

# **Mississippi Department of Mental Health STATE PLAN**



*for*  
**Diversity, Cultural Competency,  
Equity, and Inclusion**

## OVERVIEW

The Mississippi Department of Mental Health (DMH) is committed to meeting the needs of Mississippians in all their diversity. In 2010, the Cultural Competency Plan Workgroup was established. In 2023, the members of the Workgroup were revised. The workgroup currently consists of members from within the Division of Children and Youth Services, Office of General Counsel, the Division of ID/DD Waiver Services, the Division of Adult Mental Health Services, the Branch of Coordinated Care, the Division of Alcohol and Drug Prevention Services, Ellisville State School, Hudspeth Regional Center, and Mississippi State Hospital. The Department of Mental Health Cultural Competency Workgroup members are responsible for updating the State Plan for Cultural Competency and activities for achieving the goals outlined in the plan.

The plan represents cumulative efforts of the workgroup's approach to short-range and long-range planning for a comprehensive cultural competency system-wide approach and to decrease disparities in service. The plan encompasses identification of services and resources needed, implementation of strategies to address those needs (i.e. through training and public information campaigns), and assessment of outcomes of service provided. The plan is informed by federal mandates, regulations, and or/guidelines regarding non-discrimination and equal opportunity.

The Multicultural Task Force is responsible for overseeing the implementation of the State Plan for cultural competency and continues to organize the statewide Day of Diversity.

Members of the task force conduct Day of Diversity activities and programs in their counties. The Day of Diversity was established by the Multicultural Task Force. In addition, the role of the Multicultural Task Force is to bring awareness to the importance of cultural competency in mental health, intellectual developmental disabilities, and substance-use disorders. Multicultural Task Force members conduct training in cultural competency and diversity for mental health providers. The Multicultural Task Force has organized five statewide cultural competency trainings.

## MISSION STATEMENT

To identify any lack of diversity, equitability, and cultural needs of Mississippians, ensure these unique needs are addressed, and promote inclusiveness of all cultural competency.

## **MEMBERS OF THE DEPARTMENT OF MENTAL HEALTH'S CULTURAL COMPETENCY PLAN IMPLEMENTATION WORKGROUP:**

**Sabrina Young**  
South Mississippi State Hospital

**Harriett Cooley**  
Ellisville State School

**Marcus Crowley**  
Branch of Coordinated Care

**Albertstein Johnson-Pickett**  
Division of Children and Youth Services

**Maggie Roberts**  
Division of Alcohol and Drug Prevention Services

**Shermika Rhodes**  
Hudspeth Regional Center

**Sarah Green**  
Division of ID/DD Waiver Services

**Robert Dixon**  
Mississippi State Hospital

**Cyndi Eubank**  
Office of General Counsel

**Bill Gaddis**  
Division of Adult Mental Health Services

**Frankie Johnson**  
Department of Mental Health/East Mississippi State Hospital

## **MEMBERS OF MULTICULTURAL TASK FORCE INCLUDE:**

**Toniya Lay**  
Choctaw Behavioral Health

**Albertstein Johnson-Pickett**  
Children and Youth Services (DMH)

**Frankie Johnson**  
Department of Mental Health/East Mississippi State Hospital

Additional representatives from Mississippi's Community Mental Health Centers and Certified Peer Support Specialists are expected to participate in the near future.

## CULTURAL COMPETENCY

**Cultural competence requires that organizations:**

- have a defined set of values and principles and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally;
- have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to diversity and the cultural contexts of the communities they serve; and
- incorporate the above in all aspects of policy making, administration, practice, service delivery, and systematically involve consumers, key stakeholders, and communities.

**Cultural competence is a developmental process that evolves over an extended period. Both individuals and organizations are at various levels of awareness, knowledge, and skills along the cultural competence continuum.**

(Adapted from Cross et al., 1989)

## CULTURE

“Culture is the shared values, traditions, arts, history, folklore, and institutions of a group of people that are united by race, ethnicity, nationality, language, religious beliefs, spirituality, socioeconomic status, social class, sexual orientation, politics, gender, age, disability, or any other cohesive group variable.” (Singh 1998b)

## EQUITY

Equity is the quality of being fair and impartial in all aspects of culture regardless of race, ethnicity, nationality, language, religious beliefs, spirituality, socioeconomic status, social class, sexual orientation, politics, gender, age, or disability. Equity is ensuring that everyone is treated fairly and recognizing that we do not all start from the same place and must acknowledge and adjust imbalances.

