CULTURAL COMPETENCY PLAN UPDATE –
CULTURAL COMPETENCE OVERSIGHT COMMITTEE
FY 14/15
Strategies for Reducing Racial, Ethnic, Cultural and Linguistic Mental Health Disparities

The Cultural Competence Oversight Committee (CCOC) developed a workgroup to review the Stanislaus County submission for Cultural Competence Plan Requirements, Criterion 3, Strategies and Efforts for Reducing Racial, Ethnic, Cultural and Linguistic Mental Health Disparities.

The CCOC Workgroup identified and recommended the following six strategies to monitor from strategies identified in the Plan for reducing identified disparities:

1. Increased penetration for Asian/Pacific Islanders with special emphasis on children ages birth to 15 using new strategies for outreach and engagement to Asian/Pacific Islanders by making use of natural leaders (e.g. Buddhist Temple) and existing helping processes in those communities
    a. BHRS partnered with community leaders to convene a South East Asian Behavioral Health Community Collaborative focused on strengthening behavioral leadership. The collaborative obtained non-profit status and is currently working with the department on planning various training and events focused on increasing behavioral health leadership capacity within their respective community.

2. Increased overall access for Latinos by contracting with existing Latino-serving organizations and primary care providers. Strategies that have deployed bilingual staff and cultural competency training throughout the organization have been successful to a point. It is now necessary to take the next step and contract directly with organizations in which there is increased trust by Latinos, including primary care providers.
    a. BHRS expanded two targeted programs with high utilization rates in Latino communities. The Promotores program was expanded from nine part-time staff to nine full time. The program was identified as a promising practice in 2014. The Integrated Health/Behavioral Health Project was expanded to lower the mental health provider to medical provider ratio to increase quality of care. The program population is 68% Latino, with 45% monolingual Spanish.
    b. BHRS shifted an existing prevention focused contract with El Concillio, the County's Latino cultural social services provider, to focus primarily on access and early intervention services.
    c. BHRS funded a new Latino cultural provider, Catholic Charities, to provide targeted outreach and individual treatment services for Latino and other underserved/unserved populations. This new program augments an existing mental health program that has exhibited an ability to reach the Latino community.
    d. BHRS funded a new Latino Access Team embedded within a Full Service Partnership program. The team consists of a Spanish speaking clinician and Promotora. This team will work within the existing network of Latino community providers to ensure additional support in accessing all levels of mental health services. The Latino Access Team was strategically embedded within a program with all levels of care to ensure timly and direct access to the highest levels of care if clinically appropriate.

3. Increase linguistically competent staff in Spanish, Cambodian, Laotian, Portuguese and Assyrian languages.

a. The Department will regularly monitor our Linguistic capabilities for the above languages. Currently FY 13/14 Spanish speaking staff overall 23.1%; Asian 0.9%; Cambodian 2.5%; Portuguese 0.2%.
b. In 2014 the department added 6 entry-level peer positions. This brings the total of support level positions in the department to 19.

4. Increase focus on client culture throughout the system by increasing consumer participation (as consumers as well as increasingly as staff) in all programs at all levels, and by expanded training opportunities on client culture for all staff. Identification and expansion of culturally competent services can only be truly accomplished with considerable consumer participation at all levels.
    a. A peer network was established with a focus on expanding Peer leadership and peer support. The network meets monthly and focuses on organizing and strengthening the peer network throughout the department and community.
    b. All Adult System of Care programs have an active peer network with a peer leader assigned to coordinate activities.
    c. The Older Adult Services Manager developed a peer program budget in partnership with peer leaders. This was the first time management staff meet with peers to develop expenditure budget.

5. Conduct a focused needs assessment of training and support needs necessary to increase the number of consumer and family members entering and remaining in the workforce.
    a. WWC did a satisfaction survey regarding their services which includes volunteerism and employment.
    WWC has a Career Pathways program that connects consumers and family members to volunteering, Paid Personal Service contracted hours, and possibly FT/PT permanent paid positions.

6. Monitor Community Capacity Building (CCB) utilizing: Asset Based Community Development and the Promotores and Community Health Workers project
    a. The CCB Team provided the committee multiple presentations on the various community capacity building projects within the department. As a result, BHRS initiated a planning process to ensure the integration of the CCB Project efforts with the committee's focus on cultural competency and addressing mental health services disparities.

2015 GOALS

1. Revise CCP
2. Further integrate and Community Capacity-building Initiatives to address Mental Health Access and Disparities issues across the mental health spectrum of care.