



Policy Number:	18-01
Policy Name:	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; DHCS All Plan Letter 17-011, and Research and Analytic Studies Division (RASD); BHIN 25-019
Original Policy Date:	February 22, 2018 Effective Date: 02/22/18
Supersedes:	14-01
Policy Last Revised:	1/9/26
Attachments:	A. BHRS and Health System Policies Relevant to the National CLAS Standards

PURPOSE

This policy is intended to inform Behavioral Health and Recovery Services (BHRS) staff, leadership and contracted partners of existing and ongoing organizational efforts to embrace diversity, improve quality, and eliminate health disparities in alignment with the National Standards for Cultural and Linguistically Appropriate Services (CLAS Standards).

BHRS is committed to providing effective, equitable, welcoming, trauma informed, and compassionate behavioral health and recovery services that are responsive to individuals' cultural health beliefs, practices, preferred languages, lived experience, and identities. This commitment reflects BHRS's broader transformation goals to improve client and staff experience, equity, accountability, and system performance

Consistent with the BHRS Transformation 5-Year Roadmap, this policy supports organizational efforts to:

- Align strategy, fiscal stewardship, and equity goals;
- Cultivate a culture of psychological safety, continuous learning, and data-informed decision-making;
- Strengthen workforce capacity and wellbeing; and
- Ensure services reflect the voices, needs, and aspirations of those served

BHRS will continue to develop a comprehensive understanding of best practices in governance,



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leadership, workforce development, communication and language assistance, and continuous practice of engagement, improvement, and accountability across all levels of the organization. BHRS policies, practices, and supporting resources for multicultural organizational development (MCOD) and CLAS implementations are itemized in Attachment A.

BACKGROUND

San Mateo County BHRS has a long-standing commitment to being an organization that values the perspectives, cultures, identities and lived experience of diverse staff, clients and families, and community members. BHRS recognizes that equity, quality, workforce wellbeing, and community trust are inseparable, and that meaningful improvement requires intentional system-level change.

This commitment is reflected in the BHRS Vision, Mission, Values and Strategies Statement, and operationalized through policies, procedures, and programs and initiatives implemented over time. The CLAS standards guide BHRS's foundational approach to creating integrated, culturally responsive, and linguistically appropriate services.

In parallel, BHRS is engaged in a multi-year Transformation Journey, to respond to a changing behavioral health landscape characterized by increased demand, heightened accountability, evolving community needs and higher expectations for quality and equity. This journey emphasizes that transformation is not limited to clinical practice alone, but requires changes in organizational culture, leadership practices, data use, fiscal stewardship, workforce development, and community engagement.

BHRS has demonstrated its commitment to culturally responsive and trauma informed services through

- The development and implementation 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 Health Equity Initiatives (HEI); and
- System transformation efforts that advance trauma-informed systems and care, psychological safety, continuous learning, and accountability.

As part of this work, BHRS has undertaken an ongoing Multicultural Organization Development (MCOD) process, to build organizational capacity to address institutionalized and systemic practices that hinder genuine diversity, equity, inclusivity and belonging at all levels of our organization. MCOD is a core mechanism through which BHRS advances the Transformation Journey's priorities related to culture of excellence, workforce development, data-driven improvement, and equitable service delivery.

DEFINITIONS

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

Concentration Language: A language spoken by a large number of people in a specific area. A language



is considered a concentration language when at least 1,000 people in a single ZIP code, or 1,500 people across two neighboring counties, speak that language.

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.

Threshold Language: The primary language of 3,000 Medi-Cal beneficiaries or 5% of the beneficiary population, whichever is lower. In San Mateo County, English, Spanish, Chinese, Tagalog and Russian are the threshold languages.

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. Relevant policies shall be reviewed in clinical team meetings and supervision as updates occur or when the need for reinforcement becomes apparent. Supervisors and managers shall ensure that staff are trained in providing language services to limited English proficient (LEP) clients and family members.
4. Every effort shall be made to provide services and communications in the client's preferred language and in a manner that supports health literacy and accessibility.
5. All new BHRS staff members and contracted providers will complete the following training within the following time frames:
 - a. Cultural Humility Training completion required within 90 days of hire, with all staff expected to have completed at least one Cultural Humility training since their date of hire.
 - b. Per the Department of Health Care Services' (DHCS) Language Access Plan (LAP), **Public Facing Employees** (also referred to as "public contact") Language access training will be provided to all current public-facing employees on an annual basis. New employees hired into public contact positions will receive language access training within their first three months of employment.

