilingual staff) *(Standard 7).*

CCP Requirement

1. Evidence that the county/agency accommodates persons who have Limited English Proficiency (LEP) by employing a multilingual workforce and using interpreter services when needed.
2. Evidence of contract or agency staff who are linguistically proficient in threshold languages during regular day operating hours. This can include the certification process used for agency staff to receive bilingual status. Include documentation of proficiency in medical and behavioral health terminology.
3. Evidence that counties have a process in place to ensure that interpreters are trained and monitored for competence in language, cultural practices and philosophies (e.g., formal testing).
4. Report the number of staff who are bilingual; include languages spoken and identify whether they are direct service providers or support staff.

2.A.5. Explain how your county makes sure that people know that services are available in the language of their choice both verbally and in writing *(Standard 6).*

CCP Requirement

Provide evidence of the following:

1. Clients have the opportunity to view a written posting of their rights to language assistance service in the clinic.
2. Clients are informed of their rights to language assistance service. This information is provided to them in their primary language.
3. Clients are offered and provided interpreter services. The offer is made in their preferred language. All offers of interpreter services are documented.
4. Documentation in the electronic health record should include the following:
   a. The client's preferred language
   b. If the client made use of interpretation services

5. Policies, protocols, and practices the county uses that demonstrate the capability to refer or link clients who need services in a language other than English to culturally and linguistically appropriate services. Explain how these referrals and linkages are made at all key points of contact.
    a. Provide a written plan or description of how clients who do not meet the threshold language criteria are assisted to secure culturally and linguistically appropriate services.3
    b. Documented evidence in the clinical chart that clinical findings/reports are communicated in the clients' preferred language.
    c. Consumer satisfaction survey translated in threshold languages, including a summary report of the results
    d. Mechanism for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and culturally appropriate field testing).
    e. Mechanism for ensuring translated materials is at an appropriate reading level (6th grade)

2.A.6. Describe the county's priorities for enhancing language assistance services described above in the period covered by this plan. Please identify specific, achievable goals. Include timelines and milestones *(Standards 5, 6, 7, 8).*

CCP Requirement

The CCP allows ESMs the opportunity to identify gaps in culturally and linguistically appropriate services and create a plan to address those gaps. Using these guiding questions, please describe your county's goals for enhancing language assistance services, including timelines and milestones, as needed.

What are your county's priorities for language assistance in the next year?

1. Please describe specific, achievable goals that address this priority.
2. How is your county integrating cultural competence and cultural humility into these goals?
3. What is the timeline for these goals? What do you expect to have achieved in 6 months? 12 months?

2.A.7. Describe anticipated challenges and facilitators related to implementing communication and language assistance *(Standards 5, 6, 7, 8)*.

CCP Requirement

Using the goals you described in the previous section, consider potential challenges and facilitators that may affect the success of these goals.

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[3] https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-004.pdf

1. What benefits will your county receive if these goals are implemented?
2. What challenges do you anticipate? How can you avoid these challenges?
3. What facilitators do you anticipate? How can you enhance these facilitators?
4. Who will benefit from or be burdened by this plan? What are your strategies for mitigating unintended consequences?

THEME 3: ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY

Standard 9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.

Standard 10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

Standard 11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

Standard 12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

Standard 13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

Standard 14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

Standard 15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Rationale: The overarching goal of Theme 3 is the establishment and maintenance of culturally and linguistically appropriate, equitable, accurate, and ongoing policies, practices, procedures, and data collection processes that are responsive to all stakeholders, constituents, and the general public. This theme encompasses CLAS standards 9-15, and is inclusive of a broad range of domains, including leadership commitment, workforce development, performance evaluation, data collection, community engagement, and cross-cultural communication. A key component of Theme 3 is the practice of ongoing evaluation of all aspects of the county behavioral health services. By establishing and following monitoring practices that remain consistent to the CLAS standards, counties can deliver the CLAS Primary Standard: To provide effective, equitable, understandable, and respectful quality care and services that are

responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

3.A.1. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations *(Standard 9).*

Every organization should have goals and policies that support cultural and linguistic competence. These goals and policies should reflect cultural humility, demonstrate commitments to anti-racist practices, and support access to linguistically responsive services. Maintaining these priorities requires regular revisiting and related revisions.