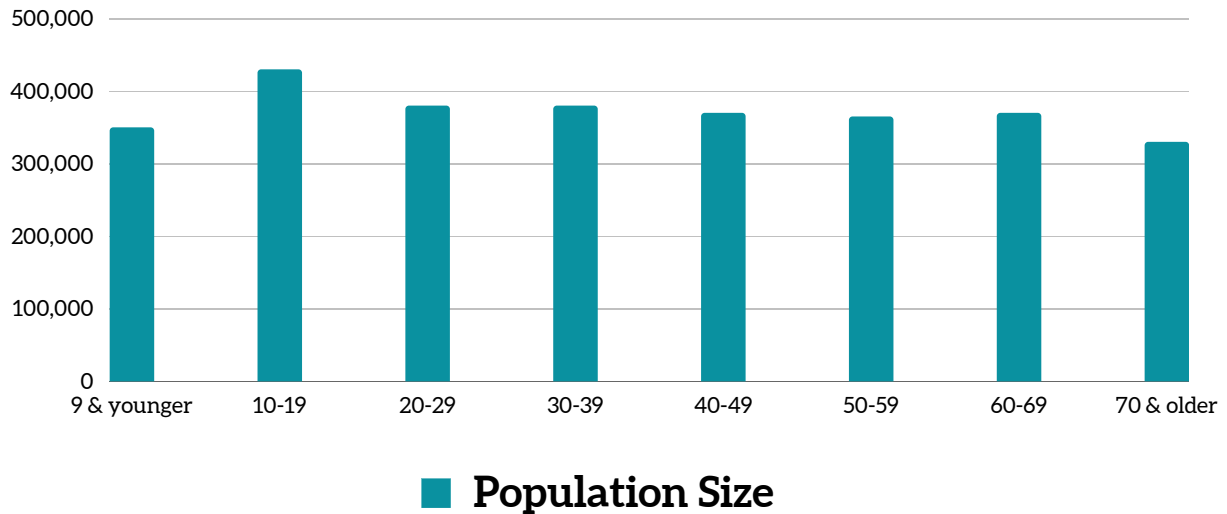
## INCLUSION

Inclusion is the process of creating a working culture and environment that recognizes, appreciates, and effectively utilizes the talents, skills, and perspectives of every employee. Inclusion means using employee skills to achieve the agency's objectives and mission and connecting each employee to the organization. Inclusion is also considering and accounting all cultural differences, norms, values, and beliefs. It is taking everyone and everything into consideration, making them part of the whole, and not leaving anything out. Inclusion outcomes are met when you, your organization, and your program are truly inviting to all.

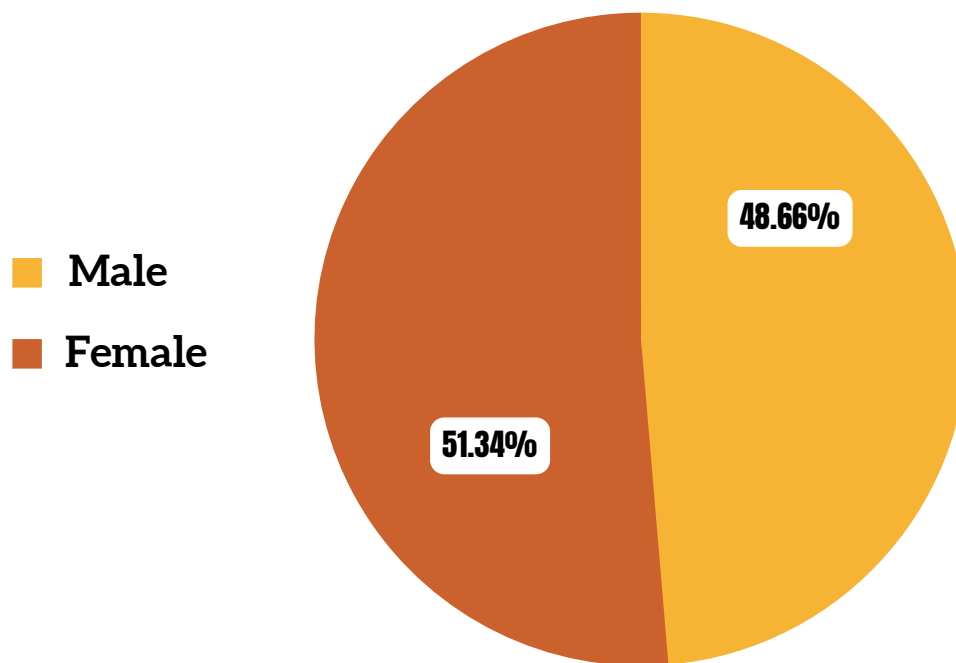
## DIVERSITY

Diversity is openness to differences among people, cultures and perspectives. It means having a multitude of people from different backgrounds and cultures together in the same environment working for the same goals. Diversity includes having a range of people with various racial, ethnic, socioeconomic, cultural backgrounds, various lifestyles, ages, experiences, and interests, with a variety of views represented in the department. Diversity is a group of people who are different in the same place.

