CULTURAL COMPETENCY 101

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Ethnic Services Manager

PROGRAM SUPPORT BUREAU
QUALITY IMPROVEMENT DIVISION
I. Introduction and Definitions

II. The Importance of Cultural Competency
   - Federal, State and County Regulations
   - The Culturally and Linguistically Appropriate Services (CLAS)

III. LACDMH Strategies to Reduce Mental Health Disparities
   - Cultural Competence Plan
   - Examples of Strategies

IV. County of Los Angeles and LACDMH demographics

V. How Cultural Competency Applies to Service Delivery
   - Cultural humility
   - The Client Culture
   - Stigma
   - Elements of Cultural Competency in Service delivery

VI. Resources
I. INTRODUCTION AND DEFINITIONS

CULTURE
INDIVIDUAL CULTURAL COMPETENCY
ORGANIZATIONAL CULTURAL COMPETENCY
MENTAL HEALTH DISPARITIES
INTRODUCTION AND DEFINITIONS

Culture:
- The integrated pattern of thoughts, communication, actions, customs, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups, as well as religious, spiritual, biological, geographical, or sociological characteristics.

- Culture is dynamic in nature, and individuals may identify with multiple cultures over the course of their lifetime.

Source: National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice, April 2013
Elements of culture include:

- Age
- Country of origin, degree of acculturation, generation
- Educational level obtained
- Family and household composition
- Gender identity; sexual orientation
- Health practices including use of traditional healer techniques
- Linguistic characteristics - language(s) spoken, written, or signed
- Perceptions of health and well-being and related practices
- Perceptions/beliefs regarding diet and nutrition
- Physical ability or limitations; cognitive ability or limitations
- Political beliefs
- Racial and ethnic groups
- Religious and spiritual characteristics
- Socio-economic status, etc.

Source: National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice, April 2013
Culture defines how:

- Health care information is received;
- How rights and protections are exercised;
- What is considered to be a health problem;
- How symptoms and concerns about the problem are expressed;
- Who should provide treatment for the problem; and
- What type of treatment should be given
Cultural Competency:

- **Individual Level**
  Refers to a set of congruent attitudes, knowledge, and skills that enable the person or individual to interact effectively in cross-cultural situations.

- **Organizational Level**
  Refers to the existence of policies, procedures, practices, and organizational infrastructure to support the delivery of culturally and linguistically sensitive and appropriate health care services where culture is broadly defined.

INTRODUCTION AND DEFINITIONS, CONTD.

Mental Health Disparities:

- A type of health difference/outcome that is closely linked with social, economic, and/or environmental disadvantage.
- Adversely affect groups of people who have systematically experienced greater obstacles to health based on:
  - Race/ethnicity;
  - Religion;
  - Socioeconomic status;
  - Gender;
  - Age;
  - Mental health;
  - Cognitive, sensory, or physical disability;
  - Sexual orientation or gender identity;
  - Geographic location;
  - Other characteristics historically linked to discrimination or exclusion.

Source: Substance Abuse and Mental Health Services Administration (SAMHSA)
INTRODUCTION AND DEFINITIONS, CONTD.

Causes of Mental Health Disparities:

○ Social Determinants of Health
  ▪ Person’s biology and genetics (age, gender, health)
  ▪ Health practices (diet, exercise, smoking, drug use)
  ▪ Health services (availability, cost, language access)
  ▪ Social factors (public safety, quality of schools, SES)
  ▪ Geography and neighborhood
  ▪ Stress and the environment
  ▪ Access to and utilization of health services including preventive care
  ▪ Lower quality of care

II. THE IMPORTANCE OF CULTURAL COMPETENCY

FEDERAL REGULATIONS
STATE REGULATIONS
CLAS STANDARDS
CULTURAL COMPETENCE PLAN REQUIREMENTS
LACDMH POLICIES AND PROCEDURES
THE IMPORTANCE OF CULTURAL COMPETENCY, CONT'D.