To meet the requirements of Standard 9, organizations must maintain a commitment to culturally and linguistically appropriate services by regularly updating the following:

1. Mission Statement
2. Statements of Philosophy
3. Strategic Plans
4. Policy and Procedure Manuals
5. Other Key Documents (Counties may choose to include additional documents to show system-wide commitment to cultural and linguistic appropriate practices)

CCP Requirement

The County Behavioral Health Plan must complete a CCP in alignment with the newly revised CCPR (20XX). Using the established county contracting process, the county will work collaboratively with contractors to obtain accurate information to insert into the CCP. Using data collected in collaboration with contractors as well as existing data found at the county and state level, the CCP should be updated regularly to include the following evaluation data.

1. Current outreach and engagement activities. The county may submit a copy of their CSS plan describing practices and activities that demonstrate community outreach, engagement, and involvement efforts with identified racial, ethnic, cultural, linguistic, and other cultural communities impacted by mental health disparities.
2. Details regarding evaluation of workforce training activities, including pre/post-test measurement, assessments of knowledge change, and awareness that took place in the training
3. Descriptions of any new lessons learned over the course of the previous year pertaining to community outreach, engagement, community involvement, and workforce training

3.A.2. The county must have a collaborative advisory committee (e.g., Cultural Competence Committee; Cultural Humility Committee; Diversity, Equity and Inclusion Committee) responsible for helping to guide the county behavioral health system toward reducing behavioral health disparities. Committee representation and participation should reflect county and contractor staff, peer and family supports, and culturally, ethnically, and linguistically diverse community members *(Standard 13).*

CCP Requirement

1. Briefly describe the committee or other similar group (organizational structure, frequency of meetings, functions, and role). If the committee or similar group is integrated with another body (such as a Quality Improvement Committee), describe how cultural competence issues will be included in committee work.
2. Describe what policies, procedures, and practices will be utilized to ensure the committee is reflective of the community, including county management level and line staff; clients and family members from ethnic, racial, and cultural groups; providers; community partners; contractors; and other members as necessary.
3. Describe what policies, procedures, and practices the committee will utilize to ensure integration and accountability for culturally responsive services across the county behavioral health services. The committee roles and activities are inclusive of all activities determined to support CLAS implementation, including:
    a. Reviews of all services/programs/CCPs with respect to cultural competence issues at the county
    b. Provides reports to Quality Assurance/Quality Improvement Program in the county
    c. Participates in overall planning and implementation of services at the county
    d. Reporting requirements include directly transmitting recommendations to executive level and transmitting concerns to the Behavioral Health Director
    e. Participates in and reviews the county MHSA planning process and stakeholder engagement
    f. Participates in and reviews client developed programs (wellness, recovery, and peer support programs)
    g. Participates in CCP development

Needs Assessment and Identifying Populations of Interest

Counties are required to regularly monitor and assess their population-level data to identify emerging and existing disparities. These needs assessments require the evaluation of several different datasets, including county-wide population demographics and Medi-Cal client usage data. The needs assessment also requires analysis of these data to identify prevention and early intervention (PEI) populations for ongoing monitoring.

NOTE: This process may require collaborative data analysis partnerships and consultation. Expect to discuss the needs assessment with the county's collaborative advisory committee to gain community-level insight and guidance on the data interpretation.

3.A.4. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery *(Standard 11).*

CCP Requirement

The needs assessment must include:

1. Summaries of the following datasets, presented as tables and/or in narrative form:
    a. Overall population demographics
        i. Race
        ii. Ethnicity
        iii. Age
        iv. Gender
        v. Other emerging demographic, social, and cultural groups as data becomes available, (e.g., LGBTQ+ data)
    b. Medi-Cal* population[4]
        i. Race
        ii. Ethnicity
        iii. Primary language spoken
        iv. Age
        v. Gender
        vi. Other emerging demographic, social, and cultural groups as data becomes available, (e.g., LGBTQ+ data)
    c. Medi-Cal client utilization data
        i. Race
        ii. Ethnicity,
        iii. Primary language spoken
        iv. Age
        v. Gender
        vi. Other emerging demographic, social, and cultural groups as data becomes available (e.g., LGBTQ+ data)
    d. Using the non-Medi-Cal population, summarize the 200% of poverty population including client utilization data by
        i. Race
        ii. Ethnicity,
        iii. Primary language spoken
        iv. Age

