



## **Policy 18-01 Attachment A: BHRS Policies Relevant to the National CLAS Standards**

The National Standards for Culturally and Linguistically Appropriate Services (CLAS standards) provide a framework for health care organizations to deliver effective, equitable, understandable and respectful services that respond to diverse cultural health beliefs, practices, preferred languages, health literacy, gender identity, sexual orientation and communication needs.

This attachment identifies Behavioral Health and Recovery Services (BHRS) and Health System policies, practices, and systemwide initiatives that support implementation of the CLAS Standards. These efforts are integrated into BHRS's organizational Transformation Journey, including Multicultural Organizational Development (MCOD), Targeted Strategies 4.0 (TS 4.0), trauma-informed systems and care, and ongoing workforce and quality improvement efforts.

### **CLAS Principal Standard**

BHRS provides 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**

BHRS advances and sustains organizational governance and leadership that promotes cultural humility, equity, inclusion, and health equity through policies, practices and allocation of resources.

1. Leadership will advance and promote accountability for CLAS and implementation of health equity outcomes through policy, practices and allocated resources
2. Recruit, promote and support a culturally and linguistically diverse workforce reflective of the communities served.
3. Provide ongoing education and training to leadership and staff on culturally and linguistically appropriate, trauma-informed, and equity centered practices.

These efforts are supported through Multicultural Organizational Development (MCOD), which provides a continuous improvement framework to assess and strengthen organizational culture, leadership practices, workforce experience, and systems to reduce inequities and promote belonging.

**Affirmative Action:** [BHRS Policy 92-03](#), Affirmative Action.

BHRS is an equal opportunity employer committed to fair and equitable employment practices. BHRS ensures nondiscrimination in all employee-related decisions 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, gender identity, or union membership.

**Welcoming Framework:** [BHRS Policy 25-05](#), Welcoming Framework.

BHRS is committed to creating and sustaining welcoming environments that support recovery, resiliency, safety, dignity, and belonging for individuals and families seeking services. This framework reflects trauma-informed principles and recognizes that welcoming practices are

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foundational to equitable access and engagement.

**Family Inclusion:** [BHRS Policy 14-02](#), Family Inclusion Policy.

BHRS promotes meaningful and culturally responsive involvement of family members, as defined by the client/consumer, across all levels of care. to “Family” is broadly defined to include relatives, friends, partners, chosen family, recovery support persons, and others identified by the client as part of their support system.

### **Staff Training and Recruitment**

BHRS Workforce, Education, and Training (WET) provides systemwide education, training and workforce development opportunities for staff, clients, family members and contracted partners. WET initiatives support CLAS implementation by:

1. Strengthening cultural humility, equity and trauma -informed practice competencies
2. Expanding behavioral health career pathways
3. Increase workforce diversity and retention efforts
4. Supporting lived experience career development through trainings through the Lived Experience Academy (under the Office of Family and Consumer Affairs), the Health Ambassador Program and training, including but not limited to cultural humility, MCOD aligned learning, TGI-affirming and LGBTQ+ inclusive practices, language access, trauma informed care and working with interpreters.

### **Communication and Language Assistance**

BHRS ensures timely and meaningful access to services for individuals with Limited English Proficiency (LEP) and/or other communication needs.

BHRS will:

1. Provide language assistance services at no cost to clients
2. Inform individuals of their right to language assistance verbally and in writing in their preferred language.
3. Ensure interpreters are trained and competent; 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 those we serve.

### **Client’s Rights to Services and Information in Preferred Languages:**

- [BHRS Policy 99-01](#): Services to Clients in Primary or Preferred Languages
- [San Mateo County Health Policy A-25](#): Client’s Right to Languages Services Notification Policy
- [San Mateo County Health System Policy A-26](#): No Use of Minors & Careful Use of Family for Interpretation Policy.



These policies ensure clients are informed of their rights and that communications occur in a manner that protects privacy, accuracy, dignity and clinical effectiveness.

**Translation of Written Materials:** [BHRS Policy 05-01](#), Translation of Written Materials

BHRS translates written materials into threshold languages (currently Spanish, Tagalog, Chinese, and Russian) to ensure information is culturally appropriate, accurate, understandable, and faithful to the intent of the original content.

**BHRS Interpreter Training**

County Health (County Health Language and Communication Access Policy -Pending Approval) will periodically reassess and update language access guidelines to ensure that the scope and nature of language access services reflect the evolving needs of the County's Limited English Proficiency (LEP) communities.

- a. County Health and its divisions will monitor utilization rates of language access services and assess shifts in language needs and population demographics.
- b. County Health will periodically reevaluate language access resources, training curricula, tools, and vendor capacity to strengthen communication, improve service quality, and reduce disparities experienced by LEP.

