

# APPENDIX 23

Cultural Competency Committee Charter,  
Organizational Chart and Flyer

# Napa County Behavioral Health Cultural Competence Committee

## Charter

### **Mission**

The mission of the Cultural Competence Committee (CC Committee) is to assure that Napa County Alcohol and Drug Services and Mental Health Plan implement and provide culturally and linguistically competent services to reduce health disparities and meet the diverse needs of Napa County residents.

The CC Committee will be a sub-committee to the Mental Health Quality Improvement Committee (QIC). Members are responsible for providing culturally competent sustainable, feasible recommendations and solutions to QIC. Committee members will hold an advisory role and provide input on the Behavioral Health Cultural Competency Plan.

### **Objectives:**

1. Review and provide guidance on Behavioral Health Cultural Competency Plan.
2. Review Napa County Behavioral Health programs, procedures and practices and recommend changes to align with cultural competent objectives.
3. Propose internal (County) and external (Contractor) strategies to reduce mental health disparities based on race, ethnic, cultural, linguistic, sexual orientation, gender differences and other dimensions of diversity.

### **Goals:**

The CCC will conduct reviews and propose recommendations based on the following priority goals, which are aligned with federal Culturally and Linguistically Appropriate Services (CLAS) Standards as well as California Mental Health Service Act (MHSa) guiding principles:

1. Assure that NCMH leadership values cultural and ethnic diversity.
2. Assure that NCMH provides cultural and linguistic effective mental health services to all Napa County residents.
3. Reduce historical underserved racial, ethnic, cultural, linguistic, and other health disparities.
4. Assure that NCMH staff receives adequate cultural competency trainings.
5. Assure that NCMH has the language capacity to provide effective communications between consumers, providers, staff and administration.
6. Reduce mental health stigma and discrimination.
7. Maintain a fully informed stakeholder process.
8. Endorse and promote strategies that transform the mental health system, including systems and services integration.
9. Seek innovative solutions for historically unserved/underserved communities.
10. Foster best practices and continuous quality improvement.

### **Proposed Activities to Achieve Goals**

**Activity 1:** Utilize HHS's Racial Equity Toolkit to review Napa County Behavioral Health programs, procedures and practices and recommend changes to align with culturally competent objectives.

**Activity 2:** Propose strategies for reducing disparities. The BH CC Committee will review retention and penetration rates for all groups with disparities, with a primary focus on Latinos/Hispanics and other underserved/unserved populations, and propose strategies to reduce disparities in services.

**Activity 3:** Make recommendations for Napa County Behavioral Health Cultural Competence trainings for ADS, MHD staff and Contractors. A pre/post-test to assess the effectiveness of the CC trainings will be offered to all training attendees and results will be compiled for analysis and to determine additional trainings that may be offered.

**Activity 4:** The CC Committee will assist with the development of the state mandated CCP providing input and recommendations.

Other activities may be added by CC Committee members.

### **Potential Membership Affiliation:**

1. Behavioral Health Stakeholders including consumers, family members, caregivers, etc.
2. Napa County ADS and MH Staff and Contractors
3. Mental Health Providers
4. Alcohol and Drug Services Division Representative
5. MH Board Members
6. Community Members

**Meeting Frequency:** Bi-monthly

### **Meeting Day, Time and Location:**

Mondays from 10-11:30am

Innovations Community Center, 3281 Solano Avenue, Napa



## Join the Napa County Mental Health Cultural Competence Committee



The Napa County Mental Health Division's (MHD) Cultural Competence Committee (CCC) will help assure that the Division implements and provides culturally and linguistically competent mental health services to reduce disparities and meet the diverse needs of Napa County residents.

