Enhancing Efforts to Reduce Disparities through the Statewide Mental Health Services Act Prevention and Early Intervention Programs

A project of the California Institute for Mental Health commissioned by the California Mental Health Services Authority

Final Report

Spring 2013

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Acknowledgements

The California Institute for Mental Health (CiMH) was established in 1993 to promote excellence in mental health services through training, technical assistance, research and policy development. Local mental health directors founded CiMH to work collaboratively with all mental health system stakeholders. The commitment to collaboration has led the board to expand board membership to include consumers, family members, and other interested persons representing the public interest. CiMH's purpose is to promote wellness and positive mental health and substance use disorder outcomes through improvements in California's health systems.

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Executive Summary

In the summer of 2012, CalMHSA contracted with the California Institute for Mental Health (CiMH) and consultant Katherine Elliott to conduct a cultural competence and technical assistance assessment of its 25 statewide Prevention and Early Intervention (PEI) contractors referred to as Program Partners. The Program Partners were contracted to implement projects across three PEI program areas: Stigma and Discrimination (SDR), Suicide Prevention (SP), and the Student Mental Health Initiative (SMHI). CalMHSA's request for the assessment recognized the extensive and growing diversity of California's population, as well as, the importance of understanding the role of cultural responsiveness in relation to its impact on the stigma of mental illness and resulting discrimination, suicide prevention strategies across the lifespan and strategies for student populations. CiMH agreed to conduct the assessments, provide direct feedback to the Program Partners, and offer to CalMHSA training and technical assistance recommendations that would have an immediate impact on Program Partners' efforts to strengthen products and services for racial, ethnic, and cultural communities across the statewide PEI initiatives.

This study was designed to assess the organizational cultural competence of the Program Partners, as well as to ascertain their capacity to develop culturally responsive products and services that would yield high impact in un-served, underserved, and inappropriately served ethnic and racial populations. This included an examination of Program Partners' current programs, strategies, and deliverables, as well as the development of recommendations for improving services and strategies for racial, ethnic, and cultural populations.

Twenty-five of CalMHSA's PEI Program Partners were interviewed as a part of this project. The assessment protocol included a review and analysis of source materials (i.e., contract scope of work, detailed work plans, quarterly reports, and contract deliverables), a 90-minute telephone interview with Program Partners, and an online survey.

From the assessment several themes emerged, including challenges regarding: the development of relationships with communities, implementation of language access services, data collection, and culturally appropriate adaptations of products and services. The following findings and recommendations are organized into two categories: strategies to enhance cultural responsiveness of products and services and strategies to improve organizational cultural competence.

Recommendations to enhance cultural responsiveness of products and services:

1. Utilize culturally appropriate community-defined practices to adapt products and services for targeted racial and ethnic populations
2. Improve strategies for collecting and analyzing demographic data by race, ethnicity, sexual orientation and gender identity
3. Enhance linguistic competence and language access by providing appropriate translation and interpretation services

4. Develop culturally appropriate strategies for assessing the impact of project implementation in targeted un-served, underserved and inappropriately served communities

Recommendations to improve organizational cultural competence:

1. Strengthen and/or build formal relationships with community members and community-based organizations for the purpose of institutionalizing relationships with un-served, underserved, and inappropriately served communities
2. Create a mechanism for regular, on-going self-assessment of organizational cultural competence and capacity to be responsive to racial, ethnic, linguistic and cultural populations
3. Continually assess individual staff development needs and skill-sets necessary to ensure cultural responsiveness

All of the Program Partners demonstrated and unequivocally affirmed a commitment to cultural competence and responsiveness. Most, if not all, of the Program Partners reported challenges related to capacity, resource allocations, and prioritization in their efforts to demonstrate cultural responsiveness. Continued support of the PEI Initiatives, by offering opportunities for training and technical assistance for the purpose of implementing the recommended strategies, would assist Program Partners to overcome these challenges. A more detailed description of the recommendations highlighted above can be found within the body of the report. The recommendations in this report are intended to help Program Partners to strengthen internal capacity and ensure cultural responsiveness of PEI products and services; thereby improving the outcomes for racial, ethnic and cultural communities across the statewide projects. In doing so, resources dedicated to this work provide an investment for lasting changes to enhance efforts to reduce disparities.

Background and Project Overview

The California Mental Health Services Authority (CalMHSA) is an organization of county governments working to improve mental health outcomes for individuals, families and communities. Prevention and Early Intervention programs implemented by CalMHSA are funded by counties through the voter-approved Mental Health Services Act (Prop 63). Proposition 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities.