Federal Regulations:

- Title VI of the Civil Rights Act of 1964
- Title 42 - Public Health, Part 438.10, Managed Care
- Executive Order 13166, August 2000
THE IMPORTANCE OF CULTURAL COMPETENCY, CONT'D.

State Governing Regulations:

- Dymally-Alatorre Bilingual Services Act 1973
- CA Welfare & Institutions Code, Sections 14684(a)(9), 4341(d), 5600.2, 5600.9(a), 5801(b)(8), 5802(a)(4), 5865(e), 5880(a)(8), & 5880(b)(6)
- The CA State DMH - Title 9, California Code of Regulations, Section 1810.410
- CA Health & Safety Code (SB 853), Section 152
- CA DMH Info Notice No. 10-02 - CC Plan Requirements
- The Mental Health Services Act - Prop 63
Principal 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.

Governance, Leadership and Workforce:

- Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
- Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the Service Area.
- Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
Communication and Language Assistance:

• 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.

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

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

• Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the Service Area.
THE IMPORTANCE OF CULTURAL COMPETENCY, CONT'D.

Engagement, Continuous Improvement, and Accountability:

- Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
- Conduct ongoing assessments of the organization's CLAS-related activities.
- Integrate CLAS-related measures into measurement and continuous quality improvement activities and
- 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.
THE IMPORTANCE OF CULTURAL COMPETENCY, CONT'D.

- 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.
- Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
- Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
- Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Source: U.S. Department of Health & Human Services: Think Cultural Health, CLAS & the CLAS Standards Thinkculturalhealth.hhs.gov
GROUP EXERCISE I: HOW DOES LACDMH IMPLEMENT CLAS?
THE CULTURAL COMPETENCE PLAN REQUIREMENTS (CCPR)

Eight criteria:
- Commitment to Cultural Competency
- Population Needs Assessment Data
- Strategies to Reduce Disparities
- Cultural Competency Committee
- Trainings Related to Cultural Competency
- Workforce Development
- Language Accessibility
- Adaptation of Services

Source: Information Notice 10-02, Department of Health Care Services
LACDMH CULTURAL COMPETENCY POLICIES AND PROCEDURES

- Policy 302.02 - Crisis Emergency Evaluation by Outpatient Mental Health Facility
- Policy 202.17 - Hearing Impaired Mental Health Access
- Policy 200.03 - Language Translation and Interpretation Services
- Policy 602.1 - Bilingual Bonus
III. LACDMH STRATEGIES TO REDUCE MENTAL HEALTH DISPARITIES
LACDMH STRATEGIES TO REDUCE DISPARITIES

1. Outreach and Engagement
2. Community education to increase mental health awareness and decrease stigma
3. Multi-lingual/multicultural materials
4. Collaboration with faith-based and other trusted community entities/groups
5. School-based services
6. Field-based services
7. Programs that target specific ethnic and language groups
8. Designating and tracking ethnic targets for FSP
9. Flexibility in FSP enrollment such as allowing “those living with family” to qualify as “at-risk of homelessness”
LACDMH STRATEGIES TO REDUCE DISPARITIES, CONTD.

10. Countywide FSP Networks to increase linguistic/cultural access
11. Integrated Supportive Services
12. Co-location with other county departments (DCFS, DPSS, DHS)
13. Interagency Collaboration
14. Consultation to gatekeepers
15. Trainings/ case consultation
16. Provider communication and support
17. Multi-lingual/multi-cultural staff development and support
18. EBPs/CDEs for ethnic populations
19. Investments in learning (e.g. Innovation)
20. Increasing mental health service accessibility to underserved populations

21. Physical health, mental health and substance abuse service integration

22. Utilizing community’s knowledge and capacity to identify and prescribe ways of promoting health and well-being from within

23. Implementation of new departmental policies and procedures that improve the quality and timeliness of mental health services

24. Implementation of new technologies to enhance the Department’s service delivery

25. Creation of new committees, subcommittees and taskforces that address cultural and linguistic competent service delivery.
LACDMH STRATEGIES TO REDUCE DISPARITIES, CONT'D.