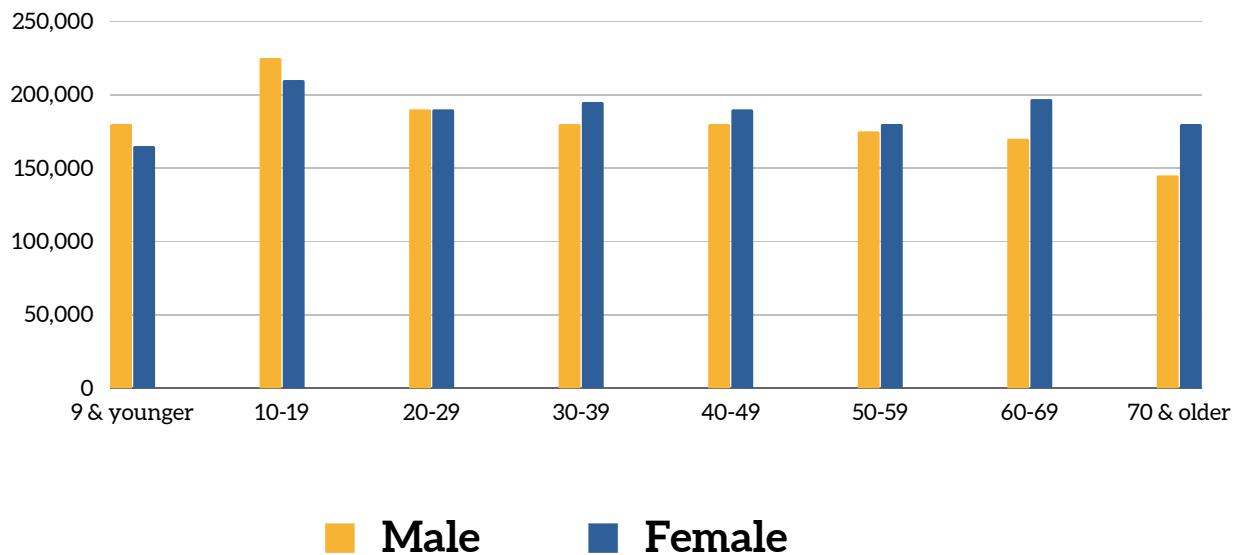
# Number of Mississippians by Age Groups in 2020