**Engagement, Continuous Improvement and Accountability**

BHRS embeds CLAS implementation into organizational planning, operations, and quality improvement processes by:

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. Maintain 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. These efforts align with Targeted Strategies 4.0 (TS 4.0) and the broader BHRS transformation journey toward an integrated, equitable,



and community-responsive system of care.

### **Cultural Competency Plan Requirement for Contractors**

All BHRS contractors providing client services must submit an annual Cultural Competence Plan (CCP) outlining current and planned efforts to address the cultural, linguistic and equity needs of clients, families workforce members. CCP will be submitted to the BHRS Analyst/Program Manager and the BHRS Language Access Coordinator by September 30th of each year.

### **BHRS Quality Improvement Work Plan**

BHRS Quality Improvement Work Plan includes a goal to improve cultural and linguistic responsiveness. Required training include “Working Effectively with Interpreters in Behavioral Health”, 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 90 days of employment.

### **Accurate Documentation of Language Assistance Services**

BHRS requires accurate documentation of:

- Primary and preferred language
- Offer and acceptance or refusal of interpreter services
- Language used during service delivery

This documentation supports client rights, quality of care, compliance, and equity monitoring.

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

BHRS standardizes the collection of Race, Ethnicity and Language (REAL) and Sexual Orientation and Gender Identity (SOGI) data within the electronic health records (EHR), including documentation of sexual orientation, gender identity, sex, preferred name and personal pronoun. Staff receive training and technical assistance to ensure data are collected in a culturally safe, respectful, voluntary, and clinically meaningful manner to support equity analysis, service planning, billing and quality improvement.

### **Effective Communication and Accessibility for Individuals with Disabilities**

Behavioral Health and Recovery Services (BHRS) shall ensure effective communication and equal access to services, programs, and activities for individuals with disabilities, consistent with federal and state law, Medi-Cal requirements, and Department of Health Care Services (DHCS) guidance Behavioral Health Information Notice (BHIN) No. 24-007.

BHRS, its contracted providers, and subcontractors, shall comply with all applicable requirements under:

- Section 1557 of the Affordable Care Act
- Americans with Disabilities Act (ADA), Title II



- Applicable federal regulations (including 42 C.F.R. §438.10 and 45 C.F.R. Part 92)
- California Welfare and Institutions Code §14727
- DHCS Medi-Cal Behavioral Health contracts and guidance

### **Auxiliary Aids, Interpreter Services, and Alternative Formats**

BHRS shall take appropriate steps to ensure that communication with individuals with disabilities is as effective as communication with others, and shall provide auxiliary aids and services free of charge and in a timely manner when necessary to ensure equal opportunity to participate in or benefit from BHRS services.

This includes, but is not limited to:

- **Qualified interpreters**, including sign language interpreters, oral transliterators, and cued language transliterators
- **Alternative formats** for written materials, including Braille, audio, large print, and accessible electronic formats
- Other auxiliary aids and services appropriate to the individual's communication needs  
BHRS shall give primary consideration to the individual's expressed preference for a particular auxiliary aid, service, or alternative format.

### **Qualified Interpreter Standards**

When interpretive services are required for an individual with a disability, BHRS and its contractors shall use qualified interpreters, whether provided on-site or through remote or video remote interpreting (VRI) services.

A qualified interpreter is one who:

1. Adheres to generally accepted interpreter ethics, including confidentiality; and
2. Is able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, terminology, and phraseology, including behavioral health terminology.

BHRS shall not require individuals with disabilities to provide their own interpreters and shall not rely on accompanying adults or minor children to interpret, except in circumstances permitted by law.

### **Technology-Based Interpreting Services**

When video remote interpreting (VRI) services are used, BHRS and its contractors shall ensure that such services meet applicable legal and quality standards, including:

- Real-time, full-motion video and audio
- High-quality images without lags, blurring, or interruptions
- Adequate training for staff and users to operate the technology effectively

BHRS recognizes that VRI is not appropriate in all circumstances and shall provide on-site interpreters when necessary to ensure effective communication.

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### **Alternative Format Requests and Due Process**

BHRS shall ensure that members who require information in alternative formats receive notices, communications, and due process protections in a manner consistent with ADA and Medi-Cal requirements. This includes providing notices in the individual's selected alternative format within required legal timeframes and ensuring accessibility prior to any denial, reduction, suspension, or termination of services.

### **Monitoring, Oversight, and Continuous Improvement**

County Health and/or BHRS shall periodically review and update language access, disability access, and effective communication practices to ensure alignment with:

- DHCS guidance and Behavioral Health Information Notices
- Evolving federal and state requirements
- Community needs, utilization data, and demographic trends

These efforts support BHRS' Transformation Journey, Multicultural Organizational Development (MCO) framework, trauma-informed systems of care, and Targeted Strategies 4.0 goals to reduce disparities and improve access, quality, and equity for historically underserved populations.