Examples of LACDMH programs and projects

- Service Area Outreach and Engagement Teams
- Faith-based Advocacy Council
- Underserved Cultural Communities Unit
- Age group specific Full Service Partnership Programs
- Others
# IV. DEMOGRAPHICS: COUNTY OF LOS ANGELES

## FY 14-15

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>County of Los Angeles Population (~10 million)</th>
<th>DMH Consumers Served (~255,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latino</td>
<td>48%</td>
<td>47%</td>
</tr>
<tr>
<td>African-American</td>
<td>9%</td>
<td>24%</td>
</tr>
<tr>
<td>White</td>
<td>27%</td>
<td>18%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>15%</td>
<td>4%</td>
</tr>
<tr>
<td>Native American</td>
<td>1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td></td>
<td>7%</td>
</tr>
</tbody>
</table>
### DEMOGRAPHICS: COUNTY OF LOS ANGELES, CONTD.

#### FY 14-15

<table>
<thead>
<tr>
<th>Age Group</th>
<th>County of Los Angeles Population (~10 million)</th>
<th>DMH Consumers Served (~255,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-17</td>
<td>23%</td>
<td>37%</td>
</tr>
<tr>
<td>18-64</td>
<td>65%</td>
<td>60%</td>
</tr>
<tr>
<td>65+</td>
<td>12%</td>
<td>3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>County of Los Angeles Population (~10 million)</th>
<th>DMH Consumers Served (~255,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>51%</td>
<td>46%</td>
</tr>
<tr>
<td>Male</td>
<td>49%</td>
<td>54%</td>
</tr>
</tbody>
</table>
DEMOGRAPHICS: COUNTY OF LOS ANGELES, CONTD.

Threshold Languages:

- Arabic
- Armenian
- Cantonese
- Cambodian
- Other Chinese
- English
- Farsi
- Korean
- Mandarin
- Russian
- Spanish
- Tagalog
- Vietnamese
V. HOW CULTURAL COMPETENCY APPLIES TO SERVICE DELIVERY

CULTURAL HUMILITY
THE CONSUMER CULTURE
ELEMENTS OF CULTURAL COMPETENCY IN SERVICE DELIVERY
CULTURAL COMPETENCY AT ALL POINTS OF CONTACT
THE CROSS CULTURAL EXPERIENCE
Cultural Humility:

- Originated in the medical field in 1998
  - Melanie Tervalon, MD, MPH - Children’s Hospital Oakland
  - Jann Murray-Garcia, MD, MPH University of California, San Francisco
- Alternative to cultural competence
- Framework for multicultural understanding
- Promotes effective cross-cultural service delivery
- Three elements:
  - Self-evaluation and self-critique
  - Removal of power imbalances
  - Promotes partnerships and advocacy

Source: Cultural Humility Versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education By M. Tervalon and J. Murray-Garcia
Cultural humility is an on-going commitment to:

- Renounce the role of expert and becoming the learner
- Accept the consumer as a capable partner
- Remain open to self-evaluation and self-critique
- Eliminate any power imbalance in the consumer-professional dynamic
- Develop collaborations/partnerships with your community and other community-based organizations
- Daily practice

Source: Cultural Humility Versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education by M. Tervalon and J. Murray-Garcia
The practice of cultural humility requires:

- Engaging in self-reflection
- Discarding the false sense of security perpetuated by stereotypes
- Assessing the cultural dimensions of each person’s experience
- Getting comfortable with “I do not know” moments
- Searching for resources that enhance the care of the persons we serve and ourselves.

Source: Cultural Humility Versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education By M. Tervalon and J. Murray-Garcia
# HOW CULTURAL COMPETENCY APPLIES TO SERVICE DELIVERY, CONT'D.

