

# **Cultural and Linguistic Competence Group (CLCTRG) Draft Workplan**

**Presented  
September 28, 2007**



# Introduction

Cultural and linguistic competence is a set of congruent behaviors, attitudes and policies that come together in a system, agency, or among consumer providers, family members, and professionals that enable that system, agency or those providers to work effectively in cross-cultural situations.

(Source: Adapted from Cross, T.L., Bazron, B.J. Dennis, K.W., Issacs, M.R. and Benjamin, M.P. (1989). Towards A Culturally Competent System of Care, (Vol) Washington, D.C.



# Five Essential Elements of Cultural Competence

- Valuing Diversity
- Cultural Self Assessment
- Dynamics of Differences
- Institutionalization of Cultural Knowledge
- Adaptation to Diversity



## CLCTRG Role

- To ensure the MHSOAC has access to experts in the 3 core principles of the Act:
  - Cultural and Linguistic Competence to reduce disparities
  - Client and family involvement in shaping MHSA
  - Outcomes Accountability
- It will consist of individuals with expertise in an systems approach to cultural competence and mental health stigma and discrimination reduction, and the reduction of disparities in access to, quality of, and mental health outcomes among unserved / underserved / inappropriately served communities.



## CLCTRG Role Con't

- Support engagement of historically unserved/underserved communities and encourage their participation at MHSOAC meetings, particularly when there are agenda items related to reducing disparities and increasing equality in California's mental health.



## CLCTRG Charge

The Cultural and Linguistic Competence Technical Resource Group (CLCTRG) is charged with ensuring that the Commission has an ongoing focus in the area of access, quality and outcomes disparities in mental health service provision to unserved/underserved/inappropriately served communities with historical disparities.



# Discussed by CLCTRG: Themes for the Unserved/underserved/ Inappropriately Served

- Those that are receiving some level of assistance, but not adequate to deal with their mental illness.
- Those groups that are not represented in treatment data equal to their presence in the general population.
- Those populations that have not been historically provided access to mental health services.
- Those that are not represented in data systems reporting treatment for mental illness.



# Adopted by CLCTRG: Unserved/underserved/ Inappropriately Served Populations Definition

- Historical disparities are defined as California's racial-ethnic populations including African-Americans, Latinos, Asian Pacific Islanders (API), and Native American, as these groups have demonstrated evidence of historical disparities in access and appropriateness of care in mental health systems.
- Additionally, this should also include rural communities, California's elderly population and as appropriate the GLBTQ community."



# Unserved/underserved/ Inappropriately Served Definition Con't

- Historical disparities are defined here to first include and to begin with those defined groups as they have evidence of disparities in mental health services.
- Any other group targeted by a county must be clearly defined with demonstrated evidence and supporting data to target them as having “historic disparities in mental health services.”



# Cultural Humility Defined

- A process that requires humility as individuals continually engage in self-reflection and self-critique
- Continued engagement and learning in how practitioners address the imbalances that exist in providing patient care.
- Uses patient-focused interviewing and care, a process that requires humility to develop and maintain respectful and dynamic partnerships with communities.
- Enhances patient care by effectively weaving an attitude of learning about cultural differences into patient encounters.



# The Four Primary Roles

1. Provide information and technical assistance to commissioners to assist them in achieving their goal of reducing disparities in access to, quality of and outcomes of mental health services.



## The Four Primary Roles Con't

- 2.) Assist Commissioners in creating accountability mechanisms for reduction of disparities.
- 3.) Recommend that historically unserved/underserved/ inappropriately served communities are involved in mental health policy development.



## The Four Primary Roles Con't

- 4.) Provide a public forum where unserved/underserved groups can raise concerns, issues and policy questions related to the reduction of disparities in California's public mental health system.



# Timeline for the CLCTRG

The CLCTRG meets monthly including the day before the full OAC meetings. Monthly meetings began August 2007.

## The Meeting Dates:

	Aug 22	Oakland/Sacramento
	Sept 26	Sacramento
	Oct 24	TBA
	Nov.14	Redding
	Dec	No Meeting

Meetings will be from 10a.m. to 2p.m.



# Process and Resources

- In order to assist MHSOAC Commissioners, the CLCTRG will need to collaborate through both expert presentations as well as public testimony.
- Staff will initiate and plan necessary meetings and/or public hearings and will ensure that the CLCTRG is informed prior to establishing a final CLCTRG workplan for the MHSOAC.
- Staff will keep CLCTRG members informed and solicit input and participation in such meetings and/or public hearings.