The MHSA Statewide Prevention and Early Intervention (PEI) Initiatives include Suicide Prevention (SP), Stigma and Discrimination Reduction (SDR), and the Student Mental Health (SMHI) Initiative. Central to CalMHSA's vision is the promotion of systems and services arising from community mental health initiatives, as well as supporting the six principles of the MHSA: 1) Community collaboration; 2) Cultural competence; 3) Client-driven mental health system for individuals across the lifespan who are receiving or have received mental health services; 4) Family-driven mental health system for families of children and youth diagnosed with serious emotional disturbance; 5) Wellness, recovery and resilience focused;

and, 6) Integrated service experiences for clients and their families (CalMHSA, Statewide Implementation Work Plan, 2010). CalMHSA conducted a statewide stakeholder process to aid in the development of its Statewide PEI Implementation Work Plan, which provides a framework for implementing MHSA PEI funds.

In 2010, CalMHSA, in collaboration with the California Institute for Mental Health (CiMH), issued three Requests for Proposals (RFP) to engage partners in the implementation of the three statewide PEI initiatives. The original RFPs outlined the expected outcomes for each of the initiatives and identified guiding principles for the completion of all deliverables, as detailed in the Implementation Work Plan. The Work Plan's guiding principles and policy directions are as follows:

- Each statewide program should be complementary to the other programs (e.g., the Suicide Prevention Program should address how its design complements stigma and discrimination reduction and vice versa) and should complement other state, regional and local resources
- All programs should be inclusive of stakeholder involvement
- All programs should be culturally and linguistically competent, respectful and inclusive of California's diverse population across all age groups including seniors
- All programs should have a lifespan appropriate focus for children, transition age youth and transition age foster care youth, adults and older adults
- All programs should address California's geographical diversity, ranging from small communities spread over large rural areas to metropolitan areas with suburban expanse and urban density
- All programs should optimally leverage federal, state and local resources
- All programs should be achievable with four years' funding
- All programs should support data driven policy and evidence based, promising and community defined practices
- All programs should improve the cultural competence and appropriateness of suicide prevention activities
- Available resources will limit the scale of implementation

These principles and the RFP language set the foundation for and mandated a focus on cultural competence and cultural responsiveness in the implementation of the statewide PEI Initiatives.

Cultural Competence

California is the third largest state in the United States, encompassing 163,696 square miles. There are 58 counties and 2 city programs in California, with Los Angeles as the county with the largest population, and San Bernardino as the largest county by area. The racial and ethnic demographics of the state are rapidly changing. According to the United States Census Bureau, 39.7 percent of Californians identify as "White" resulting in 60.3 percent of the population identifying as a member of a different ethnic or racial group or belonging to more than one race or ethnicity. Moreover, the State of California's Department of Finance Population Projections (2013) predicts, "…early in 2014, the Hispanic population will become the plurality in California for the first time since California became a state. By 2060, both

the Black and the White populations will have increased in size, but decreased in proportion to the total population. Hispanics will comprise nearly half (48 percent) of all Californians. Asians will also grow significantly in population, but only marginally relative to the total population to just over 13 percent from their current level of just under 13 percent. ” (State of California, Department of Finance, 2013)

Given this demographic profile, the behavioral health system must be prepared to respond to the complex needs of California’s racial and ethnic communities by providing high quality culturally appropriate and responsive services. Cultural competence was defined in 1989 by Terry Cross et al as, “A set of congruent behaviors, attitudes and policies that come together as a system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations.” (T. L. Cross, Bazron, B., Dennis, K.W., & Isaacs, M., 1989) Cultural competence has been operationalized through policies at the national, state, and local levels. For example, the California Code of Regulations has identified specific goals by which to achieve cultural competence and states that cultural competence should be achieved by incorporating the goals into all aspects of policy-making, program design, administration and service delivery. (CCR, Title 9, Rehabilitative and Developmental Services, Division 1, Department of Mental Health, Chapter 14, Mental Health Services Act, Article 2, Definitions, Section 3200.100, Cultural Competence)

However, the field of cultural competence has evolved since Cross coined the term in 1989. Many experts in the field view cultural competence as a state of awareness of one's own ethnic, racial, and cultural identity in relation to those of other backgrounds or identities; and how those values and behaviors interface in community, organizations, and relationships. Increasingly, scholars of cultural competence lean toward concepts of cultural responsiveness (or cultural appropriateness), to describe appropriate behaviors or strategies to engage someone of a different racial, ethnic, or cultural background. The ideal condition of cultural *competence* has been considered by some to be too vague and not truly reflective of the type of outcomes communities need. While an organization should continue to strive for cultural competence by continually assessing its own capacity, resources, procedures, and practices, some organizations and providers may benefit from shifting their perspective to one of cultural responsiveness. Cultural responsiveness “honors the voices, strengths, leadership, languages, and life experiences of ethnically and culturally diverse consumers and their families across the lifespan.” (Alameda County Behavioral Health Care Services, African American Utilization Report, 2011) Cultural responsiveness is evident when communities are integrated into the planning, development, implementation, and evaluation of products and services intended for use in racial, ethnic, and cultural communities.