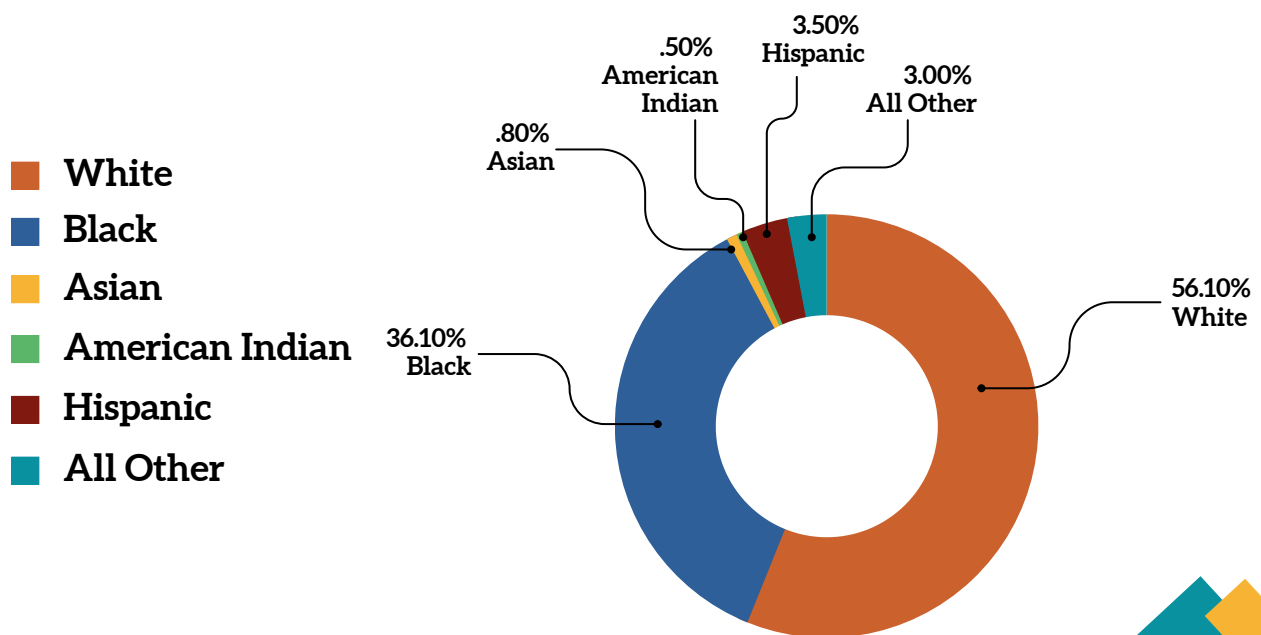
# Gender of Mississippians in 2020



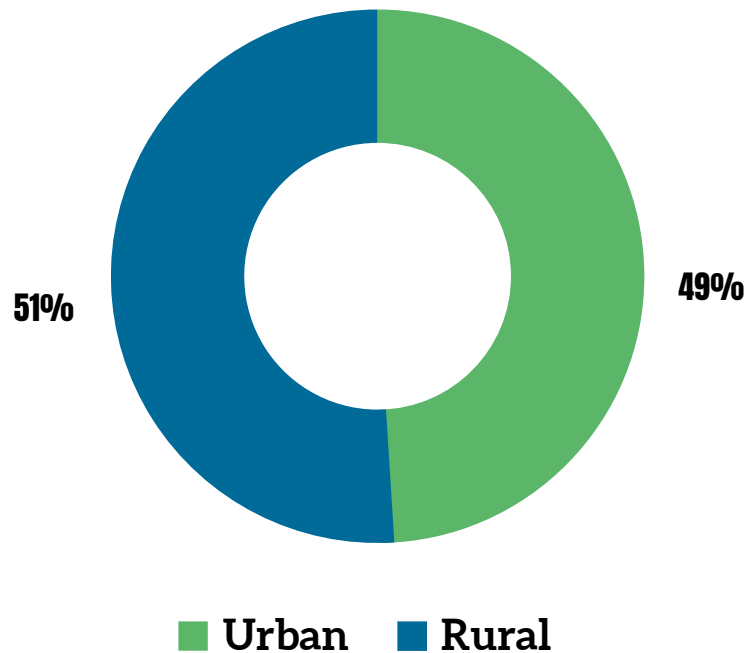
# Gender of Mississippians in 2020 by Age Group



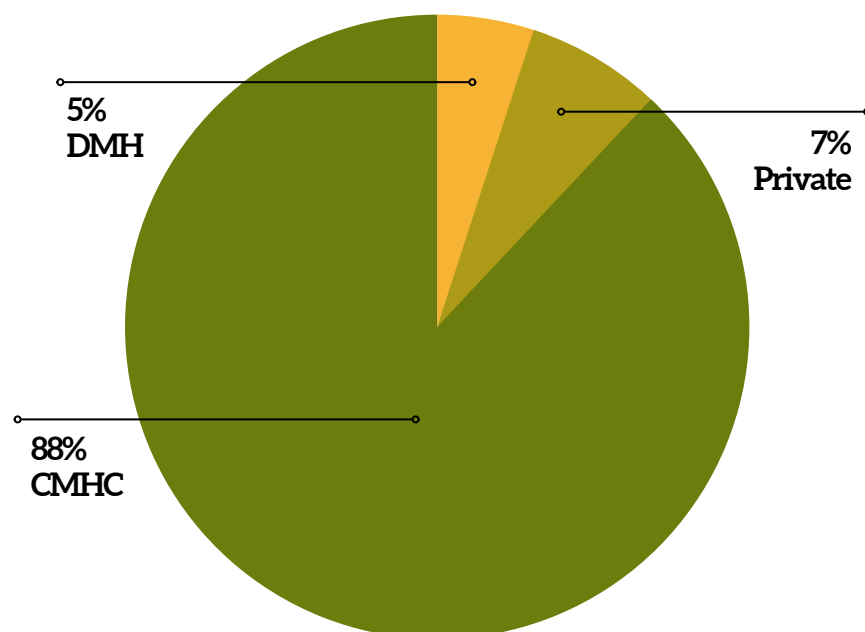
# Racial Profile of Mississippians in 2020



