

**Riverside County
Department of Mental Health**

**Cultural Competency Committee
Roles and Responsibilities (2008)**

**Prepared by the Riverside County Department of Mental Health
Cultural Competency Committee**

**Cultural Competency Committee
Roles and Responsibilities (2008)**

Table of Contents

I.	Purpose.....	1
II.	Background.....	1
III.	Objectives.....	2
IV.	Membership.....	3
V.	Roles and Responsibilities.....	4
VI.	Operating Protocol.....	4
VII.	Meetings.....	5
VIII.	Sub-Committees.....	5
IX.	Approval/Amendments.....	5

Addendum

I.	Legal Mandates.....	6
II.	Selected Resources and References.....	8

I. PURPOSE

To establish a Cultural Competency Committee (CCC) to serve as an advisory group for the implementation of the Riverside County Department of Mental Health (RCDMH) Cultural Competency Plan (CCP). The committee will ensure the embedding of cultural competency as a critical policy and strategy in the planning and delivery of mental health and substance abuse services to children, transitional age youth, adults, and older adults. Furthermore, the CCC will provide overall direction, focus, and organization in the planning and implementation of the CCP. All plans and recommendations developed by the Committee will be forwarded to the RCDMH Management Team for their review, approval and implementation.

a. Definition of Cultural Competency

A set of congruent practice skills, knowledge, behaviors, attitudes, and policies that come together in a system, agency, or among consumer providers, family members, and professionals that enables that system, agency, or those professionals and consumers, and family member providers to work effectively in cross-cultural situations (adapted from Cross, et al., 1989; cited in the DMH Information Notice No, 02-03). This working definition of cultural competency as applied is to guide program planning and service delivery at the state, county, and providers levels is sourced from the seminal NIMH monograph toward a Culturally Competent System of Care, Vol. I, 1998, consistent with the framework of the California Mental Health Master Plan: A Vision for California (March, 2003) and referenced in the California Department of Mental Health Mental Health Service Act (MHSA) planning.

II. BACKGROUND

Each Mental Health Plan (MHP) is required to develop and implement a CCP consistent with the standards and requirements established by the State Department of Mental Health. RCDMH fully embraces TITLE VI OF THE 1964 CIVIL RIGHTS ACT 42 U.S.C. §§ 2000d – 2000d-7, which provides that, "no person in the United States shall on the grounds of race, color, or national origin, be excluded from participating in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance."

The Riverside County Department of Mental Health (RCDMH) enjoys diversity. We are proud of our commitment to cultural competency – our acceptance and valuing of people from all ethnic, cultural, racial and linguistic backgrounds. The department's development and implementation of cultural competency will equip our employees to meet the needs of our culturally diverse populations.

III. OBJECTIVES

- a. Update the RCDMH Cultural Competency Plan and develop a Cultural Competency Plan implementation Activities.
- b. Acknowledge the committee's obligation to enhance cultural dexterity within our system.
- c. Promote cultural competency, understanding, respect, and acceptance of diverse cultural groups and their belief system. Promotes knowledge, awareness, and sensitivity to Sociocultural Diversities, Deaf and Hearing Impaired, Visual Impaired, Gender, Age, Sexual Orientation/Identities, Socio Economical Status (SES), Disabilities, Religion, Spirituality, Ethnic/ Racial Identities, Language, including Sign Language, etc.
- d. Develop approaches that would engage the participation of relevant racial, ethnic and cultural groups in all aspects of service system development and enhancement.
- e. Develop Cultural Competency Guiding Principles and Standards.
- f. Develop a plan for implementation of cultural competency mandatory training for all levels of staff.
- g. Apply research and evaluation data to guide policy development, collect data on racial, ethnic and cultural population.
- h. Define target populations based upon comprehensive demographic data on service areas.
- i. Identify approaches/strategies that would increase client access to and retention in services through consideration of compatibility of belief systems, geographic proximity of service, flexible hours, etc.
- j. Identify strategies to create opportunities to improve cultural competent services for underserved populations.
- k. Develop outreach approaches that would increase client access to and retention in services.
- l. Assist in the implementation and adherence of Riverside County's Cultural Competency policies, and the practice of State and Federal laws, as they apply to Cultural Competency.
- m. Develop mechanisms to ensure that all consumers and family members have access to appropriate linguistic services. Provide recommendations as they relate

to utilization of language aids, such as interpretations (including sign language) and translation, TDD Systems, etc.

- n. Develop mechanisms to ensure that all information materials, forms and any other written documents are translated into the threshold languages identified by the Department of Mental Health base on demographic information of the population in our communities.
- o. Recommend implementation of policies related to Cultural Competency, and review written policies and procedures to assure that they clearly identify cultural competency.
- p. Provide training recommendations regarding cultural competency practices and evidence-based approaches in working with diverse racial, ethnic, and cultural community groups.
- q. Recommend special teaching techniques that promote and assist in staff's abilities to provide better services.

