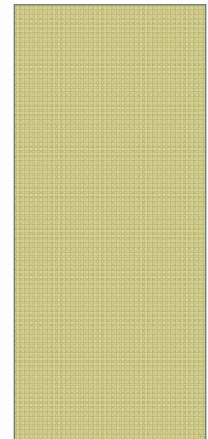


BHRS CULTURAL COMPETENCE PLAN:
TECHNICAL ASSISTANCE WORKSHOP
DECEMBER 18, 2013

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BHRS CULTURAL COMPETENCE PLAN: TECHNICAL ASSISTANCE WORKSHOP AGENDA

- 2:30-4:30 p.m.
- Welcome and Introduction
- Enhanced *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* (the National CLAS standards).
- BHRS Cultural Competence Plans

WHAT ARE THE NATIONAL CLAS STANDARDS?

- The enhanced *National CLAS Standards* were published in April 2013 by the U.S. Dept. of Health and Human Services. See handout.
- The 15 standards provide a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services to:
 - advance health equity
 - improve quality
 - help eliminate health care disparities.

AFFORDABLE CARE ACT

- The Affordable Care Act includes provisions related broadly to health insurance coverage, health insurance reform, and access to care, but also provisions related to **disparities reduction**, data collection and reporting, quality improvement, and prevention.
- The ACA will also reduce health disparities by investing in prevention and wellness, and giving individuals and families more control over their own care.

ACA PROVISIONS THAT ADDRESS HEALTH DISPARITIES

- Expanding coverage and access to care.
- Nondiscrimination - must provide information in a culturally and linguistically appropriate manner.
- Data - requiring that all federally funded programs to collect data on race, ethnicity, primary language, disability status, and gender.
- *Promotoras*, also known as peer leaders, community ambassadors, patient navigators or health advocates - The ACA authorizes promotion of these community health workers uniquely skilled in providing culturally and linguistically appropriate services, particularly in diverse, underserved areas.

STATE OVERSIGHT

- **Department of Mental Health**

- Requires counties to submit a 3 year Cultural Competency Plan

- **Mental Health Services Act**

- Transforming the Mental Health system by requiring a specific focus on services for *vulnerable communities*
- i.e. aging and adult communities, LGBTQQI , recovery community, blind/visually impaired, deaf/hearing impaired, veterans, homeless, at risk of homelessness, etc.

- **Department of Health Care Services**

- The Department of Mental Health (DMH) and Alcohol and Drug Programs (ADP) merged and fall under the larger umbrella of DHCS.

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (OFFICE OF HEALTH EQUITY)

- **Section 131019.5 of the California Health and Safety Code**
 - Providers must take a leadership role in reducing health and mental health disparities to vulnerable communities
 - There are three units within this Health and Safety Code:
 - Community Development and Engagement Unit
 - Policy Unit
 - Health Research and Statistics Unit

The Deputy Director of the OHE will report to the Director at the California Department of Public Health and work closely with the Director of Health Care Services. The work of the OHE will be directed through their advisory committees.

BHRS' GOALS

- Align with Federal and State goals, practices and requirements
- Provide equitable services to our communities
- Help partners to also be aligned with these practices

CLAS: PRINCIPLE 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.

CLAS: GOVERNANCE, LEADERSHIP, AND WORKFORCE (CLAS #2-4):

Governance, Leadership, and Workforce:

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

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

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

CLAS – COMMUNICATION AND LANGUAGE ASSISTANCE (CLAS #5-8)

Communication and Language Assistance:

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.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

CLAS – COMMUNICATION AND LANGUAGE ASSISTANCE (CLAS #5-8)

- Providers can contract with language assistance providers such as:
 - Avid Translation (for in-person interpretation)
 - Avantpage (for document translation)
 - Pacific Interpreters (for telephone interpretation)

CLAS: ENGAGEMENT, CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY (CLAS #9-11)

Engagement, Continuous Improvement, and Accountability:

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

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

11. 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.