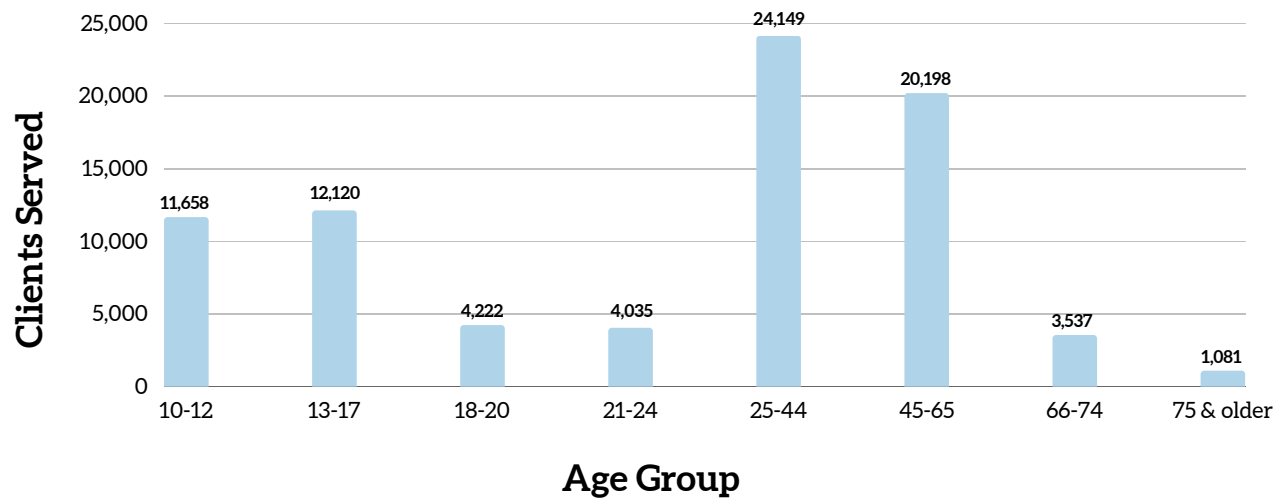
## Residential Environment of Mississippians in 2020



