

Cultural Competence Plan Update:
A focus on Cultural Competence, Equity, Social Justice and CLAS Standards
2016-2017

BHRS (BHRS) continues to use the Culturally and Linguistically Appropriate Standards (CLAS) as the foundation of Cultural Competence for our Department. These standards are **national** standards that are intended to advance health equity, improve quality and eliminate disparities. Delivering services that are respectful of and responsive to the beliefs, practices and needs of our diverse customers ensures that our efforts are most likely to lead to positive outcomes. We have implemented many of these standards.

The department's Cultural Competence, Equity and Social Justice (CCESJ) committee reviews the Behavioral Health and Recovery Services Cultural Competence Plan as well as the Culturally and Linguistically Appropriate Standards.

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.

Services are provided in the primary language of the customer, using bilingual staff, trained interpreters or, as a last resort, the Language Line. Our Promotora program through Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) works at the community level to provide social support and guidance for individuals who may be isolated or in need of services. Promotoras are trusted community members who are able to facilitate referrals to mental health services, if that seems appropriate. In our experience, this is a very effective and culturally competent way to promote treatment for our Latino population who maybe resistant towards or unfamiliar with metal health services. Materials are also provided in our threshold language of Spanish.

Standard 2: Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

The CCESJ committee meets monthly and produces a monthly newsletter, written by members, that highlights a particular aspect of cultural competence. At the monthly meetings members present and/or are presented with relevant information that focuses on equity, social justice, ethnic matters, and/or relevant community resources. All of the discussions and presentations held at out CCESJC meetings serve the purpose to review, monitor, and promote cultural competence and increase our knowledge of available and relevant community resources.

The vision and mission of the CCESJ committee are:

Vision: To be a leader in providing culturally competent services and to be recognized for our excellence in this by our community, state, and nation.

Mission: In partnership with our providers and community, our mission is to transform our entire system by:

- Ensuring that culture is acknowledged and incorporated throughout BHRS in a measurable and substantive way.
- Educating our workforce about the meaning of cultural competence and about how to actually implement concepts
- Ensuring our Cultural Competence Plan remains effective and responsive to change
- Empowering consumers, family members, and communities representing all cultures

Recently, the Cultural Competence, Equity and Social Justice Committee revisited and reviewed its vision and mission statement with the purpose of ensuring a shared understanding amongst the current committee members. This endeavor successfully led to clarification and a better understanding of the CCESJC vision and mission. The plan moving forward is to maintain a clear and consistent focus on the committee's vision and Mission.

Standard 3: Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.

We continue to work to ensure that our workforce, including our Senior Leadership Team, is representative of the diverse population in our County.

Standard 4: Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

One of our core competencies for all staff is training on the California Brief Multicultural Competence Scale (CBMCS). Other trainings offered throughout the fiscal year 2015-2016 specifically related to cultural competence include the LGBTQ Older Adult training - Developing best Practices, LGBTQ Older Adult Training - Increasing Provider Knowledge, Mental Health first aid: In Spanish, Youth Mental health first aid, Advanced Cultural Competency – DSM5 Guidelines, and Principles and Practices of Interpreting (including guidelines on how to effectively use interpreters).

Also, through our CCESJ committee, we expect that attendees will take information back to their programs. Through the year we've randomly called on CCESJC attendees to explain how they are incorporating the information discussed at the CCESJ committee meetings in their programs. During this past year, BHRS programs and contractor agencies were instructed to have a designated representative at the CCESJC monthly meetings. Direction was also given to CCESJC members and to BHRS coordinators and managers to designate

time during each program staff meeting to have their program CCESJC representative share about matters discussed and presented at the monthly CCESJC.

Standard 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.

Our Access Line has bilingual staff. If the individual who is calling speaks another language, we can work through the Language Line to enable us to communicate effectively with the caller. We have contracts with interpreters, including those proficient in sign language. This enables us to provide linguistically competent services in any program. Programs are required to post information about Free Language Assistance.

Standard 6: Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

This information is posted in programs in the threshold language. Staff having first contact with an individual is also able to verbally let them know that we will provide staff or an interpreter who speaks their language. All of this information is part of our Policy and Procedure 90.1.106 – Language Assistance Services to Limited English Speaking Clients and Family Members.

Standard 7: Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

We do not allow children and adolescents to provide translation. We discourage adult family members from being interpreters as well, but there may be occasions when the individual strongly prefers to have their family member do the interpreting. All of our interpreters and staff receive training regarding the Principles and Practices of Interpreting. Our training is being considered for use regionally.

Standard 8: Provide easy-to-understand print and multimedia materials and signage in languages commonly used by the populations in the service area.

Many of the materials that are distributed to clients is in both English and Spanish, including but not limited to, HIPAA materials, Consent to Treatment, Release of Information as well as brochures and some media materials. In addition, the Medi-Cal booklet is also available in large print and on CD's.