Evaluation and Assessment of Statewide PEI Initiatives

In the fall of 2011, CalMHSA entered into contract with the RAND Corporation to strategically plan and conduct a comprehensive statewide evaluation of CalMHSA’s Suicide Prevention (SP), Stigma and Discrimination Reduction (SDR), and Student Mental Health (SMH) Initiatives. Currently, the RAND evaluation team is collaborating with the PEI Program Partners to carry out the following evaluation aims:

- Evaluate PEI Program Partners’ progress toward meeting statewide objectives;

- Assess the activities implemented and resources created by PEI Program Partners;
- Evaluate program outcomes, including:
    - Targeted program capacities and their reach (e.g., provision of services, social marketing, workforce training);
    - Short-term outcomes (e.g., attitudes and knowledge about mental illness, behavior toward people with mental illness); and
    - Longer term outcomes (e.g., reduced suicide, reduced discrimination, improved student performance).

As a supplement to RAND's evaluation of the PEI Initiatives and in recognition of the challenges of California's extensive diversity, and to ensure the PEI Program Partners were poised to achieve positive outcomes for un-served, underserved, and inappropriately served racial and ethnic communities in California, CalMHSA contracted with the California Institute for Mental Health (CiMH) and consultant Katherine Elliot to conduct a cultural competence and technical assistance assessment of the 25 statewide Prevention and Early Intervention (PEI) Program Partners (See Appendix A, CalMHSA's PEI Program Partners) in the three PEI program areas. CiMH agreed to conduct the assessments, provide direct feedback to the Program Partners, and provide to CalMHSA training and technical assistance recommendations that would have an immediate impact on Program Partners' efforts to strengthen products and services for racial, ethnic, and cultural communities across the statewide PEI initiatives.

This study was designed to assess the organizational cultural competence of the Program Partners, as well as to ascertain their capacity to develop culturally responsive products and services that would yield high impact in un-served, underserved, and inappropriately served ethnic and racial populations. This included an examination of Program Partners' current programs, strategies, and deliverables. This report is a summary of the findings and recommendations that emerged from the assessment.

Methods

The individual statewide PEI initiatives are diverse in both magnitude and scope, with projects ranging from program-based primary care and behavioral health integration activities to anti-stigma social marketing efforts; from improving student mental health efforts to large-scale suicide prevention activities. Furthermore, the Program Partners implement their programs in a vast array of settings and mediums, including: statewide marketing campaigns, K-12 schools, universities/colleges, government, community based organizations, and clinics. They represent consumer-led and family member organizations; policy, advocacy, and technical assistance organizations; as well as a variety of sectors, including: mental health, alcohol and other drug services, education, and law enforcement.

The assessment protocol included a review and analysis of source materials (i.e., contract scope of work, detailed work plans, quarterly reports, and contract deliverables), a 90-minute telephone interview, and an online survey. Prior to the commencement of the interview phase, the assessment team conducted a literature review of several existing organizational assessment tools to design the assessment protocol.

As a result of the literature review, eight domains of cultural competence were adopted as the foundation for the cultural competence assessment. These eight cultural competence domains were utilized in the development of interview questions (See Appendix B, Interview Questions) as overarching themes for the assessment: 1) Organizational Values; 2) Policies and Procedures; 3) Planning, Monitoring, and Evaluation; 4) Communication; 5) Human Resources Development; 6) Community and Consumer Participation; 7) Facilitation of Broad Service Array; and, 8) Organizational Resources. (T. L. Cross; Harper, 2006; Siegel et al., 2011) Additional follow-up or prompting questions were also developed to elicit specific responses from Program Partners.

Each organization was invited to participate in a 90-minute web-based interview utilizing GoToMeeting software. The interviews began with introductions, a brief overview of the project, and an overview of cultural competence. The Program Partners were then led through a discussion about their organization's cultural competence across the eight domains identified in the protocol. Program Partners were also given the opportunity to provide updates about their program and indicate their self-identified technical assistance needs.

In addition to completing the 90-minute interview, Program Partners were asked to complete an online survey (See Appendix C, Program Partner Organizational Self-Assessment Tool). The purpose of the online survey was to supplement the interview discussions and for the Program Partners to provide detailed demographic information about the populations served, language capacity within the organization, as well as to allow Program Partners to conduct a self-assessment of their organization's cultural competence.

Finally, in order to better ascertain the Program Partners' current capacity to be culturally responsive and develop products and services that would have high impact in ethnic and racial communities, the assessment team reviewed selected deliverables from each Program Partner, including: training curricula, policy and environmental scans, marketing strategies (e.g., websites, billboards, etc.), needs assessments, etc.

Findings and Recommendations

Due to the diversity of the PEI initiatives, Program Partners, settings, strategies, and systems, it was not possible to identify a single technical assistance strategy that would provide an overall benefit to the Program Partners. No "one size fits all" training and technical assistance approach would be effective in improving the cultural competence of these organizations within the time allocated for implementation. Understanding the nature of the statewide PEI initiatives (i.e., limited funding and relatively short timeline for the project implementation), the goal of the assessment project was not to have an immediate impact on the Program Partners' organizational cultural competence. Rather, the assessment provides a snap shot perspective of the Program Partners' knowledge, practices, and capacity to be culturally responsive to California's un-served, underserved, and inappropriately served racial, linguistic, ethnic, and cultural populations. The more effective the organization is in achieving cultural competency

and demonstrating cultural responsiveness; the more likely they are to produce and implement effective culturally appropriate products and services.

