



DRAFT FOR REVIEW

**CMHDA Ethnic Services Committee
Purpose, Authority and Accountability**

Adopted: July 2010

Purpose:

To ensure that mental health services meet the increasing needs of diverse cultural, linguistic, racial and ethnic populations and to actively address the conditions that contribute to and indicators of the need for relevant, high quality mental health services.

Ways in which this is accomplished:

1. Providing recommendations to CMHDA on interests and concerns related to cultural competence and reducing health disparities.
2. Ensuring that cultural competence is enacted as a key component of community mental health transformation through active participation on the following committees: OAC CCLC, DMH CCAC, CiMH CMD Advisory Committee and on-going identification and involvement in key statewide efforts to promote cultural competence.
3. Strengthen partnerships with consumers and family members of communities that have not historically been involved in mental health planning and implementation.
4. Identifies local, regional and statewide mental health needs of ethnically and culturally diverse populations as they impact county systems of care and make recommendations to local Mental Health Directors and CMHDA.

Authority:

The Ethnic Services Committee advises, recommends and informs the decisions and policies of CMHDA related to cultural competence and reduction/elimination of mental health disparities. County Cultural Competence/Ethnic Services Managers are members of the ESC.

Mechanisms of this role:

1. The Ethnic Services Committee is identified in the CMHDA bylaws.
2. CMHDA adopted the *Framework for Eliminating Cultural, Linguistic, Racial and Ethnic Behavioral Health Disparities* in 2005. This document was intended to address the needs of diverse populations across the life span and outlines the responsibility of county CC/ESMs in relation to these needs.

Accountability:

To support the aims of the Ethnic Services Committee, members of the committee are expected to represent and be accountable to:

1. The unserved, underserved and inappropriately served cultural, linguistic, ethnic and racial communities, individuals, and families that experience disparities in access to – and quality of – public community behavioral health services.
2. The local mental health systems and their respective communities represented by committee members.