IV. CCC MEMBERSHIP

To the extent feasible, the Ethnic and Demographic Representation of the CCC should reflect the ethnic diversity of the County of Riverside consumers and population. The CCC will be comprised of representatives of the RCDMH's programs, consumers and family members. The Committee composition will reflect the organization and community.

- a. Each RCDMH manager shall designate a representative from each of their respective region and/or program.
- b. Committee membership must reflect a balance of commitment, work enjoyment and learning it cannot be seen as being mostly burdensome if a successful committee is to be sustained.

V. RESIGNATION AND REMOVAL OF MEMBERS

Any member of the committee may resign at any time with the approval of their management/supervisor by giving a written notice to the Chair or Secretary. Such resignation shall take effect at the time specified therein, unless a successor has been elected in which event such resignation shall take effect immediately upon the successor is appointed.

VI. ROLES AND RESPONSIBILITIES

Elections: The chairperson and Vice chairperson shall be elected annually by the committee members at the January meeting by a majority of those members present.

a. Chairperson

1. Chairperson will serve for a term of (1) year with option of re-election;
2. Lead all meetings;
3. Appoint all subcommittees;
4. Call special meetings as necessary;
5. Determine the agenda for all meetings;
6. Consult with the Department's Cultural Competency Manager;
7. Submit an annual report at the January meeting;
8. Maintain a list of active staff members.

b. Vice Chairperson

1. Vice Chairperson will serve for a term of (1) year with option of re-election;
2. In the absence of the Chairperson, assume all of his/her responsibilities.
3. Assume responsibilities as designated by the Chairperson.
4. Participate on determining agenda for all meetings

c. Secretary

1. Record minutes for all meetings;
2. Provide minutes to all members for review and approval;
3. Oversee all correspondences authorized by the Committee;
4. Distribute approved minutes as appropriate;
5. Maintain communication among assignments and upcoming meetings;
6. Follow up on action items and their completion.

d. Committee Members

1. Attend al the monthly meetings.
2. Participate in all assigned sub-committees.
3. Assume tasks and responsibilities as requested by the Chairperson.
4. Participate in activities designed to move forward Cultural Committee's objectives described in the document.

VII. OPERATING PROTOCOL

- a. Serve as an advisory group to the RCDMH administration.

- b. Be located within the structure of the Cultural Competency Program.
- c. Meet monthly.
- d. Prepare a “Cultural Competency Action Plan”.
- e. Prepare and present at the Program Management meeting written quarterly report on its activities and progress to date in meeting goals and objectives of its “Cultural Competency Action Plan”.
- f. Participate in activities that are necessary to accomplish the committee functions.

VIII. MEETINGS

The CCC shall hold regular monthly meetings. A notice of the meeting and the agenda shall be provided to Committee members one week before such meetings.

- a. Special Meetings
 - 1. Special meetings may be called by the Department’s Cultural Competency Manager, the CCC Chairperson or Top Administration. Only the specified matter may be considered.
- b. Quorum
 - 1. A quorum shall consist of one person more than one-half of the appointed members, but a lesser number may adjourn a meeting to another time or place. Any other action shall require the affirmative votes equal to a quorum.

IX. SUB-COMMITTEES

The Chairperson or the Committee as a whole shall have the authority to appoint other standing subcommittees as needed. All subcommittees are advisory to the CCC and no subcommittee shall have the power to bind the CCC.

Task Groups: The committee shall appoint special Task Groups, as necessary, to carry out the business of the committee.

X. APPROVAL/AMENDMENTS

The Cultural Competency roles and responsibilities may be amended as deemed necessary and final approval given by the Cultural Competency Committee and the Cultural Competency Program Manager. After approval, the document will be submitted to be adopted by the Management Team.

ADDENDUM

I. LEGAL MANDATES

a. Federal Statutes

1. Civil rights Act, 1964: U.S. Code Sec. 2000-d- (Code of Federal Regulations, Part 21: the std. TitleVI). “ No person in the United States shall on the grounds of race, color, or national origin be excluded from participation in, denied the benefits of, or be subject to discrimination under any program or activity receiving Federal Financial assistance.”
2. Executive Order 13166, 2000: Limited English Proficiency. “Each Federal agency shall examine the services it provides and develop an implement a system by which LEP person can meaningfully access those services consistent with, and without unduly burdening, the fundamental mission of the agency. Each Federal agency shall also work to ensure that recipients of Federal financial assistance (recipients) provide meaningful access to their LEP applicants and beneficiaries.”

b. State Statutes

1. Dymally Alatorre Bilingual Service Act, 1973: CA. Government Code 7290: “Every state agency directly involved in the furnishing of information or the rendering of services to the public whereby contact is made with a substantial number or non-English speaking people, shall employ a sufficient number of qualifier bilingual persons in public contract positions to ensure provision of information and services to the public, in the language of the non- English speaking person.”
7299: “The provision of this act shall be implemented to the extent that local, state or federal funds are available, and to the extent permissible under federal law and the provision of civil service law governing the state and local agencies.”
7299.1 “State agencies may, utilizing existing funds, contract for telephone based interpretation services in addition to employing bilingual persons in public contact positions.”
2. CA Government Code 7295: “Any materials explaining services available shall be translated into any non-English language spoken by a substantial number of public served by the agency.”
3. CA Government Code 7296.2: “Substantial number of non-English speaking people are members of a group who either do not speak English, or who are unable to effectively communicate in English because it is not their native language, and who comprise 5% or more of the people served by any local office or facility of a state agency.”