Training topics for public contact positions will cover the federal and state law requirements pertaining to interpretation and translation for individuals with LEP, the CalHHS Policy requirements, procedures for using contracted interpretation and



translation vendors, and support resources provided by OCR.

Non-Public Facing Employees, per DHCS must complete mandatory civil rights compliance training that includes language access. The language access portion covers all federal and state law requirements pertaining to language access, language taglines and notice of availability for threshold languages, vital documents, and requirements for translation and interpretation for DHCS programs.

- c. Within 45 days of hire and every two years thereafter, or more often if needed, staff will take Transgender, Gender Diverse, or Intersex (TGI) Cultural Competency Training required by Senate Bill 923: The Transgender, Gender Diverse, or Intersex Inclusive Care Act.
- d. Within 90 days of hire staff will complete Sexual Orientation and Gender Identity (SOGI) training to support respectful, trauma-informed collection, documentation, analysis, and use of SOGI information. Other actions identified in the MCOD plan and aligned with BHRS transformation priorities

BHRS shall provide effective, equitable, respectful, trauma-informed and culturally responsive quality care that reflects preferred languages, health literacy needs, and diverse cultural beliefs and practices and communication needs.

LEADERSHIP RESPONSIBILITIES

1. BHRS leadership will continue to strengthen the implementation of the CLAS standards as part of the BHRS Transformation Journey, advancing equity, quality, accountability and improved client and staff experience across all administrative, preventative, treatment, and supportive services.
2. BHRS leadership shall support MCOD goals that build organizational capacity for psychological safety, continuous learning, equity and inclusive decision making.
3. BHRS staff shall implement cultural humility, equity, inclusion, trauma-informed principles with 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, including Mental Health Services Act (MHSA), Behavioral Health Services Act (BHSA), Cultural Competence Plan Requirements (CCPR), and other strategic initiatives, shall engage the DEC in planning, review, implementation and evaluation.
5. To strengthen equity centered governance and accountability, the DEC shall:
 - a. Recommend policies, practices, education and procedures related to cultural humility and equity.
 - b. Participate in key BHRS planning, program development and community engagement processes.
 - c. Collaborate on Quality Improvement efforts and reports, and recommendations provided by the Director of ODE



- d. Serve as a forum for clients, family members, BHRS staff, community members, the HEI, contracted partners, and other members, to elevate equity concerns; and
- e. Report recommendations to BHRS executive leadership.

6. BHRS leadership, managers and supervisors shall continue to strengthen staff participation in health equity efforts. This includes but is not limited to the HEI, MCOD, TS4.0, BHRS Transformation Journey, Suicide Prevention Committee, 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 shall strengthen expectations, training and technical assistance for contracted agencies related to cultural competence, trauma informed care, and equity centered practices.

8. BHRS shall remain responsive to evolving social, cultural and policy changes to ensure continued alignment with client needs, workforce wellbeing and transformation goals in order to adapt our organization whenever such changes may affect our multicultural organization, workforce and services.

Related Policies

Additional policies related to cultural humility can be found in the BHRS Policy Index:

1. [BHRS Policy 92-03](#): Affirmative Action
2. [BHRS Policy 99-01](#): Services to Clients in Primary or Preferred Languages
3. [BHRS Policy 05-01](#): Translation of Written Materials
4. [BHRS Policy 25-05](#): Welcoming Framework
5. [BHRS Policy 14-02](#): Family Inclusion
6. [BHRS Policy 14-03](#): Selection of Evidence-Based and Community Defined Practice
7. [San Mateo County Health Policy A-25](#): Clients Right to Language Services Notification
8. [San Mateo County Health Policy A-26](#): No Use of Minors & Careful Use of Family for Interpretation Policy
9. [San Mateo County Health Policy A-44](#): Behavioral Expectations for Clients, Patients, and Visitors
10. [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#)



SIGNATURES

Approved: _____ *Signature on File*
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Approved: _____ *Signature on File*
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REVISION HISTORY

Date of Revision	Type of Revision	Revision Description
01/09/26	Amend	Attachment A: Updates based on BHIN 25-019 requirements, DHCS Language Access Requirements, and to reflect current BHRS framework.
01/09/26	Amend	Policy: Updates related to the implementation of Senate Bill 923 related to training. Updates based on current state requirements for BHIN 25-019, DHCS Language Access requirements, and to reflect current BHRS framework.
01/09/20	Tech Edit	Policy: Updates to Threshold Language info