CLAS: ENGAGEMENT, CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY (CLAS #12-15)

Engagement, Continuous Improvement, and Accountability:

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.

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

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

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

HOW ARE HEALTH EQUITY AND CLAS CONNECTED?

- Providing culturally and linguistically appropriate services (CLAS) is one strategy to help eliminate health inequities.
- Providing health care services that are respectful of and responsive to the health beliefs, practices and needs of diverse patients can help close the gap in health care outcomes.

BHRS CULTURAL COMPETENCE PLANS

- ***Reducing Cultural and Linguistic Disparities is one of six overarching BHRS Strategies:*** Improve access to mental health and alcohol and drug treatment for under/unserved populations. Promote organizational and individual cultural competency through education, training, workforce development, hiring strategies, and policy changes.
- All BHRS contracts that provide client services include cultural competence language.
- Cultural competence plans are due by September 1st each year.
- A team will review your plan and provide feedback.
- **It is important to provide all examples with details (e.g. samples of policies, flyers, etc).**

BHRS CULTURAL COMPETENCE PLANS

Annual cultural competence plans detail on-going and future efforts to address the diverse needs of clients, families and the workforce and include:

- **Implementation of policies and practices that are related to promoting diversity and cultural competence** (CLAS #2, 9). Policies should address organizational governance and leadership intent to promote cultural competence in responsive services, education and training, language, staff recruiting and retention, etc.
- For example, Asian American Recovery Services' website states their agency's views and work around cultural competence



[Home](#) > [About Us](#) > Our Mission

Our Mission

The purpose of Asian American Recovery Services, Inc. (AARS) is to reduce the impact of substance abuse in the Asian and Pacific Islander and other affected communities of the San Francisco Bay Area. We accomplish this by providing prevention, outreach, intervention and treatment services, as well as, engaging in education, research and advocacy.

AARS upholds our commitment to the provision of culturally competent services. Recognizing that recovery is a lifelong process, our healing approaches address the physical, mental and emotional health for individuals and families. Through our work, we aim to create and support healthy communities. AARS receives its funding primarily from governmental agencies.



BHRS CULTURAL COMPETENCE PLANS

(cont.)

- **Contractor forum for discussing relevant and appropriate cultural** competence-related issues (such as a cultural competence committee) (CLAS #2, 9). This body should include staff at all agency levels.
 - For example, a mental health provider (Pyramid Alternatives, Star Vista, Edgewood, Caminar) can form a cultural competence committee with representatives from each program and department (administrative, clinical, residential, management). A monthly meeting can take place to discuss ways to quantify and standardize cultural competence (via progress notes, treatment plans, client summaries, intake forms, etc.) within the agency.

BHRS CULTURAL COMPETENCE PLANS

(cont.)

- **Collection of client cultural demographic information**, including race, ethnicity, primary language, gender and sexual orientation and underserved populations (CLAS #11).
 - For example, AOD providers request demographic information during the intake process. This quantitative data could then be used in their cultural competence committee meetings to improve upon future staffing and program services.

BHRS CULTURAL COMPETENCE PLANS

- **Staffing objectives that reflect the cultural and linguistic diversity of the clients.** (Contractor will recruit, hire and retain clinical staff members who can provide services in a culturally and linguistically appropriate manner) (CLAS#3). *Does your staff reflect the population(s) you serve?*
- **Staff training plan related to cultural competency.** Contractor will ensure that all program staff receive at least 8 hours of external training per year (i.e. sponsored by BHRS or other agencies) on how to provide culturally and linguistically appropriate services (CLAS #4, 7).
- For example, Fred Finch's website reflects ongoing training opportunities to improve cultural competency for staff and community partners

TRAINING



Fred Finch Youth Center's Training Institute provides high-quality training to people who provide care for foster children.

There is no fee to the individual or organization for any of these classes.

View our searchable training calendar [here](#) and register for trainings [here](#).