Overall the Program Partners demonstrated a clear commitment to cultural competence and cultural responsiveness. They were positive and proactive about collaborating with the interview team in the assessment process. Most of the Program Partners were candid about their challenges and eager to engage with the assessment team about potential solutions and strategies to enhance their current efforts and improve their overall ability to appropriately serve racial, ethnic and cultural communities.

Specific strengths varied widely among Program Partners. For instance, some Program Partners reported strong community partnerships and a solid foundation within the community; while others indicated challenges in this area. Most, if not all, of the Program Partners spoke candidly of a desire to tailor and adapt products, services, and marketing strategies for specific audiences. However, these same Program Partners expressed concerns around resources, staffing, and training necessary to be successful with these endeavors.

From the assessment several themes emerged, including challenges regarding the development of relationships with communities, implementation of language access services, data collection, and culturally appropriate adaptations of products and services. The following findings and recommendations are organized into two categories: strategies to enhance cultural responsiveness of products and services; and strategies to improve organizational cultural competence.

Strategies to enhance cultural responsiveness of products and services:

1. *Utilize culturally appropriate community-defined practices to adapt products and services for targeted racial and ethnic populations*

It is particularly important to understand the role of cultural responsiveness in relation to its impact on the stigma of mental illness and resulting discrimination, trauma resulting from racism and discrimination, and suicide prevention strategies across the lifespan and for student populations in particular through the SMHI. The experience of having a mental illness, or having a family member with mental illness, is uniquely shaped by a person's racial, ethnic, and cultural framework and norms. The willingness and ability to access mental health services is influenced by cultural values, beliefs, history, and experiences. Many diverse ethnic and linguistic populations often do not have language that describes mental health concepts or a nosology that defines mental illness (California Department of Mental Health, Office of Multicultural Services, 2010).

Differences in attitudes and behaviors exist across age groups, acculturation levels, rural/urban communities, education, economic status, documentation status, sexual orientation, and gender identity. Using these dimensions to plan services is a complex process. It requires intimate knowledge of the target population and a plan for addressing the culturally based considerations needed to implement culturally appropriate programs and services. Understanding the uniqueness of these intersections of identity is critical to effective implementation of the statewide PEI initiatives to reduce stigma and discrimination, to improve student mental health, and to prevent suicides. The messaging,

interventions, education, health promotion, outreach and engagement strategies must all be tailored to meet the unique needs of diverse racial, ethnic, and cultural communities.

Several of the PEI initiatives include training components utilizing existing evidence-based or best practice curricula. Some Program Partners conducting these trainings for diverse audiences report lacking the scope and breadth of skills and resources to appropriately adapt these curricula/programs to make them culturally appropriate for a range of diverse target populations.

CalMHSA has provided exposure to The California Reducing Disparities Project (CRDP) Reducing Disparities Population Reports through technical assistance calls and TA bulletins. CalMHSA has also actively encouraged Program Partners to become very familiar with the rich content these reports provide. While the content in these reports should serve as guiding resources for all statewide PEI initiatives, the information contained in the reports is extensive and it can be complex to understand how to best use the information on a day-to-day basis. The strategies and recommendations included in the reports were defined by and developed for Native American, African American, Asian/Pacific Islander, Latino, and Lesbian, Gay, Bisexual and Transgender communities. The CRDP Population Reports offer rich insights, resources, strategies and promising practices to address disparities, as well as opportunities to enhance the reach and cultural responsiveness of the Program Partners' initiatives. In addition, with a further examination of existing data collected for the Reducing Disparities Population Reports, more insight regarding cultural considerations for SDR, SP and SMH could be extracted and applied to existing and future PEI projects, both statewide and locally.

2. *Improve culturally appropriate strategies for collecting and analyzing demographic data by race, ethnicity, sexual orientation and gender identity*

Participating in RAND's evaluation will likely assist Program Partners with improving or identifying strategies to collect demographic data by race and ethnicity; however, some of the Program Partners would benefit from more guidance regarding culturally appropriate strategies for collecting data. Some SP partners do not collect demographic data for hotline callers for several reasons ranging from concerns over interfering with engagement to lack of capacity; and they may have limited information about volunteers and training participants. Most of the Program Partners expressed specific challenges around collecting sexual orientation and gender identity data for participants and volunteers. For those who do collect this data additional training on analyzing the data and to utilizing it to inform programs and initiatives is needed.

3. *Enhance linguistic competence and language access by providing appropriate translation and interpretation services*

Investing resources to ensure linguistic competence, specifically the accessibility of services and products, is a critical component of organizational cultural competence and cultural responsiveness. In California, Latinos represent a large proportion of the population; as such Spanish is considered a threshold language statewide. While the initial contracts did not require it, some of the Program Partners do provide some materials in Spanish. For example, two of the social media/marketing campaigns have invested extensive resources and created specific marketing strategies in Spanish.

