

SAN MATEO COUNTY HEALTH SYSTEM
BEHAVIORAL HEALTH AND RECOVERY SERVICES

DATE: February 23, 2018

BHRS POLICY: 18-01

SUBJECT: Cultural Humility, Equity and Inclusion Framework; Implementation of CLAS Standards

AUTHORITY: CA Welfare and Institutions Code, Title 9 Section 1810.410; U.S. Department of Health and Human Services, Office of Minority Health, National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care; Divisional

SUPERSEDES: Policy 14-01: Implementation of Cultural Competency Standards

ATTACHMENT: A: BHRS and Health System Policies Relevant to the National CLAS Standards

REFERENCES: [BHRS Policy 92-03: Affirmative Action](#)
[BHRS Policy 99-01: Services to Clients in Primary or Preferred Languages](#)
[BHRS Policy 05-01: Translation of Written Materials](#)
[BHRS Policy 08-01: Welcoming Framework](#)
[BHRS Policy 14-02: Family Inclusion Policy](#)
[BHRS Policy: 14-03: Selection of Evidence-Based and Community](#)
[Health System Policy A-25: Client's Right to Language Services Notification](#)
[Health System policy A-26: No Use of Minors & Careful Use of Family for Interpretation](#)
[National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#)

Defined Practices
[BHRS Quality Improvement Work Plan](#)
[BHRS Cultural Competence Plan](#)
BHRS Vision, Mission, Values and Strategies Statement

All references at: <https://www.smchealth.org/bhrs-policies/cultural-humility-equity-clas-18-01>

DEFINITIONS:

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

Cultural Humility: Cultural Humility is a philosophy that goes beyond striving for cultural competence. It is engaging in a lifelong commitment of self-evaluation and self-inventory, establishing a respectful relationship with others through an attitude of openness and curiosity.

Inclusion: Organizational culture and daily practices that value, encourage, affirm and support the participation of diverse social and cultural representation, experiences, perspectives, and ways of thinking and communicating at all levels of the organization.

Equity: Norms, values and structures reflect the contribution of diverse cultural and social groups and are free of bias, discrimination and social divisions.

Health Literacy: The degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions.

PURPOSE:

This policy is intended to inform Behavioral Health and Recovery Services (BHRS) 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. BHRS policies, practices, and supporting resources for multicultural organizational development and a commitment to the CLAS Standards are itemized in Attachment A.

BACKGROUND:

San Mateo County BHRS has long been committed to being an organization that values the perspectives and cultures of diverse staff, clients and families, and community members. BHRS prioritizes diverse perspectives in continuous multicultural organizational improvement. This commitment is reflected in the BHRS Vision, Mission, Values and Strategies Statement, and most meaningfully in the policies, procedures, activities and programs implemented by BHRS throughout the years.

The CLAS standards adopted by BHRS guide the primary approach to creating integrated and culturally sensitive services. BHRS has demonstrated its commitment to culturally sensitive services through the development of the Cultural Competence Plan and complementary Workforce Education and Training (WET) and Workforce Development plans, the establishment of the Office of Diversity and Equity (ODE), the Diversity and Equity Council (DEC) and the Health Equity Initiatives (HEI). These programs and initiatives have led system transformation efforts such as creating a trauma-informed system of care and supporting the work of co-occurring change agents, and the enactment of various supporting policies and procedures, as noted herein. BHRS has undertaken a Multicultural Organization Development (MCOOD) process, to build the capacity of our organization to address institutionalized and systemic practices that hinder genuine diversity, equity and inclusivity at all levels of our organization; a core standard for culturally responsive care.

POLICY:

- 1) Upon hire, supervisors and managers will ensure BHRS staff read and sign an acknowledgment of review of all policy references listed in Attachment A.
- 2) On an annual basis, all staff will review the policies in Attachment A.
- 3) In clinical team meetings and in supervision the relevant policies are reviewed regularly as policies are updated or the need for review becomes apparent.
- 4) Supervisors and managers will ensure that staff are trained in providing language services to limited English proficient (LEP) clients and family members.
- 5) Every effort should be made to provide all contacts/services in the client's preferred language.
- 6) As directed, all BHRS staff will complete MCOG goals, including but not limited to:
 - a. Staff who have direct client contact will complete a training on working effectively with interpreters upon hire and at minimum a refresher course every 3 years..
 - b. Annually, staff will take 4 hours of cultural humility related training(s) provided by BHRS ODE.
 - c. Upon hire and as needed, staff will take training to appropriately collect, document, analyze, and incorporate knowledge from Sexual Orientation and Gender Identity (SOGI) and Race, Ethnicity, and Language (REAL) data.
 - d. Other appropriate actions as described within the MCOG plan.

BHRS will provide effective, equitable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

In order to accomplish this, BHRS will take the actions below.

LEADERSHIP RESPONSIBILITIES

- 1) BHRS 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) BHRS leadership will continue to support MCOG goals to strengthen personal and organizational capacity to support genuine diversity, equity and inclusivity.
- 3) BHRS leadership, managers and staff will implement cultural humility, equity and inclusion principles and goals with support and guidance from the Director of ODE and through the state-mandated Diversity and Equity Council (DEC) and the Health Equity Initiatives (HEI).
- 4) BHRS planning and program development processes such as the Mental Health Services Act (MHSA), the Cultural Competence Plan Requirements (CCPR), the Community Service Areas (CSA) and ad-hoc program planning will engage the DEC in planning, review and implementation.
- 5) To strengthen the integration of the DEC into policymaking and creation of organizational practices and to advance health equity and inclusion, the DEC will participate in CCPR activities including, but not limited to:
 - a) Develop, review, and recommend organizational policies, practices, education and procedures related to cultural humility as needed to support the provision of equitable and inclusive services.
 - b) Participate in key BHRS planning, program development and community engagement processes.
 - c) Collaborate on annual quality improvement reports, including the Quality Improvement Work Plan, and recommendations provided by the Director of ODE

- d) Provide a forum for the HEI, contract agencies, community partners, clients, family members, BHRS staff and other members, to coordinate efforts to inform, support, advocate and address issues of cultural humility, equity and inclusion.
 - e) Report recommendations and concerns related to issues of cultural humility, equity and inclusion to BHRS executive leadership.
- 6) Managers and supervisors will continue to strengthen staff participation in BHRS health equity efforts. This includes but is not limited to the HEI, CSAs, Suicide Prevention Committee, and Prevention Training Academy to address access and quality of care issues and community wellness among underserved, unserved, and inappropriately served ethnic and cultural communities by exploring appropriate resourcing in terms of staff and funding.
 - 7) BHRS will strive to strengthen the support and resources for contracted agencies to develop cultural competence plans and spell this out in provider contract terms. BHRS will also strive to increase training and technical assistance opportunities for contracted agencies in regards to these plans.
 - 8) 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.

Approved: _____ *(Signature on file)*
Jeï Africa, PsyD
ODE Director

Approved: _____ *(Signature on file)*
David A Young, PhD, MPH
BHRS Director