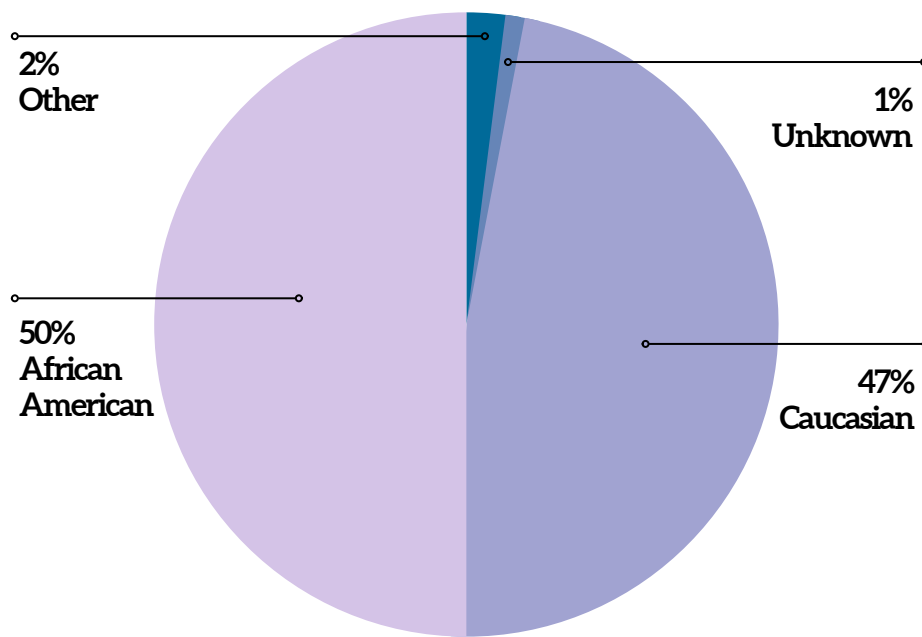
## Services Rendered by



## 2022 DMH Certified Provider's Clients by Age

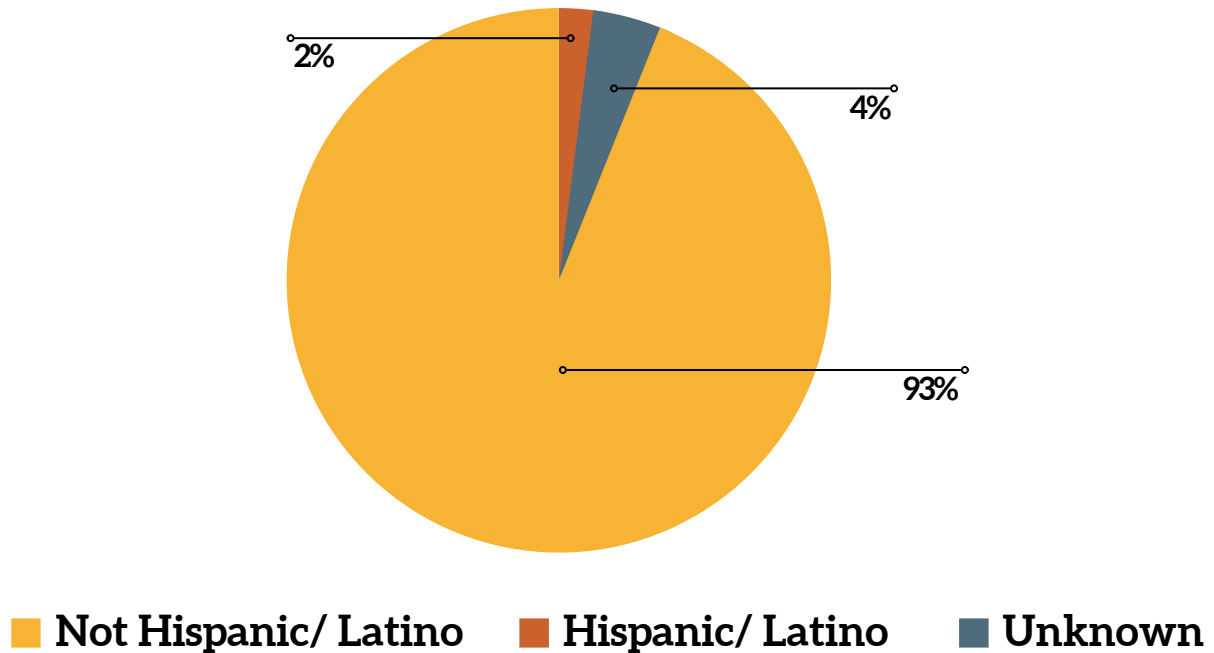


## Race of Clients served by DMH Certified Providers in 2022

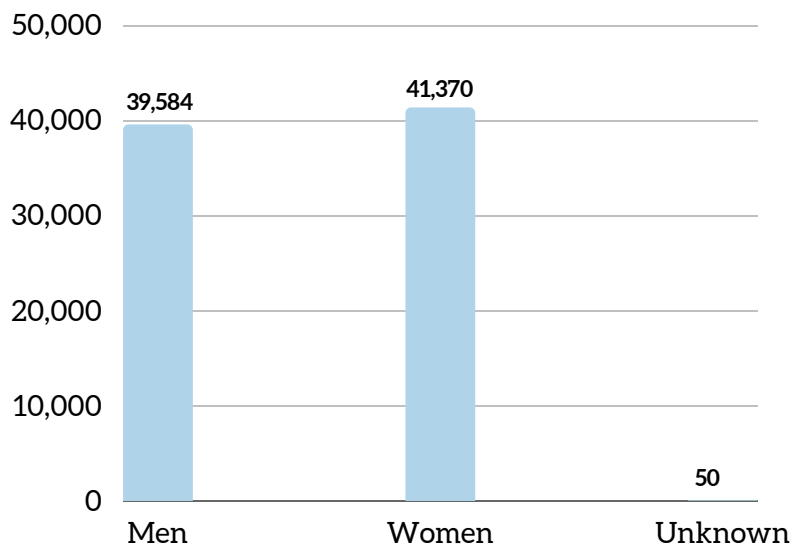




## Ethnicity of Clients served by DMH Certified Providers in 2022



## Gender of Clients served by DMH Certified Providers in 2022



Race	Gender	
	Female	Male
Black or African American	19,461	20,940
Caucasian/ White	20,625	17,267
Other	660	681
More Than One Race Reported	410	425
Unknown	214	267

Table 1: Frequency of client's race and gender served in 2022.  
The gender of 50 individuals unaccounted for.

