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| **MENTAL HEALTH & OTHER FUNDED PROGRAMS – SEMIANNUAL CULTURAL COMPETENCY REPORT** | | | | | | | | | | | | | | | |
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| **GENERAL INFORMATION** | | | | | | | | | | | | | | | |
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| **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 | | | | | | | | | | | | | | | |
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| **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** |
| Click to enter | Click to enter | | Click to enter | | Click to enter | | Click to enter | | Click to enter | | Click to enter | | Click to enter | Click to enter |
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