

## **2015 Cultural Competence Plan Update - Cultural Competence, Equity and Social Justice**

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

BHRS is using the CLAS Standards 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.

**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 the most culturally competent way to encourage treatment for our Latino population. We are beginning to use the model with other ethnic groups. Spanish is our only threshold language so materials are provided in that language.

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

Our Department has the CCESJ committee. The mission of this committee is:

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 in 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

The CCESJ committee meets monthly and produces a monthly newsletter, written by members, that highlights a particular aspect of cultural competence.

**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 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). Through our CCESJ committee, we expect that attendees will take information back to their programs and share with other staff. We have started randomly calling on attendees at the meeting to explain how they are incorporating the information discussed at the CCESJ committee meetings in their programs.

**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 that speaks their language 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 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. We provide screenings for STD's, HIV and other conditions in our Substance Use Programs. These programs collaborate effectively with Community Primary Care Physicians.

**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.

*The following standards are currently ongoing discussions and a work in progress.*

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

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

**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.

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

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