[4] *Medi-Cal population data can be obtained via CAEQRO data if available

v. Gender

vi. Other emerging demographic, social, and cultural groups as data becomes available (e.g., LGBTQ+ data)

2. Provide a brief summary of the total needs assessment, focusing on Medi-Cal usage differences and disparities identified in part A of this section. Also summarize any other observable trends or disparities in the data analysis.
3. Extract a copy of the population assessment from the MHSA CSS community assessment and service needs. If updates have been made to this assessment, please include the updates. Summarize population and client utilization data by race, ethnicity, language, age, and gender (other social/cultural groups may be addressed as data is available and collected locally). Compare with the disparities assessment completed in section B.
    a. Identify the unserved and/or underserved populations the county included in the Prevention and Early Intervention (PEI) plan. The categories for the PEI priority populations are:
    b. Individuals experiencing the onset of serious psychiatric illness
    c. Children/youth in stressed families
    d. Trauma-exposed
    e. Children/youth at risk of school failure
    f. Children/youth at risk or experiencing juvenile justice involvement
4. Briefly describe the data collection methodologies your County uses to measure disparities in access and outcomes. Please include:
    a. Assessment tools
    b. Listening session protocols
    c. Other sources of internally or externally collected data
    d. Provide links/citations for data sources used. If local data sources are used, describe rationale.

3.A.5. Strategies for addressing disparities among identified populations of interest *(Standards 12, 13)*.

CCP Requirement

1. What are your county's priorities for addressing disparities among identified populations of interest in the next year?
    a. Please describe specific, achievable goals that address this priority.
    b. How is your county integrating cultural competence and cultural humility into these goals?
    c. What is the timeline for these goals? What do you expect to have achieved in 6 months? 12 months?

2. Describe any new strategies or innovations not included in Medi-Cal, CSS, WET, and PEI. *NOTE: New strategies must be related to the needs assessment and data analysis completed above.*
    a. Share what has been working well and lessons learned through the process of the county's development of strategies, objectives, actions, and timelines that work to reduce disparities in the county's identified populations within the target populations of Medi-Cal, CSS, WET, and PEI.

3.A.6. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities *(Standard 10).*

CCP Requirement

The data collected for the current **Needs Assessment** will establish the baseline for 20XX. Following this CCP, Counties will be expected to compare against the 20XX baseline data for ongoing quality improvement and qualitative analysis in all disparity reduction efforts. Additionally, in subsequent CCPR Annual Updates, counties will share what has worked well and lessons learned throughout the process of the county's planning and monitoring of identified strategies, objectives, actions, and timelines to reduce mental health disparities.

1. From the analysis process conducted above, identify and list disparities within Medi-Cal, CSS, WET, and PEI's priority and populations of interest.
2. List strategies used for each identified population to address known disparities.
    a. Discuss what measures and activities the county uses to monitor the reduction or elimination of disparities.
    b. If applicable include any actions taken in response to the Cultural Consultant technical assistant recommendations
    c. Share lessons learned on efforts in rolling out strategies used to address known disparities.
3. Describe how the county will measure and track the effect of the strategies, objectives, actions, and timelines on reducing disparities identified through the needs assessment process. out specialty mental health services, etc.)

3.A.7. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness *(Standard 13).*

CCP Requirement

1. To address barriers to accessing services, counties must also provide evidence that the county has assessed potential barriers through their needs assessment process and developed corresponding plans. To address barriers, counties must create and implement strategies in which culturally and linguistically diverse populations can obtain services with ease and feel welcomed. Strategies may include the following examples:

a. Location, transportation, hours of operation, parking, and visibility
b. Adapting physical facilities to be accessible to disabled persons, while being comfortable and inviting to persons of diverse cultural backgrounds (e.g., posters, magazines, décor, signs)
c. Designating every restroom as an all-gender restroom
d. Locating facilities in settings that are non-threatening and reduce stigma, including co-location of services and /or partnerships, such as primary care and in community settings.