<table>
<thead>
<tr>
<th>Cultural Competence</th>
<th>Cultural Humility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goals</strong></td>
<td></td>
</tr>
<tr>
<td>To build an understanding of cultures to better and more</td>
<td>To encourage personal reflection and growth around culture in order to increase</td>
</tr>
<tr>
<td>appropriately provide services</td>
<td>awareness of service providers</td>
</tr>
<tr>
<td><strong>Values</strong></td>
<td></td>
</tr>
<tr>
<td>- Knowledge</td>
<td>- Introspection</td>
</tr>
<tr>
<td>- Training</td>
<td>- Co-learning</td>
</tr>
<tr>
<td><strong>Shortcomings</strong></td>
<td></td>
</tr>
<tr>
<td>- Enforces the idea that there can be ‘competence’ in a</td>
<td>- Challenging for professionals to grasp the idea of learning with and from</td>
</tr>
<tr>
<td>culture other than one’s own.</td>
<td>clients.</td>
</tr>
<tr>
<td>- Supports the myth that cultures are monolithic.</td>
<td>- No end result, which those in academia and medical fields can struggle with.</td>
</tr>
<tr>
<td>- Based upon academic knowledge rather than lived</td>
<td></td>
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<tr>
<td>experience. Believes professionals can be “certified”</td>
<td></td>
</tr>
<tr>
<td>in culture.</td>
<td></td>
</tr>
<tr>
<td><strong>Strengths</strong></td>
<td></td>
</tr>
<tr>
<td>- Allows for people to strive obtaining a goal.</td>
<td>- Encourages lifelong learning with no end goal but rather an appreciation of</td>
</tr>
<tr>
<td>- Promotes skill building.</td>
<td>the journey of growth and understanding.</td>
</tr>
<tr>
<td></td>
<td>- Puts professionals and clients in a mutually beneficial relationship and attempts</td>
</tr>
<tr>
<td></td>
<td>to diminish damaging power dynamics.</td>
</tr>
</tbody>
</table>

Retrieved from https://en.wikipedia.org
The Consumer Culture:

- “…It is important to recognize everyone as an individual rather than a label. A person is not an illness.”
  
  Source: Disability Rights California

- [Mental health] “consumers bring a set of values, beliefs and lifestyles that are molded as a result of their personal experiences of a [mental] disability, the [mental health] system and their own ethnic culture.

- When these personal experiences are shared, [mental health] consumers can be understood better and empowered to effect positive system change.”

- Stigma
  - Powerful
  - Different forms

  Source: Former CA Department of Mental Health
HOW CULTURAL COMPETENCY APPLIES TO SERVICE DELIVERY, CONT'D.

- To honor the “personhood” of others:
  - Be mindful/aware of social and cultural diversity
  - Pursue multicultural knowledge
  - Practice cultural sensitivity and humility
  - Engage in cultural formulation
  - Develop policies and procedures regarding cultural and linguistic competency
  - Nurture your cultural curiosity
  - Challenge the notions present in your own culture(s)
### HOW CULTURAL COMPETENCY APPLIES TO SERVICE DELIVERY, CONTD.

<table>
<thead>
<tr>
<th>Type of Stigma</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td>Attitudes and feelings expressed by many in the general public toward persons living with mental health challenges or their family members.</td>
</tr>
<tr>
<td>Institutional</td>
<td>An organization’s policies, procedures, and practices should address any institutional stigma that reflects a culture of negative attitudes and beliefs.</td>
</tr>
<tr>
<td>Personal</td>
<td>The images that society, community, family or peer group perpetuate, which may lead many individuals to refrain from seeking mental health services.</td>
</tr>
</tbody>
</table>

Source: Adapted from disabilityrightsca.org
ELEMENTS OF CULTURAL COMPETENCY IN SERVICE DELIVERY

