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| **MENTAL HEALTH & OTHER FUNDED PROGRAMS – SEMIANNUAL CULTURAL COMPETENCY REPORT** |
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| **GENERAL INFORMATION** |
|  |
| **ADDRESS** | **ZIP CODE** | **PHONE NUMBER** |
| Click to enter | Click to enter | Click to enter |
| **SUBMISSION MONTH/YEAR** | **WEBSITE** | **EMAIL** |
| JUNE 2025 | Click to enter | Click to enter |
| **DOES YOUR ORGANIZATION EMPLOY A CULTURAL COMPENTENCY DIRECTOR, DIVERSITY SERVICES COORDINATOR, EQUITY OFFICER OR SIMILAR ROLE?**  | Click to enter Yes or No |
|  |  |
| **NAME/TITLE OF STAFF WHO OVERSEES CULTURAL COMPETENCY/DIVERSITY, EQUITY & INCLUSION (DEI) EFFORTS****(PLEASE INDICATE IF NO ONE IS IN THIS ROLE OR IF UNKNOWN)** |
| Click here to enter name and title |
|  |  |  |  |  |  |  |  |  |
| **HOW CAN THE DEPARTMENT OF BEHAVIORAL HEALTH BEST SUPPORT YOUR ORGANIZATION IN MEETING DEI NEEDS AND REQUIREMENTS?**  |
| Click here to enter |
| **CURRENT STAFF INFORMATION** |
|  |
| **STAFF NAME** | **TITLE** | **CLASSIFICATION PER CONTRACT** | **IS STAFF AND/OR INTERPRETER BEING UTITLIZED IN A BILINGUAL CAPACITY?** (YES/NO) | **LANGUAGE** | **DATE LANGUAGE COMPETENCE WAS ASSESSED** | **NAME OF CULTURAL COMPETENCY (CC) TRAINING(S)** | **DATE OF TRAINING(S)** | **CC TRAINING HOURS COMPLETED** |
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