Course offerings are designed to:

- Increase individual competence in areas of systemic and systematic intervention, cultural competence, co-occurring capacity, and clinical excellence
- Increase the capacity of service providers to deliver innovative, evidence-based practice approaches; to further areas of quality assurance and improvement; and to advance in areas of accurate service infrastructure

Trainings are open to the public; any person providing care to foster children or youth may attend at no cost. Groups may request FFYC Training Department trainers provide on-site instruction. At times, FFYC staff may be able to design trainings specific to the needs of a group or organizations.

You can also download PDFs of the [December 2013](#) and [January 2014](#) training schedules.

BHRS CULTURAL COMPETENCE PLANS

- Contractor will actively participate in at least one cultural competence effort within BHRS and/or to send a representative to attend the BHRS Diversity and Equity Council (DEC) for the term of the Agreement (CLAS #4, #13).
 - This could be a staff member within the agency's cultural competence committee.
 - Staff can attend any of ODE's Initiatives within the Diversity and Equity Council: African American Community Initiative, Chinese Health Initiative, Filipino Mental Health Initiative, Latino Collaborative, Pacific Islander Initiative, PRIDE Initiative, Spirituality Initiative, Native American Initiative, Stigma Free San Mateo County
- Contractor shall submit to BHRS Office of Diversity and Equity by March 31st, a list of staff who have participated in these efforts. For more information about the DEC, and other cultural competence efforts within BHRS, contact Jei Africa, BHRS Health Equity Initiatives Manager.

CC PLANS – THRESHOLD LANGUAGES

- Contractor will establish the appropriate infrastructure to provide services in County identified threshold languages. Currently the threshold languages are: Spanish, Tagalog and Chinese (Mandarin and Cantonese) (CLAS #5, 7).
 - If contractor is unable to provide services in those languages, the contractor is expected to contact Access Call Center or their BHRS Program Manager for consultation.
 - If additional language resources are needed, please contact Jei Africa, Health Equity Initiatives Manager.

CC PLANS – TRANSLATED MATERIALS

- Contractor will translate relevant and appropriate behavioral health-related materials (such as forms, signage, etc.) in County identified threshold languages in a culturally and linguistically appropriate manner (CLAS #8).
 - BHRS strongly encourages its contractors to use BHRS-sponsored forms in an effort to create uniformity within the system of care: Application for Services and Consent to Treatment, Disclosures of Protected Health Information, Medication Consent, and Treatment Plan. See <http://smchealth.org/bhrs-documents> for forms in English, Spanish, Tagalog and Tongan.
 - Contractor shall submit to Jei Africa, Health Equity Initiatives Manager, by March 31st, copies of Contractor's health-related materials in English and as translated.

BHRS OFFICE OF DIVERSITY & EQUITY (ODE)

- Jei Africa, BHRS Health Equity Initiatives Manager, ODE, JAfrica@smcgov.org, 650-573-2714.
- ODE provides consultation and technical assistance, training and facilitation, strategic planning and program development, and coordination of resources.
- ODE also offers free community education courses: Mental Health First Aid, Parent Project, Digital Storytelling and Photovoice.
- BHRS 2010-2013 Cultural Competence Plan: http://smchealth.org/sites/default/files/docs/CC_Plan_2010.pdf
- For more info on ODE, see www.smhealth.org/ode

ADDITIONAL RESOURCES

- Office of Minority Health's Think Cultural Health website (www.thinkculturalhealth.hhs.gov). See *A Blueprint for Advancing and Sustaining CLAS Policy and Practice*.
- Community Alliance for CLAS (www.allianceforclas.org/)
 - Provides free training and technical assistance for agencies

ADDITIONAL TRAININGS

- OnTrack will provide additional CLAS trainings March 13, 2014 and September 18, 2014.
 - Contact Sheryl Uyan (BHRS AOD)
SUyan@smcgov.org

THANK YOU!

- **QUESTIONS?**

Dr. Jei Africa

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