- Dignity
- Sensitivity
- Knowledge
- Skills
- Language Interpretation
- Translation
- Respect
- Humility
- Inclusion
- Recovery Oriented
- Person Centered

Culturally Competent Services
Cultural competency at all points of contact:

- Welcoming environments
  - Sensitive, respectful, neat
  - Reflective of the culture(s) of your community
  - Linguistically competent
  - Age appropriate

- Culturally appropriate outreach, engagement and educational materials

- Integrated services
  - Learn about culture-based resources
  - Collaborate/coordinate services with other human service agencies
The cross-cultural experience:

- Factors that will impact interpersonal encounters
  - Cultural identities (yours and the other person’s)
  - Different cultural expectations regarding interaction
  - Culture-based practices
    - Misunderstanding the cultural significance of behaviors
  - 2-way biases
  - Limitations of knowledge
  - Inappropriate social skills
    - Staff being task-oriented
    - Staff being time-focused
  - Discomfort with the other person
  - Discomfort with the issue at hand
Regarding verbal communication:

- Social conversation is viewed as taking interest in the other person
- The use of professional jargon excludes the other person
- Creating opportunities to discuss cultural background
  - Sources of strength and hope
  - Spirituality
  - Coping skills
  - Support system
  - Community resources
  - Active listening and genuine interest in the other person
- Learning greetings and the meaning of common cultural expressions shows a desire to connect with other person
THE MESSAGES WE GIVE:

- Individual responsibility
  - Vary among populations
  - Family roles and expectations
- Individualistic view of circumstances
- Individual choice
  - Financial resources
  - Education
  - Health practices
- Change problematic environmental conditions
  - Unemployment
  - Housing
  - Seasonal clothing
- Get help
  - Distrust of governmental agencies
  - Cultural implications and consequences
Words/phrases that stigmatize:
- Case of _____
- He or she is a _________
- High or low functioning
- Decompensation
- Disturbed
- Non-compliant
- Demented
- Delusional
- Others?

Non-verbal behavior can be stigmatizing too
The role of cultural beliefs:

- Cultural beliefs and perceptions are powerful
  - Internal vs. external locus of control
  - Individual-centered vs. situation-centered
  - Values and social practices
  - Gender and age group appropriate roles
  - Familial experience of problems and wellness

- Cultural beliefs may influence:
  - Treatment-seeking behaviors
  - Timing of help seeking behaviors
  - Treatment involvement
  - Adherence to interventions
  - Outcomes
GROUP EXERCISE II: VIGNETTES

Clerical/Support Staff

Marisol Busilady works as a receptionist at the Wonders Mental Health Center. She is a dedicated and hardworking employee. This week, Marisol was given a time sensitive assignment that requires organizing and tracking of files for a State report. Additionally, she continues her responsibilities as the front desk attendant and receptionist. While Marisol works diligently to meet her report deadline, she does not notice that a line of consumers is building up in front of her window. At the front of the line is a lady in her early 70s, who is Chinese monolingual. She seems anxious and confused. Marisol tries communicating with her in English to find out if the lady is new to the center. However, the lady keeps repeating the same phrase in Chinese and is becoming increasingly agitated. Marisol pages her supervisor, David Helpful, to the front desk. While they wait for David to finish assisting a clinician with a suicidal person, Marisol returns to her files and report. Other consumers in line were also frustrated that Marisol does not assist them and instead, keeps them standing in line.

What could Marisol have done differently to demonstrate her cultural competency skills with the Chinese speaking lady?

What could Marisol have done differently to demonstrate her cultural competency skills with the other consumers waiting in line?
Clinician/Direct Services Staff

Peter Emesdobliu has been asked by the psychiatrist in his team to assist with interpreter services for a Cambodian monolingual-speaking consumer. Peter is bilingual certified in Cambodian and recently completed the initial assessment with the consumer. Additionally, he recently took the “How to Interpret in Mental Health Settings” training. He is also very familiar with DMH’s Language Translation and Interpretation Services policy, which provides guidelines for language translation and interpretation. Peter requests to meet with the psychiatrist prior to the consumer’s arrival to ensure that the psychiatrist understands the role of the interpreter. Most importantly, Peter wants to discuss how they will introduce the consumer to the language interpretation process in a culturally sensitive manner.