2. Counties must list and describe the needs assessment process used to identify barriers to accessing services
   a. Describe methodology for data collection and analysis
   b. The county may include evidence of a study or analysis, or evidence that the county program is adjusted based upon the findings of their study or analysis
   c. Include description of the process of plan development based on needs assessment

3.A.8. Although community engagement strategies vary widely depending on the values, activities, and needs of each community, the following list provides several best practices *(Standards 9, 12).*

CCP Requirement

1. Engage communities by going to the spaces where they already gather (e.g., places of worship, community centers, advocacy meetings) rather than asking community to come to the county
2. Offer compensation for participation
3. Offer transportation, childcare, food, and hours that accommodate work schedules
4. Make use of virtual resources, such as web-based virtual meetings, resource fairs, and other distance technology options

3.A.9. Briefly list and describe your county's outreach and engagement efforts with diverse racial, ethnic, and linguistic communities. Include the county's client-driven and/or client-operated recovery and wellness programs *(Standards 9, 12).*

CCP Requirement

1. Provide evidence that the county has alternatives and options available within its behavioral health programming that accommodates individual preference and racially, ethnically, culturally, and linguistically diverse differences.[5]

[5] If necessary, counties may develop a listing of available alternatives and options of cultural/linguistic services that shall be provided to clients upon request. The county may also include evidence that it is making efforts to include additional culture-specific community providers and services in the range of programs offered by the county.

2. Briefly describe client-driven and/or client-operated programs that are racially, ethnically, culturally, and linguistically specific.

3.A.10. Provide evidence of the county's responsiveness to mental health services needs *(Standard 15).* Include the following (as appropriate):

CCP Requirement

1. Evidence that the county informs clients of the availability culturally and linguistically appropriate services in their member services brochure. If not already in the member services brochure, the county will include it in their next printing or within one year of the submission of their CCPR.
2. Evidence that counties have policies, procedures, and practices to inform all Medi-Cal beneficiaries of available services under consolidation of specialty mental health services. *(Outreach requirements as per Section 1810.310, 1A and 2B, Title 9).* Counties may include:
   a. Documentation of community information and education plans or policies that enable Medi-Cal beneficiaries to access specialty mental health services
   b. Documentation establishing demonstrated outreach activities to reach unserved and under-served populations informing them of the availability of cultural and linguistic services and programs (e.g., number of community presentations and/or forums used to disseminate information)

3.A.11. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness *(Standard 13).*

CCP Requirement

1. Provide justification for selection with each contract provider. Include the following:
   a. Evidence of the contractor's ability to provide culturally responsive mental health services
   b. Identification of cultural and language fluency required to fulfill contract

3.A.12. Periodic quality assurance includes a description of current or planned processes to assess the quality of care provided for all consumers under the consolidation of specialty mental health services *(Standard 14).*

CCP Requirement

In addition to needs assessments, counties are required to conduct ongoing evaluation of processes, programs, and procedures to ensure consistent high-quality, culturally and linguistically responsive services. Please describe the processes used to evaluate the quality of care in your county including the following:

1. What added or unique measures are used or planned in order to accurately determine the outcome of services to consumers from diverse cultures? Please address the

2. List and describe, any outcome measures used to evaluate culturally and linguistically responsive services provided by behavioral health providers. Staff Satisfaction: A description of methods, if any, used to measure staff experience or opinion regarding the organization's ability to value cultural diversity in its workforce, culturally and linguistically competent services; and cross-cultural communication.
3. Grievances and Complaints: Provide a description of how the county mental health process for Medi-Cal and non-Medi-Cal client Grievance and Complaint/Issues Resolution Process data is analyzed and any comparison rates between the general beneficiary population and ethnic beneficiaries.

GLOSSARY OF TERMS AND ACRONYMS

CCPR
"CCPR" in this document shall mean the county's completed cultural competence plan submission inclusive of all requirements.

CSS
Community Service and Supports

Cultural Competency
A continual learning process in which a person develops awareness, skills, and knowledge that improves their ability to communicate and participate in cross-cultural situations. See CLAS Cultural Competency for more on this topic.

Cultural Humility
A practice of understanding a one's own position, attitudes, biases and privileges in relation to their identity, power, and role in their own culture and in cross-cultural situations. See CLAS Cultural Humility for more on this topic.

ESM
Ethnic Services Manager

LEP
Limited English Proficiency

LGBTQ+
Lesbian Gay Bisexual Transgender Queer Plus

MHSA
Mental Health Services Act

PEI
Prevention and Early Intervention

WET
Workforce Education and Training

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