

BHRS POLICY: 18-01, Cultural Humility, Equity and Inclusion Framework
Attachment A: BHRS Policies Relevant to the National CLAS Standards

The National Standards for Culturally and Linguistically Appropriate Services (CLAS standards) were developed to help health care organizations implement culturally and linguistically appropriate services. BHRS and Health System policies that address the standards are below.

Principal Standard

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.

Governance, Leadership and Workforce

1. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.
2. Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.
3. Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Affirmative Action

See BHRS Policy 92-03, Affirmative Action. BHRS is an equal opportunity employer committed to fair and equitable selection procedures and practices. BHRS declares that it is fair and equitable in all relations with county employees and applicants for employment without regard to age (over 40), ancestry, creed, color, disability, marital status, veteran status, medical condition, national origin, political or religious affiliation or lack thereof, race, sex, sexual orientation, or union membership.

Welcoming Framework

See BHRS Policy 08-01, Welcoming Framework. BHRS, including management, staff, and providers, is committed to creating and sustaining a welcoming environment designed to support recovery and resiliency for those seeking services and their families. BHRS is committed to building the capacity and competencies necessary to meet the challenges of creating and sustaining a welcoming environment.

Family Inclusion

See BHRS Policy 14-02, Family Inclusion Policy. BHRS is fully committed to involve family members of clients/consumers to the fullest possible involvement to encourage active, culturally responsive partnership with the family, the consumer/client and clinical staff within all levels of the division. Family is used broadly and can include relatives, friends, partners, recovery support people, and significant others chosen by the consumer/client to take part in their treatment and recovery process.

Staff Training and Recruitment

BHRS Workforce, Education, and Training (WET) programming provides education/training and workforce development opportunities to San Mateo County behavioral health staff, clients/consumers, and family members. Through system-wide

training and workforce development initiatives, WET aims to create and sustain a diverse, culturally responsive, and clinically effective workforce that provides the best possible care for our communities. WET also addresses workforce development through a behavioral health career pathways program with the following goals: 1) Attract prospective candidates for hard-to-fill positions 2) Increase diversity of staff to better reflect diversity of our client population and retain diverse staff. 3) Promote the behavioral health field in academic training institutions in order to attract individuals to the public behavioral health system. 4) Expand efforts to create new career pathways for clients/consumers and family members within BHRS and its contract agencies, and provide ongoing development of peer and family workers through a Lived Experience Academy, continuous support for lived experience workforce, and the Lived Experience Scholarship.

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.

Client's Rights to Services and Information in Preferred Languages

BHRS Policy 99-01 Services to Clients in Primary or Preferred Languages. A core value of BHRS is to promote culturally responsive person-and-family centered recovery. Being able to communicate with clients/families with LEP in their language of choice is key.

Health System Policy A-25, Client's Right to Languages Services Notification Policy. LEP clients will be informed in their primary language that they have the right to free language assistance services and that such services are available to them. Every effort will be made to communicate in their primary or preferred language through the use of trained interpreters.

Health System Policy A-26, No Use of Minors & Careful Use of Family for Interpretation Policy. Clients may request family members or friends as their preferred interpreter but Health System staff will discourage this and will weigh their request against the absence of privacy and possible misinformation. It is prohibited to allow minors to be the interpreter during the delivery of services.

Translation of Written Materials

BHRS Policy 05-01, Translation of Written Materials. All written materials will be translated into San Mateo County's threshold languages of Spanish, Tagalog, Chinese, and Russian. The BHRS policy and procedure for translation of written materials ensures information provided to consumers will be faithful to the intent of the document, contextually accurate, free from any errors, and culturally appropriate and understandable to all readers.

BHRS Interpreter Training

At least annually, BHRS will ensure the Health System interpreter services contractor will be trained in cultural competency in accordance with the National CLAS Standards. The contractor will complete a training on providing culturally appropriate services in a public health setting and how to work in a mental health setting.

Engagement, Continuous Improvement and Accountability

1. Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organization's planning and operations.
2. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities.
3. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
4. 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.
5. Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.
6. Create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.
7. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.

Cultural Competency Plan Requirement for Contractors

All BHRS contractors that provide client services include a cultural competency requirement in their contract. Each contractor will submit an annual cultural competence plan that details ongoing and future efforts to address the diverse needs of clients, families and the workforce. This plan will be submitted to the BHRS Analyst/Program Manager and the Health Equity Initiatives Manager by September 30th of each year.

BHRS Quality Improvement Work Plan

BHRS Quality Improvement Work Plan includes a goal to improve cultural and linguistic competence making the "Working Effectively with Interpreters in Behavioral Health" training required for all staff who have direct client contact and their management team with an updated "refresher course" every 3 years.

Accurate Documentation of Language Assistance Services

Because of a client's right to free language assistance services in their preferred language, the primary language, the preferred language, the offer of an interpreter, the refusal of such services, and the provision of services in any language other than English will be documented in all assessments and progress notes.

Data Collection of Sexual Orientation and Gender Identity (SOGI) and Race Ethnicity and Language (REAL)

BHRS is in the process of standardizing how information is collected in the electronic health records (EHR) for sexual orientation, gender identity, sex, preferred name and personal pronoun. Training and technical assistance will be provided to staff at the same time the

SOGI data collection guidelines are released to provide information about SOGI categories, ensure uniform and culturally sensitive data collection and accurate billing.

Similar efforts will be undertaken to standardize and disaggregate race and ethnicity data to improve delivery of services and more accurately identify differences in health outcomes and conditions that impact health based on cultural demographics that are meaningful, respectful and clinically useful.