



# Cultural Competence Program (Policy)

Erica Inacio – Ethnic Services Manager / Public Information Officer



# Highlights

- ▶ San Mateo County
- ▶ Process:
  - ▶ Presented Draft to Quality Management Team (QMT)
  - ▶ QMT recommended a subcommittee: Abraham Andres (Mental Health, Adult and Older Adult), Debra Buckles (Forensics), Keri Magee (Children and Youth), Jennifer Baker (Training), and Jeff Sabean (Substance Use Disorders)
  - ▶ Cultural Competence, Equity, and Social Justice Committee
  - ▶ Final Draft to QMT
  - ▶ Presented/Approved by Senior Leadership Team
- ▶ It houses all the current policies that support Cultural Competence
- ▶ It is a fluid program/policy – culture is constantly changing



# Cultural Competence Program Outline

- ▶ Purpose
- ▶ References / Supporting Policies
- ▶ Definitions
- ▶ Background
  - ▶ BHRS' commitment to being an organization that values the perspectives and cultures of its diverse staff, beneficiaries, community members, and its partners.
  - ▶ Mission
  - ▶ Transformation Efforts
  - ▶ Organizational and Leadership Values
  - ▶ Adoption of the CLAS Standards, development of a Cultural Competence Plan, Work Force Education, the Cultural Competence, Equity and Social Justice Committee, and the hiring of Ethnic Services Manager
- ▶ Procedure



# Purpose

This policy is intended to inform BHRS staff about existing and ongoing organizational efforts to embrace diversity, improve quality, and eliminate health disparities that align with the National Standards for Cultural and Linguistically Appropriate Services (CLAS Standards).

BHRS is committed to providing effective, equitable, and welcoming behavioral health, and compassionate recovery services that are responsive to individuals' cultural health beliefs and practices.

BHRS will continue to develop a comprehensive understanding of best practices in governance, leadership, workforce development, communication and language assistance, and a continuous practice of engagement, improvement, and accountability within all levels of the organization.

# Supporting Policies / Standards

- [Stanislaus County Equal Employment Opportunity / Non-Discrimination Statement 2018](#)
- 40.2.108 Non-Discrimination
- 40.2.113 Beneficiary-Client Rights
- 50.1.100 Access to Services for Medi-Cal Beneficiaries
- 90.1.111 Client and Family Involvement in Services
- **Welcoming Framework**
- 60.3.102 Training Program
- 60.3.103 Core Competency Training
- 40.1.102 Code of Ethics
- 30.2.116 Forms for Limited English Speaking Clients
- 90.1.103 Services to the Deaf and Hard of Hearing
- 90.1.106 Language Assistance Services to Limited English Speaking Clients and Family Members
- 90.1.113 Services to Clients with Visual Impairments
- 90.1.114 Use of Contract Cultural Interpreters
- 90.1.125 Readability of Beneficiary Informing Materials
- **Translation of Written Materials**
- Cultural Competency Plan Requirements for Contractors (Contract Language)
- 80.5.100 Problem Resolution Process
- [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#)



# CLAS Standards / Cultural Competence

CLAS Standards: Culturally and Linguistically Appropriate Services in Health and Health Care (U.S. Department of Health & Human Services, Office of Minority Health)

Cultural Competence: In health care, it is the ability to understand and integrate race, ethnicity, nationality, language, gender, socioeconomic status, physical and mental ability, sexual orientation, and occupation into the delivery and structure of the health care system. The intent is to provide the highest quality of care to every individual.

The CLAS Standards adopted by BHRS guide the primary approach to create integrated and culturally sensitive services. BHRS has demonstrated its commitment to cultural sensitive services through the development of the Cultural Competence Plan and its updates, through its Workforce Education and Training Program, the Cultural Competence, Equity, and Social Justice Committee and its members, and the hiring of a full time Ethnic Services Manager.



# Procedure

## **PROCEDURE**

1. Within six (6) months of becoming a new BHRS hire, supervisors and managers will ensure new BHRS staff read all policy references listed in [Attachment A](#) and sign an acknowledgement.
2. As directed, all BHRS staff will participate in a minimum of 2 hours of cultural competence trainings per fiscal year. Cultural Competence/Customer Service is part of and is discussed / addressed on an annual basis during the Employee's Performance Evaluation.
3. Supervisors and managers will ensure that staff is receiving training in delivering language services to limited English proficient (LEP) individuals and family members – currently the Principles and Practices and Linguistically Appropriate Services, Including Interpreting and the Use of Interpreters.
4. In clinical team meetings and in administrative meetings, the relevant policies will be reviewed as policies are updated or the need for review becomes noticeable.
5. Services shall be provided in the client's preferred language; preferably face-to-face by bilingual staff and service providers. If attempts to locate bilingual staff have not been successful, the use of trained interpreters is the next preferred method, and if that is not available, staff should use the Language Line.