Standard 9: Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.

Cultural competency has been infused within our organization since the late 1990's when Behavioral Health and Recovery Services (BHRS) embarked on a massive stakeholder process to develop a Cultural Competency plan for our Department. This effort preceded any statewide efforts. We have a longstanding CCESJC group that plans and coordinates cultural competency efforts department-wide and among our contract agencies. Two years ago, we began to incorporate these CLAS standards into our planning and policy development.

Standard 10: Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

This past year we began doing this using the CCESJC as a platform and plan to increase efforts surrounding this as we move forward.

Standard 11: Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and inform service delivery.

We have a data warehouse and will be working on plans to look at the demographic data in a way that allows us to better identify the cultural and linguistic needs of our community's population. The goal for the upcoming year is to further look at outcome measures and inform service delivery.

Standard 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.

We participate in our Public Health Department's "Framework for a Thriving Stanislaus". We have areas in which we are leading efforts to intervene to enhance the health of our community in general and behavioral health more specifically.

Standard 13: Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

Our CCESJ committee provides a platform to evaluate this. Currently the committee has been focusing on exploring and evaluating practices and services. In the coming year a greater emphasis will be placed on having the CCESJ committee evaluate and implement relevant policies.

The BHRS Prevention and Early Intervention department has built several partnerships with the community to further promote cultural and linguistic appropriateness of services. These collaborations include the Latino Behavioral Health Coalition (LBHC), LGBTQA collaborative, the Assyrian Wellness Collaborative (AWC), and the Stanislaus Asian American Community Resource (SAACR) committee. The following is a highlight of these collaborations.

The Latino Behavioral Health Coalition (LBHC) is a committee of various county providers that serve the underserved and unserved Latino populations in all of Stanislaus County. The coalition aims to establish a better means of communication and to work closer together to provide respectful and dignified services to clients. The LBHC consists of Latino serving community organizations, community leaders, advocates, and community members. The LBHC's purpose is to provide oversight and support to increase behavioral health services access, for Latinos that are culturally competent and linguistically appropriate spectrum-wide. Promotion, prevention, as well as treatment and recovery support is also emphasized. The Coalition meets monthly to discuss data, advise in strategies and act jointly to address behavioral health access issues within the Latino community. The LBHC is co-chaired by the Behavioral Health and Recovery Services Leadership Team member, and a member of the coalition. The LBHC Members define behavior health services as promotion, prevention, treatment and recovery level. The department of Behavioral Health & Recovery Services assigned a PEI Staff Services Coordinator (SSC) to provide administrative, data, and monitoring support for the both the LBHC and the Latino Behavioral Health Access Project. Providers will work closely with the LBHC to coordinate and promote services and link to community-based and culturally appropriate peer support.

The LGBTQA Collaborative is the collective efforts of agencies, organizations, and individuals dedicated to promoting well-being, support, and education to the LGBTQA community and LGBTQA allies and advocates in Stanislaus County. The collaborative mission is to promote the health and well-being of lesbian, gay, bisexual, transgender, questioning persons and their allies by uniting and cooperating with agencies, organizations, and groups of like purposes, helping to conserve and protect overall community health of the greater Stanislaus County area. Key strategies include mapping health supports, cultivating behavioral health leadership, advancing cultural competency, promoting awareness, and increasing community and peer support.

The Assyrian Wellness Collaborative is a community-based collaborative developed in partnership with Stanislaus County Behavioral Health and Recovery Services: Faith/Spirituality Initiative. The AWC's mission is to increase knowledge and improvement of mental health, physical health, and overall wellness in the Assyrian Community by decreasing stigma and barriers currently keeping Assyrian's from receiving services. The collaborative strives to help decrease barriers by developing support networks in each distinct Assyrian community regardless of religious preference and beliefs. There is a strong emphasize to further promote understanding and awareness of behavioral health, emotional health, and wellness.

The Stanislaus Asian American community resource (SAACR) committee is part of the cross cultural Community capacity building project where PEI plays a key role in helping the group develop their leadership as well as assist in developing a wellbeing plan for the group related to PEI areas (wellness, resiliency, strengthening protective factors etc.). SAACR holds community events to strengthen relationships related to the culture and increase awareness of their work related to their cultural protective factors and overall wellness.

Standard 14: Create conflict grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

Our Mental Health Plan has a grievance resolution process that is available in threshold languages.

Standard 15: Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Our CCESJC serves as a venue for this as the committee consists of BHRS programs, contractors, and community stakeholders. We will be looking for other avenues to report progress to the general public.

Plan for 2016-2017:

1. Review and revise the Cultural Competence Plan as needed.
2. Continue to integrate and monitor the CLAS standards within BHRS programs and contractors.