**Date: TBD**

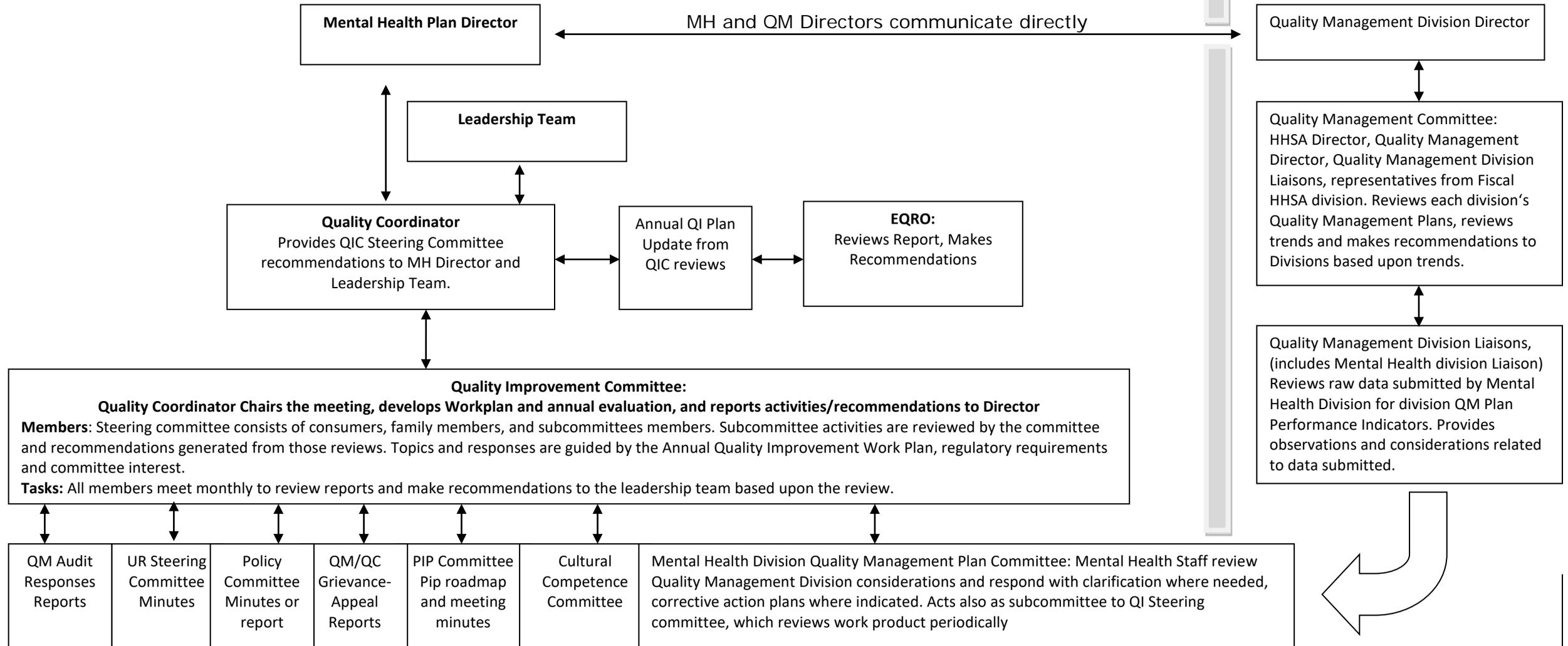
**Time: TBD**

**Location: TBD**

If interested, please contact Felix Bedolla, Project Manager, at [Felix.Bedolla@countyofnapa.org](mailto:Felix.Bedolla@countyofnapa.org) x 1759 or Liset Esqueda, MHSA Analyst, at [Liset.Esqueda@countyofnapa.org](mailto:Liset.Esqueda@countyofnapa.org) x 2119.

**MENTAL HEALTH DIVISION**

**QUALITY MANAGEMENT DIVISION**



**QUALITY IMPROVEMENT PROGRAM**

Napa County Mental Health Plan's Quality Improvement Program consists of the QIC, the subcommittees noted above, and the Leadership team working collaboratively to provide input in to the Annual Quality Improvement Work Plan Update. The Utilization Review Committee also meets monthly and focuses on reviewing data and making recommendations. The Quality Management Review Committee meets quarterly to review audit results and key emerging compliance issues.



## QI Plan Annual Update Components:

1. An annual evaluation of the overall effectiveness of the QI Program, demonstrating that QI activities have contributed to meaningful improvement in clinical care and beneficiary service, and describing completed and in-process QI activities and Objectives, scope, and planned activities for the coming year, including QI activities in each of the following areas:
1a. Monitoring of previously identified issues, including tracking of issues over time;
1b. Monitoring the service delivery capacity of the MHP: The MHP will implement mechanisms to assure the capacity of service delivery within the MHP
c. The MHP will describe the current number, types and geographic distribution of mental health services within its delivery system.
d. The MHP will set goals for the number, type, and geographic distribution of mental health services
2. Monitoring the accessibility of services: In addition to meeting Statewide standards, the MHP will set goals for
2a. Timelines of routine mental health appointments;
2b. Timeliness of services for urgent conditions;
2c. Access to after-hours care; and
2d. Responsiveness of the MHP's 24 hour, toll free telephone number.
3. Monitoring beneficiary satisfaction The MHP will implement mechanisms to ensure beneficiary or family satisfaction by
3a. The MHP will assess beneficiary or family satisfaction by: surveying beneficiary/family satisfaction with the MHP's services at least annually
3b. evaluating beneficiary grievances and fair hearings at least annually; and
3c. evaluating requests to change persons providing services at least annually
3d. The MHP will inform providers of the results of beneficiary/family satisfaction activities
4a. Monitoring the MHP's service delivery system and meaningful clinical issues affecting beneficiaries, including the safety and effectiveness of medication practices.
4b. The scope and content of the QI Program will reflect the MHP's delivery system and meaningful clinical issues that affect its beneficiaries
4c. Annually the MHP will identify meaningful clinical issues that are relevant to its beneficiaries for assessment and evaluation
4d. These clinical issues will include a review of the safety and effectiveness of medication practices. The review will be under the supervision of a person licensed to prescribe or dispense prescription drugs
4e. In addition to medication practices, other clinical issue(s) will be identified by the MHP.
4f. The MHP will implement appropriate interventions when individual occurrences of potential poor quality are identified
4g. At a minimum the MHP will adopt or establish quantitative measures to assess performance and to identify and prioritize area(s) for improvement
4h. Providers, consumers and family members will evaluate the analyzed data to identify barriers to improvement that are related to clinical practice and/or administrative aspects of the delivery system
5a. Monitoring continuity and coordination of care with physical health care providers and other human services agencies
5b. The MHP will work to ensure that services are coordinated with physical health care and other agencies used by its beneficiaries
5c. When appropriate, the MHP will exchange information in an effective and timely manner with other agencies used by its beneficiaries
5d. The MHP will monitor the effectiveness of its MOU with Managed Care Plans
6a. Monitoring provider appeals
7. The following process will be followed for each of the QI work plan activities #1 - 6 identified above, to ensure the MHP monitoring the implementation of the QI Program. The MHP will follow the steps below for each of the QI activities
7a. collect and analyze data to measure against the goals, or prioritized areas of improvement that have been identified
7b. identify opportunities for improvement and decide which opportunities to pursue
7c. design and implement interventions to improve its performance
7d. measure the effectiveness of the intervention
7e. Incorporate successful interventions in the MHP as appropriate.