However, the overall linguistic capacity of the Program Partners is limited (e.g., absence of bilingual staff, use of un-trained staff to translate materials). Program Partners often lack adequate resources to provide translation of written materials[1] and report limited ability to provide interpretation, when appropriate (i.e. suicide prevention hotlines, trainings, etc.). Further, Program Partners implementing public services and/or trainings too often have to rely upon language lines and/or under-trained volunteers to ensure linguistic accessibility. The provision of bi-lingual services and translated products is essential to ensure accessibility and responsiveness to the needs of a bi-lingual, monolingual, and/or Limited English population.

4. *Develop culturally appropriate strategies for assessing the impact of project implementation in targeted un-served, underserved and inappropriately served communities*

Program Partners will be working in conjunction with the RAND Corporation to identify and develop formal strategies, procedures, and tools to continually assess their PEI projects relative to the impact and outcomes for racially, ethnically, linguistically, and culturally diverse populations. Each organization should implement a strategy to collect demographic data for its workforce, volunteer base, and training participants, as well as a mechanism to capture service utilization data (i.e., suicide hotline callers). Program Partners should collaborate with community partners to analyze and interpret results of data collection efforts in order to inform on-going and future strategies and PEI initiatives.

Strategies to improve organizational cultural competence:

1. *Strengthen and/or build formal relationships with community members and community-based organizations for the purpose of institutionalizing relationships with un-served, underserved, and inappropriately served communities*

Program Partners reported challenges related to relationship building with racial, ethnic, and cultural communities and were eager for support to address these challenges. Many Program Partners discussed challenges engaging specific communities (i.e., Native American, Asian/Pacific Islander, and LGBT populations, etc.), despite reported strong relationships in Latino and African American communities. The most commonly cited challenge to implementing programs in collaboration with these communities was the lack of bilingual/bicultural staff to conduct appropriate outreach and/or the lack of connections with community based cultural brokers. In cases in which Program Partners have formed partnerships with CBO's and community leaders, these relationships are often not sufficiently developed to ensure adequate participation to achieve the desired outcomes (i.e., planning, development, implementation, and evaluation of products and services) as many of these relationships are informal and lack sustainability. The connection that exists between the organizations is often characterized as an individual relationship between staff as opposed to a formal partnership between the organizations; this hampers the organizations' ability to achieve common goals. For example, when these particular staff members (from either organization) leave their positions, the relationships are often lost and the Program Partners are forced to start over and rebuild their networks.

[1] Subsequent to the assessment interviews, CalMHSA issued contract amendments to address these issues by providing additional resources to Program Partners.

Some of the Program Partners have begun developing relationships with statewide entities advocating for racial and ethnic communities by inviting the cultural brokers and representatives of racial and ethnic communities to serve on boards of directors and advisory committees, and participate in strategic planning and organizational development efforts. The advisory committee strategy allows the Program Partners to build capacity within their organization; as well as the opportunity to navigate and support sustainable relationships with community representatives. By starting with a small targeted advisory groups and building capacity over time, Program Partners will be better positioned to gain access to and develop long-term relationships with communities.

2. *Create a mechanism for regular, on-going self-assessment of organizational cultural competence and capacity to be responsive to racial, ethnic, linguistic and cultural populations*

One of the beneficial outcomes of this cultural competence and technical assistance assessment is the self-reflection and organizational assessment that each of the Program Partners underwent in response to the assessment interview and survey. All of the organizations interviewed affirmed a clear commitment to cultural competence. At the same time all of the organizations have room for growth in this area. Enhancing one's cultural competence and cultural responsiveness is an ongoing process that any organization, not just the ones participating in this program, should commit to. Regardless of the starting place for each of the Program Partners, all of the programs had to assess their programs and strategies through a cultural competence lens in order to respond to the interview questions. Continuing with this process of self-assessment will be helpful in furthering the development of Program Partners' cultural competence and cultural responsiveness.

3. *Continually assess individual staff development needs and skill-sets necessary to ensure cultural responsiveness*

It is often believed that cultural competence training is a one-time event; however, it does not have an endpoint at which an individual or an organization achieves "competence". It requires a, "commitment and active engagement in a lifelong process that individuals enter into on an on-going basis with patients, communities, colleagues, and themselves." (Tervalon & Murray-Garcia, 1998) This idea of ongoing commitment to cultural competence is applicable to prevention and early intervention as well as clinical practice. The skillsets and training needs of providers and staff should be continually assessed and developed. Even organizations with diverse bilingual workforces need regular training and staff development; just having staff members "from the community" or "representative of the community" does not necessarily equate to competence and expertise.