- What are the essential elements of language interpreters services that Peter needs to share with the psychiatrist?
- How can the language interpretation services be explained to the consumer in a culturally competent manner?
Administrator/Supervisor
Clare Goodheart is the clinical director for the Wonders Mental Health Clinic. She is very supportive of her staff and cares for consumers to have the best experience while receiving services at her site. One of her clinicians seeks her out for consultation on a court-mandated case. The consumer, a recent immigrant from Mexico, has a hearing impairment and limited English proficiency. This person has been receiving outpatient medication support and individual psychotherapy for two months now. The clinician asks Clare which federal, state and county regulations are pertinent to the language needs of her consumer. He also has questions on how to properly document in the chart the language assistance services being provided.

- How can Claire assist the clinician in accessing departmental resources that are available to serve the consumer in a culturally competent manner?

- What elements should be present in the consumer’s chart to ensure that the language interpreter services are properly documented?
Closing thoughts:

- Think of the person’s primary needs for wellness and stress management
- Be open to coordinating services with key persons and value of information received from these sources
- Promote positive outcomes for persons receiving services and their family members/care givers
- Incorporate approaches that reduce mental health stigma and discrimination
- Identify strategies that strengthen partnerships with the person’s culture and the communities they identify with - for example:
  - Faith-based
  - Veteran services
  - LGBTQ or LGBTQI2-S
LACDMH Committees with a Cultural Competency Focus and contact persons:

minated

- Cultural Competency Committee
  - Sandra Chang Ptasinski -- (213) 251-6815 -- schang@dmh.lacounty.gov

- Underserved Cultural Communities (UsCC)
  - Mirtala Parada Ward -- (213) 251-6751 -- mparadaward@dmh.lacounty.gov
    - African/African American
      - Desiree DeShay -- (213) 251-6751 -- DDeShay@dmh.lacounty.gov
    - American Indian/Alaska Native
      - Kelly Wilkerson -- (213) 251-6834 -- KeWilkerson@dmh.lacounty.gov
    - Asian Pacific Islander
      - Neelofer Tayyib -- (213) 251-6806 -- NTayyib@dmh.lacounty.gov
  - Eastern European/Middle Easterner
    - Anna Yaralyan -- (213) 215-6739 -- AYaralyan@dmh.lacounty.gov
  - Latino
    - Rosario Ribleza -- (213) 251-6821 -- RRibleza@dmh.lacounty.gov
  - LGBTQI2-S
    - Kelly Wilkerson -- (213) 251-6834 -- KeWilkerson@dmh.lacounty.gov

- Faith-based Advocacy Council
  - Kumar Menon -- (213) 738-4258
RESOURCES, CONT'D.

- Quality Improvement Workplan Evaluation Report
  - http://psbqi.dmh.lacounty.gov.QI.htm

- LACDMH Cultural Competence Plan

- On-line Provider Directories
  - http://psbqi.dmh.lacounty.gov

- The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and sustaining CLAS Policy and Practice
  - https://www.thinkculturalhealth.hhs.gov/Content/clas.asp
RESOURCES, CONT'D.

See next page for CRDP Links
RESOURCES, CONTD.

CRDP LINKS

- African American

- Asian Pacific Islander

- Latino

- Native American
  [https://www.nativehealth.org/sites/dev.nh.edeloa.net/files/native_vision_report_compressed.pdf](https://www.nativehealth.org/sites/dev.nh.edeloa.net/files/native_vision_report_compressed.pdf)

- LGBTQ
CLOSING REMARKS
Questions & Comments
Thank You