# Procedure, cont'd...

To ensure that BHRS provides effective, equitable and respectful quality care services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs, BHRS will take or support the following actions:

1. Leadership will continue to strengthen the implementation of CLAS Standards as a comprehensive approach to improve quality of care and advance health equity and inclusion across all administrative, preventative, treatment, and supportive services.
2. Support the Cultural Competence, Equity, and Social Justice Committee (CCESJC) and its mission:
3. Managers and supervisors will continue to strengthen staff participation in BHRS health equity efforts – including committee participations and ongoing cultural competence trainings.
4. BHRS will strive to strengthen support to contracted agencies to adopt and follow BHRS' Cultural Competence Plan Requirements (CCPR) and its updates currently in place as well as the CLAS Standards and assist, contracted agencies, in their plans to address the CCPR. BHRS will also strive to increase training collaboration efforts for contracted agencies in regards to this plan.
5. BHRS will strive to stay aware of developing social changes and adapt our organization whenever such changes may affect our multicultural organization, workforce, and services.



# CLAS Categories

- ▶ The National Standards for Cultural and Linguistically Appropriate Services (CLAS Standards) were developed to help health care organizations implement culturally and linguistically appropriate services.
- ▶ 15 standards into 4 categories
- ▶ **Principal Standard**

Provide effective, equitable, understandable, and respectful quality care services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
- ▶ **Governance, Leadership, and Workforce**
- ▶ **Communication and Language Assistance**
- ▶ **Engagement, Continuous Improvement, and Accountability**



# Policy Summaries by CLAS Categories (Attachment A)

## **Communication and Language Assistance**

1. Offer language assistance to individuals who have Limited English Proficiency (LEP) and / or other communication needs, at no cost to them, to facilitate timely access to health care services.
2. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
3. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
4. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

## **Forms for Limited English Speaking (LES) Clients**

See BHRS Policy 30.2.116, Forms for Limited English Speaking Clients. It is BHRS policy to provide departmental clinical forms, education materials and documents In the threshold language(s) and to provide assistance in completing and understanding forms/materials in the client's primary language if that language is other than a threshold language. California Code of Regulations, Title 9, Chapter 11, Section 1810.410 (d)(3).

## **Services to the Deaf and Hard of Hearing**

See BHRS Policy 90.1.103, Services to the Deaf and Hard of Hearing. All deaf, hard of hearing and deaf/blind individuals receiving services from BHRS is to have access to professionally trained and qualified sign language interpreters and Telecommunication Devices for the Deaf (TDD). All staff providing services to such individuals will provide services through contracted qualified sign language interpreters, qualified staff or TDD machines. Title VI of the Civil Rights Act of 1964.



# New Policy

- Governance, Leadership, and Workforce:

## **Welcoming Framework**

See BHRS Policy [##.###.##](#), Welcoming Framework. BHRS, including management, staff, and providers, is committed to creating and sustaining a welcoming environment designed to support recovery and resiliency for individuals seeking services, and their families. Our intent is to let individuals seeking services and family members know that they are “in the right place” regardless of when and where they arrive for support services.



# New Policy

- ▶ Communication and Language Assistance

## **Translation of Written Materials**

BHRS is committed to honoring diversity and to ensuring culturally and linguistically competent services. The California Department of Mental Health requires that beneficiaries whose primary language is a threshold language have services available to them in their primary language. Where a need is demonstrated that translation of written materials into other languages is critical to client care, every effort will be made to accommodate the need.

# Policies Updated / Revised

## **Language Assistance Services to Limited English Speaking Clients and Family Members**

See **BHRS Policy 90.1.106**, Language Assistance Services to Limited English Speaking Clients and Family Members. Language assistance is to be provided to individuals and families who are Limited English Proficient. Assistance will be provided through bilingual staff, certified interpreters and the Language Line. Such assistance will be available free of charge, twenty-four hours a day, seven days a week dependent on the business hours of the facility or program. Culturally competent services will be provided by BHRS as identified in the Mission Statement, Welfare & Institutions Code Section 5600.2 (g), (1), (2), (3), Title VI of the Civil Rights Act of 1964 Executive Order 13166 of August 11, 2000 and the Mental Health Services Act, Proposition 63.



Questions?