Many of the Program Partner organizations are small agencies with limited staff and resources and unable to commit necessary resources for on-going skill building for cultural competence. The majority of the larger organizations also failed to allocate adequate resources to training and staff development in the area of cultural competence and cultural responsiveness. Additional training and technical assistance to support these organizations' current efforts could provide Program Partners with strategies necessary for infusing on-going cultural competence training into their regular practice and to

ensure that Program Partners are able to achieve the best possible outcomes for the diverse population of California.

Discussion and Next Steps

Consistent with the timeline for implementation of the statewide PEI initiatives, this assessment was conducted within a relatively short timeframe and limited budget. As a result, the scope was confined to the perspectives of only a few providers within each Program Partner organization. Ideally, cultural competency assessments would incorporate site visits, and include in-depth interviews of clients and family members in addition to agency staff, as well as observations of the physical and virtual settings (if appropriate for the organization). This would result in a more comprehensive assessment of how well the Program Partners are reaching and serving a diverse clientele. Assessment and evaluation of the resulting services and products should incorporate community members representing racially, ethnically, linguistically, and culturally diverse populations.

All of the Program Partners demonstrated and unequivocally affirmed a commitment to cultural competence and responsiveness. Most, if not all, of the Program Partners reported challenges related to capacity, resource allocations, and prioritization in their efforts to demonstrate cultural responsiveness. Continued support for the statewide PEI Initiatives, by offering opportunities for training and technical assistance for the purpose of implementing the recommended strategies, would help Program Partners overcome these challenges. If implemented, the recommendations in this report would help Program Partners to build internal capacity to ensure cultural responsiveness of PEI products and services; thereby strengthening the outcomes for racial, ethnic and cultural communities across the statewide projects. Specifically, CalMHSA should provide additional resources and support in the form of the following technical assistance activities:

1. Establish a supported opportunity for knowledge exchange utilizing web based mediums. For instance, web-based partner cohorts would give Program Partners an opportunity to workshop their deliverables, share challenges, and spread ideas for learning, quality improvement, and implementation of best practices. Through this strategy, CalMHSA can continue to foster and strengthen interagency collaboration between the Program Partners beyond the bi-annual Statewide Coordination Workgroup convening of the Program Partners.

2. Provide one-on-one technical assistance, at the request of the CalMHSA contract manager and/or the Program Partners, to improve cultural responsiveness and enhance outreach and engagement strategies to reach un-served, underserved, and inappropriately served populations.

3. Engage cultural brokers and community experts to enhance understanding of cultural differences and distinctions within suicide prevention, stigma and discrimination reduction, and student mental health.

4. Develop strategies to adapt and incorporate cultural competence and cultural responsiveness into daily program delivery and overall organizational structure.

CalMHSA, through the statewide PEI initiatives has a unique opportunity to develop culturally appropriate models for rendering high quality services and products to address the suicide prevention, student mental health and stigma & discrimination reduction needs of un-served, underserved, and in-appropriately served populations across California. Future assessments of statewide Prevention and Early Intervention programs should expand the focus of the assessment to address some of the limitations of this assessment project.

Appendices

A. CalMHSA's PEI Program Partners

Suicide Prevention Partners

AdEASE
Didi Hirsch Mental Health Services
Transitions Mental Health
Family Services Agency, Central Coast
Family Services Agency, Marin
San Francisco Suicide Prevention
Institute on Aging
Kingsview Behavioral Health Services
LivingWorks

Stigma and Discrimination Reduction Partners

Runyon Saltzman & Einhorn
United Advocates for Children and Families
Mental Health Association of San Francisco
Mental Health Association in California
Entertainment Industries Council, Inc.
Community Clinics Initiative – Integrated Behavioral Health Project
National Alliance for Mental Illness, California
Disability Rights of California

Student Mental Health Initiative Partners

California Department of Education
California County Superintendents Education Services Association
California State University Office of the Chancellor
University of California, Board of Regents
California Community Colleges

B. Interview Questions with Prompts

CalMHSA, in collaboration with the California Institute of Mental Health (CiMH), is conducting cultural competence needs assessment and technical assistance project to assist program partners in meeting the needs of underserved communities. The following questions will be addressed in interviews with program partners. These questions are provided to you in advance to allow time for reflection and information gathering. Please be prepared to provide responses and examples for the questions listed below. Thank you for your willingness to participate in this project.

1. What challenges do you face in promoting cultural competence in the Student Mental Health Initiative project?

2. How does your organization explicitly demonstrate its commitment to cultural competence in its policies and procedures?
    - Is the commitment explicit?
    - How is commitment to cultural competence demonstrated in institutional policies and practices?

3. How are you measuring your effectiveness with underserved communities?
    - Is race and ethnicity data collected?
    - What are your race/ethnicity categories?
    - What other population demographics are measured (LGBTQ, etc.)?
    - How does data collected reflect county/regional demographics
    - How are you using data to inform design, planning and implementation of services?
    - Do you have staff trained to analyze the data?
    - What have you done to address disparities evident in your data?