4. Title IX, CA Code of Regulations, Chapter 11, Medi-Cal Specialty MHS, Article 4, 1810.410 (c): “Each Mental Health Plan (MHP) shall submit an annual CCP update consistent with the requirements of the revised CCP document, consistent with the plan reporting requirements, including the population assessment and organizational and service provider assessment.”
5. Welfare & Institutions Codes (WIC) 14684 (h): “Each plan shall provide for the culturally competent and age-appropriate services, to the extent feasible. The plan shall assess the cultural competency needs of the program. The plan shall include a process to accommodate the significant needs with reasonable timelines. The Department shall provide demographic data and technical assistance. Performance outcome measures shall include a reliable method of measuring and reporting the extent to which services are culturally competent and age appropriate.”
6. Welfare & Institutions Code (WIC) section 4341: “Specific attention shall be given to ensuring the development of a mental health work force with the necessary bilingual and bicultural skills to deliver effective services to the diverse population of the state.”
7. Welfare & Institutions Code (WIC) section 5600.2: “To the extent resources are available, public mental health services in this state should be provided to priority target populations in systems of care that are beneficiary-centered, culturally competent, and fully accountable to factors noted in WIC 5600.2(g).”
8. Welfare & Institutions Code (WIC) section 5600.9(a): “Services to the target population described in Section 5600.3 should be planned and delivered to the extent practicable so that persons in all ethnic groups are served with programs that meet their cultural needs.”
9. Welfare & Institutions Code (WIC) section 5802(a)(4): “Systems of Care services which ensure culturally competent care for persons with severe mental illness in the most appropriate, least restrictive level of care are necessary to achieve the desired performance outcomes.”
10. Welfare & Institutions Code (WIC) section 5865(b): “A method to screen and identify children in the target population...including persons from ethnic minority cultures which may require outreach identification. (e) “A defined mechanism to ensure that services are culturally competent.”
11. Welfare & Institutions Code (WIC) section 5880(b)(6): “To Provide culturally competent programs that recognize and address unique needs of

ethnic populations in relation to equal access, program design and operations, and program evaluation.”

c. DMH Regulations

1. DMH Emergency regulations for Managed Care, Title IX, Section 1705: “Culturally competent services means a set of congruent behaviors, attitudes and policies in a system or agency to enable effective service provision in cross-cultural settings.”
2. DMH Information Notice 94-17: “Counties are required to describe the process they would implement to improve cultural competency and age-appropriate services to Medi-Cal beneficiaries.”
3. DMH Information Notice 02-03: “Revised Cultural Competency Plan requirements to improve services and decrease disparities for multicultural/multilingual population in California.”

II. SELECTED RESOURCES AND REFERENCES

- a. CCR, Title 9, Chapter 11, Section 1810.410 (b), (4)
- b. DMH Information Notice Number 97-14
- c. OC/HCA, BHC, Cultural Competency Plan, Phase II Consolidation (Update of March 2004)
- d. CA State DMH Cultural Competence Plan requirements-
[www.dmh.ca.gov/http://www.dmh.ca.gov/DMHDocs/docs/notices](http://www.dmh.ca.gov/DMHDocs/docs/notices) 02/02-03
- e. Guidance Memorandum- Title VI Prohibition against National Origin Discrimination-Persons with limited English Proficiency
www.hhs.gov/progorg/ocr/lepfinal.htm
- f. Surgeon General Report- Mental Health: Culture, Race, and Ethnicity-
www.surgeongeneral.gov
- g. Cultural Competence Standards in Managed Mental Health Care Services: Four Underserved/Underrepresented Racial/Ethnic Groups- Website: www.samhsa.gov
- h. National Standards for Cultural and Linguistic Appropriate Services in Health Care Final Report (CLAS) <http://www.omhrc.gov/clas>.
- i. President’s Freedom Commission on Mental Health-Achieving the Promise: Transforming Mental Health Care in America.
<http://www.mantalhealthcommission.gov>.
- j. Towards a Culturally Competent System of Care Vol. 1. A Monograph on Effective Services for Minority Children who are Severely Emotional Disturbed. March 1989. By Terry L. Cross, Barbara J. Bazron, Karl W. Dennis, Mareasa R. Isaacs. Georgetown National Center for Cultural Competence
- k. Framework for Eliminating Cultural, Linguistic, Racial and Ethnic Behavioral Health Disparities. California Mental Health Directors Association. February 2005.