Age	Gender	
	Female	Male
Group:		
0-12	4,408	7,246
13-17	5,766	6,343
18-20	2,163	2,057
21-24	2,082	1,949
25-44	12,077	12,056
45-65	11,796	8,391
65-74	2,704	1,570
75+	806	275

Table 2: count of client's age by their gender served in 2022.  
There were 50 individuals whose gender was unknown.

# THE FIVE STRATEGIC PLANNING INITIATIVES JULY 1, 2023 – JUNE 30, 2025

## GOAL #1

Implement policies and guidelines to support culturally and linguistically competent services and supports.

- OBJECTIVE 1:** Revise and implement Operational Standards to adhere to new Culturally and Linguistically Appropriate Services (CLAS) standards.
- OBJECTIVE 2:** Ensure PLACE course materials, study manuals, exams, etc. reflect current culturally competent language.
- OBJECTIVE 3:** Ensure DMH and CMHCs follow federal mandates and guidelines regarding cultural competency.
- OBJECTIVE 4:** Develop linguistic and cultural competence criteria for DMH certification monitoring checklist.

## GOAL #2

Collect and analyze disparity data.

- OBJECTIVE 1:** Research and analyze current data and disparity data.
- OBJECTIVE 2:** Develop recommendations based on data to leadership.

## GOAL #3

Develop a workforce that is trained in providing culturally competent services and supports.

- OBJECTIVE 1:** Develop/select trainings based on demographic needs of the community.
- OBJECTIVE 2:** Promote training opportunities for staff and develop educational opportunities for the future workforce.
- OBJECTIVE 3:** Seek grants for the funding of cultural competency training.
- OBJECTIVE 4:** Implement culturally specific training through e-learning.

## GOAL #4

Implement social marketing strategies for advancing cultural competency.

- OBJECTIVE 1:** Explore opportunities to engage state level planning and advisory councils in cultural competency educational activities.
- OBJECTIVE 2:** Increase collaboration with faith-based organizations.
- OBJECTIVE 3:** Implement marketing tools/strategies to increase awareness.

## GOAL #5

Implement referral services and resources for embedding culturally competent services and supports.

- OBJECTIVE 1:** Ensure access to current list of linguistic translators and interpreters.
- OBJECTIVE 2:** Maintain and update contacts and resources for hearing and visually impaired.
- OBJECTIVE 3:** Provide referral for alternate forms of communication, i.e., audio/ visual assistance resources.

## **CURRENT PROJECTS, PARTNERSHIP, AND ACTIVITIES IN MISSISSIPPI**

- **Dissemination of the list of translators and interpreters in Mississippi.**
- **Collaboration with Mississippi leaders and faith-based communities. One example is the Congregational Recovery and Outreach Program with the mission to help faith communities foster recovery for people living with substance use disorders and mental illnesses through collaborations, best practices, and education.**
- **Organization of cultural competency conference and presentation conducted at statewide and local conferences and DMH Certified Providers.**
- **Trained staff as trainers in the California Brief Multicultural Competence Scale (CBMCS) Training Curriculum, an intensive, didactic, and interactive curriculum that provides tools for working with diverse populations.**
- **Partnership with System of Care communities to create a Behavioral Health Disparities Impact Statement to describe how grantees will use data to monitor disparities and implement strategies to improve access, service use, and outcomes among disparate populations.**
- **Specific culturally, linguistically and inclusion appropriate standards were added to the DMH Operational Standards For Mental Health, Intellectual/Developmental Disabilities, And Substance Use Community Service Providers.**
- **Collaboration with the Mississippi Certified Community Behavioral Health Clinic (CCBHC) State Planning Grant Steering Committee to fully implement its Diversity Impact State Plan and activities.**
- **Exploration and dissemination of online resources, such as but not limited to SMI Advisor, that provide guides and frameworks regarding culturally competent care**



## LEGAL MANDATES AND GUIDELINES

### TITLE VI THE CIVIL RIGHTS ACT

All health and human services organizations must comply with Title VI of the Civil Rights Acts of 1964, as amended, which mandates accessibility to programs and to the facilities at which services are dispensed. Title VI provides that no person shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. It is therefore critical for public agencies and private agencies under contract with public agencies to provide equal access.