4. How does your organization deal with issues of linguistic diversity?
    - Do you provide translated materials, interpreter services?
    - What languages do you use?
    - Do these reflect the linguistic diversity of the community?
    - What is the process for translating materials?
    - How do you make these materials available? Examples?

5. How diverse is your personnel at all levels? What strategies do you have for enhancing diversity?
    - Does the diversity of your staff reflect the diversity of target communities?
    - What percentage of your top leadership reflects the diversity of the populations served?
    - What do you see as the benefits and value of staff diversity?
    - Have you developed an organizational culture that generally supports staff diversity?

- Are there organizational supports for staff members from minority groups? Do staff members for non-majority populations feel they carry a disproportionate amount of weight of advocacy for cultural competence within the organization?
- What kind of support and training does the organization provide regarding the cultures of the populations served?
- Training: Is there regular training provided regarding cultural issues? How often? What topics are covered? Who attends?

6. What is the nature of your organization's relationship to the community?

    - What is the involvement of communities and consumers in the design and implementation and evaluation of your project? How does the agency involve the broader community in its strategic planning, program development, and evaluation processes?
    - What formal relationships (contracts/MOUs) with community based organizations?
    - What is the role of consumers and family members in project?
    - What community events does your organization participate in?
    - What CBOs do you partner with?
    - Do you have relationships with local ethnic media providers?

7. How do the services provided reflect the specific needs of the diverse communities served?

    - How are programs tailored to meet the cultural needs of communities?
    - How are these needs assessed?
    - How do you know what they need and/or if you are providing what the communities need?
    - How do you incorporate cultural concerns and treatment needs of specific groups? (i.e. use of traditional healing practices)? Use of culturally appropriate diagnostic assessment, treatment planning tools?
    - Accessibility: flexible hours? Transportation? Child care? Welcoming environment? Convenient location?

8. What infrastructure exists to support cultural competence within the organization?

    - Is there a person in charge of cultural competence within the organization? What authority does this person have within the decision-making structure of the organization?
    - Is there an advisory committee charged with enhancing cultural competence?
    - Is there collaboration with cultural leaders, cultural brokers, cultural organizations, and faith based organizations?
    - Is there financial support (i.e., budgetary allotment) for cultural competence activities? Is this financial support within the jurisdiction of the cultural competence manager?
    - Technological infrastructure (i.e., on-line resources) that is accessible and reflects culturally competent values?

C. Program Partner Organizational Self-Assessment Survey[2]

This survey is intended to assist the California Mental Health Services Authority (CalMHSA) and the California Institute of Mental Health (CiMH) in identifying strategies to enhance Prevention and Early Intervention efforts. Your response to these questions will inform the cultural competence needs assessment and technical assistance project designed to assist program partners in meeting the needs of underserved communities. Thank you for taking the time to complete this survey.

1. What is today's date?

2. Contact Information?
    - Name
    - Company
    - Email Address
    - Phone Number

3. What is your title?

4. What is your role at the agency?

5. In what setting do you provide service? Check all that apply.
    - In School
    - School-Based (services provided to those recruited through schools but delivery of services mostly out of school)
    - AOD Treatment Program
    - Government Facility (jail, prison, public hospital, military base)
    - Clinic Setting (e.g. Primary Care, Mental Health, etc.)
    - Private Homes (in-home services, home visits, in-home interventions)
    - Internet (services are delivered through website/webinars/chat rooms/Facebook)
    - Organization Sponsored Events/Programs (events or programs that take place at your facility, or at facilities that your provide)
    - Community Agency (Please describe below)
    - Other (please specify)

6. How many people does your organization serve annually?

7. What racial or ethnic groups have a significant presence in your service area? Check all that apply.
    - African American/Black
    - American Indian/Native American

[2] Online survey sent via Survey Monkey.

- Biracial or multiracial
- Caucasian/White
- East Asian (i.e. Chinese, Japanese, Korean)
- Latino/Hispanic/Chicano
- Middle Eastern
- Pacific Islander (i.e. Hawaiian, Samoan, Guamanian)
- South Asian (i.e. Indian, Pakistani, Bangladeshi)
- Southeast Asian (i.e. Filipino, Vietnamese, Hmong)
- Others (please specify)

8. Which of the following cultural groups have a significant presence in your service area? Check all that apply.
    - Homeless
    - LGBTQ (lesbian, gay, bisexual, transgender, questioning)
    - Older Adults
    - People with disabilities
    - Veterans
    - Youth
    - None
    - Other (please specify)

9. What languages other than English are commonly spoken in your service area? Please check all that apply.
    - Arabic
    - Armenian
    - Cambodian
    - Cantonese
    - Dari
    - Farsi
    - French
    - Hindi
    - Hmong
    - Japanese
    - Korean
    - Mandarin
    - Persian
    - Russian
    - Spanish
    - Tagalog
    - Vietnamese
    - Other (please specify)

10. How familiar are you with the Culturally and Linguistically Appropriate Services (CLAS) standards?
    - Not at all familiar
    - Not very familiar
    - Somewhat familiar
    - Very familiar