### INDIAN CHILD WELFARE ACT

The Indian Child Welfare Act (ICWA) is a federal law that seeks to keep American Indian children with American Indian families. Congress passed ICWA in 1978 in response to the alarmingly high number of Indian children being removed from their homes by both public and private agencies. The intent of Congress under ICWA was to “protect the best interests of Indian children and to promote the stability and security of Indian tribes and families” (25 U.S.C. § 1902). ICWA sets federal requirements that apply to state child custody proceedings involving an Indian child who is a member of or eligible for membership in a federally recognized tribe.

### EXECUTIVE ORDER 13166, 2000:

#### IMPROVING ACCESS TO SERVICES FOR PERSONS WITH LIMITED ENGLISH PROFICIENCY

The Executive Order requires federal agencies to examine the services they provide, identify any need for services to those with limited English proficiency (LEP), and develop and implement a system to provide those services so LEP persons can have meaningful access to them. The Executive Order also requires that the federal agencies work to ensure that recipients of federal financial assistance provide meaningful access to their LEP applicants and beneficiaries.

### OMB STATISTICAL POLICY DIRECTIVE 15

The federal Office of Management and Budget’s Statistical Policy Directive No. 15 SPD 15 provides a minimum set of categories that federal agencies must use if they intend to collect information on race and ethnicity. The US Department of Health and Human Services (HHS) adopted this minimum standard as a requirement (effective January 1, 2003) for HHS funded and sponsored data collection and reporting systems covering all programs of the department including health and human/social services.

### CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS)

The US Department of Health and Human Services states that culturally and linguistically appropriate services (CLAS) is a way to improve the quality of services provided to all individuals, which will ultimately help reduce health disparities and achieve health equity. HHS provides National CLAS Standards and offers an implementation guide in the form of The Blueprint for Advancing and Sustaining CLAS Policy and Practice.

# **NATIONAL STANDARDS FOR CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES IN HEALTH AND HEALTH CARE**

## **THE NATIONAL CLAS STANDARDS**

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

### **PRINCIPAL STANDARD**

1. 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**

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

### **COMMUNICATION AND LANGUAGE ASSISTANCE**

5. 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.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

### **ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY**

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. 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.
12. 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.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

## ADDITIONAL RESOURCES

California Mental Health Directors Association, Framework for Eliminating Cultural, Linguistic, Racial and Ethnic Behavioral Health Disparities,  
<http://www.cmhda.org>

Colorado Mental Health Services Cultural Competency Plan,  
[www.cdhs.state.co.us/dmh](http://www.cdhs.state.co.us/dmh)

Connecticut Department of Mental Health and Addiction Services,  
Office of Multicultural Affairs, Assessment Guidelines for Developing a  
Multiculturally Competent Service System for an Organization or Program,  
[www.ct.gov](http://www.ct.gov)

Delaware Department of Health and Social Services, Division of  
Substance Abuse and Mental Health, Cultural Competency: A Strategic Plan,  
[www.dhss.delaware.gov/dsamh/files/culturalcompetence.pdf](http://www.dhss.delaware.gov/dsamh/files/culturalcompetence.pdf)

Federal statistical profiles of states, counties, cities, congressional districts,  
and federal judicial districts,  
<http://www.fedstats.gov>

Minnesota Department of Human Services, Guidelines for  
Culturally Competent Organizations,  
[www.mn.gov](http://www.mn.gov)

Mississippi Department of Employment Security,  
[www.mdes.ms.gov](http://www.mdes.ms.gov)

National Alliance on Mental Illness (NAMI), Cultural Competence: A Key for Success,  
[www.nami.org/multicultural](http://www.nami.org/multicultural)

National Council of La Raza (NCLR), Critical Disparities in Latino Mental Health:  
Transforming Research into Action,  
[www.nclr.org/content/publication/detail/34795](http://www.nclr.org/content/publication/detail/34795)

National Standards for Culturally and Linguistically Appropriate Services in  
Health Care Final Report (CLAS) and Blueprint,  
[www.thinkculturalhealth.hhs.gov](http://www.thinkculturalhealth.hhs.gov)

South Carolina Department of Mental Health, Office of Multicultural Services,  
Cultural Competency Checklist,  
[www.state.sc.us/dmh/culturalcompetence/checklist](http://www.state.sc.us/dmh/culturalcompetence/checklist)

U.S. Department of Health and Human Services, Mental Health: A Report of the  
Surgeon General Executive Summary, Rockville, MD: U.S. Department of Health  
and Human Services, Substance Abuse and Mental Health Service Administration,  
Center for Mental Health Services National Institute of Health,  
National Institute of Mental Health, 1999.

National Center for Cultural Competency  
<https://nccc.georgetown.edu/>





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