11. Does your organization have TARGETED services, programs, or outreach efforts for any of the following racial or ethnic groups? Please check all that apply.
    - African American/Black
    - American Indian/Native American
    - Biracial or multiracial
    - Caucasian/White
    - East Asian (i.e. Chinese, Japanese, Korean)
    - Latino/Hispanic/Chicano
    - Middle Eastern
    - Pacific Islander (i.e. Hawaiian, Samoan, Guamanian)
    - South Asian (i.e. Indian, Pakistani, Bangladeshi)
    - Southeast Asian (i.e. Filipino, Vietnamese, Hmong)
    - Others (please specify)

12. Does your organization have TARGETED services, programs, or outreach efforts for any of the following cultural groups? Please check all that apply.
    - Homeless
    - LGBTQ (lesbian, gay, bisexual, transgender, questioning)
    - Older Adults
    - People with disabilities
    - Veterans
    - Youth
    - None
    - Other (please specify)

13. For each of the following, please rate how well your organization performs (Not well at all; Not very well; Somewhat well; Very well; Don't know):
    - How well does your organization know the racial and ethnic demographics of its service community?
    - How well aware is your organization of the presence of other culturally identified groups in its service community?
    - How well does your agency make the office environments welcoming to diverse communities?

- How well does your organization leverage strengths of its service population?
- How well does your organization incorporate strategies to address social determinants of health?

14. Please answer yes or no for the following.
    - Has your organization formally identified cultural competence as a service goal?
    - Does your organization have a written non-discrimination policy?
    - Does this policy also ban harassment and hate speech (i.e. slurs and insults based on race, ability, sexual orientation, or gender identity?

15. Please rate your organization's performance on the following measures.
    - How well does the cultural and linguistic profile of your organization's staff reflect the cultural and linguistic profile of your service community?
    - How well does your organization accommodate the spiritual, cultural, and religious diversity of its staff?

16. Is training in cultural competence part of employee training?
    - Yes, for all employees
    - Yes, for new employees
    - No

17. How well does this training equip staff members to more effectively serve diverse cultural groups?
    - Not well at all
    - Not very well
    - Somewhat well
    - Very well
    - Don't know

18. Does your organization have a formal policy to grow and support a diverse workforce to reflect the community it serves?

19. Please rate how well your organization performs on the following measures (Not well at all; Not very well; Somewhat well; Very well; Don't know):
    - How well your organization understands and responds to the cultural needs of its clients? (i.e. responding to the different needs of diverse cultural groups such as, older adults with mobility problems, youth who communicate via text message, homeless people without addresses, women with children, people in same sex relationships, transgender people, cross generational conflict)
    - How well does staff advocate for diverse populations?
    - How well does staff understand the diverse cultural beliefs about substance use, abuse, and treatment in its service community?

- How well does your organization understand the gender-specific needs of women (i.e. domestic violence intervention, sexual abuse counseling, parenting supports)?
- How well does you organization accommodate clients with particular spiritual/cultural/religious needs (i.e. scheduling around religious or spiritual observances, or trans-inclusive policies for gender-specific environments)?
- How well does your organization accommodate people with disabilities? (i.e. ADA-compliant accessibility in the physical environment, scent free, large print, services for the deaf and hard of hearing)

20. What further resources does your organization need to meet the cultural needs of its clients?

21. Does your organization provide services in languages or dialects other than English?

22. Does your organization employ staff fluent in languages or dialects other than English?

23. Does your organization offer written materials in languages other than English?

24. Does your organization do advertising or outreach in languages other than English?

25. How well do you feel that your organization meets the linguistic needs of its clients? Linguistic competency includes language skills (i.e., proficiency in languages other than English) as well as linguistically appropriate service provision (i.e., understanding appropriate terms in ethnic, LGBT, and disability communities, etc.).

26. Please indicate whether you collect demographic data for identified cultural groups.
    - Does your organization collect data on client race/ethnicity?
    - Does your organization collect data on client sex?
    - Does your organization collect data on client gender identity?
    - Does your organization collect data on client sexual orientation?

27. Does your organization have the capacity to do data analysis on the client information it collects?

28. Please describe your community partnerships:
    - Does your organization work with local resource persons to help you better understand beliefs about mental illness in your service community?
    - Has your organization build effective partnerships with local community groups and organizations that serve underserved populations (i.e., social service agencies, faith-based groups, advocacy groups, local business owners)?
    - Does your organization recruit clients or advertise services through community outlets or organizations (i.e., fliers, neighborhood groups, local or specialized newspaper/radio/television programs, business groups, email lists, websites, or Internet resources?)

- Is staff knowledge about appropriate referrals for marginalized populations?
- Do your organization's boards and committees reflect the cultural diversity of your service community?

29. Does your organization solicit community participation in any of the following areas (please check all that apply)?
    - Planning
    - Design
    - Implementation
    - Evaluation
    - Marketing

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