CULTURAL AND LINGUISTIC COMPETENCE POLICY ASSESSMENT

2020 REPORT

One of the Quality Improvement strategies in the County of San Diego Behavioral Health Services (BHS) Cultural Competence Plan is to survey all program managers annually to evaluate their perception of their programs' cultural and linguistic competence. Accordingly, all County and County-contracted programs are required to complete the Cultural and Linguistic Competence Policy Assessment (CLCPA). The assessment was administered for the first time in 2017, as a replacement of the annual CC-PAS.

The CLCPA was developed by Georgetown University's National Center for Cultural Competence and adapted by BHS to align with the expectations recommended by the Cultural Competence Resource Team (CCRT) and the National Culturally and Linguistically Appropriate Services (CLAS) Standards. The goal of the CLCPA is to enhance the quality of services within culturally diverse and underserved communities; promote cultural and linguistic competence; improve health care access and utilization; and assist programs with developing strategies to eliminate disparities.

BACKGROUND

The Google survey was distributed via email to all County-contracted and County-operated Program Managers in February 2020. The Program Managers were asked to first identify the main cultural groups that their program predominantly serves so they could refer to them as they completed the survey. They also had the opportunity to request technical assistance in becoming familiar with the items in each of the eight sections. The response options were based on a Likert scale and assigned a numerical value, ranging from 1 to 5.

A total of 228 programs responded to the survey: 161 (70.6%) Mental Health Services (MHS) and 67 (29.4%) Substance Use Disorder Services programs. The self-reported responses are shown in this report as combined percentages, as well as broken down into MHS and SUD responses to show a contrast between the two systems of care. Responses were compared to those received in 2019; changes in percentages are depicted within each table using arrows.

SUMMARY OF FINDINGS

◊ Majority of respondents were in a Program Manager or Program Director role (49.8% and 40.8%, respectively). Almost 10% of respondents indicated that they held another position at the program.

◊ The respondents indicated that they were fairly or very familiar with the diverse communities and the demographic makeup of their service areas *(Section 1)*. These results were almost identical to those from 2019.

◊ The majority of respondents indicated support for cultural competence in the overall organizational philosophy most of the time or all the time *(Section 2)*.

◊ The majority of respondents indicated some form of personal and program staff involvement in the communities' culturally diverse activities *(Section 3)*.

◊ About four out of five respondents reported collaborating with community-based organizations to address the health and mental health needs of culturally diverse groups in their service area (Section 4).

◊ Responses indicated that the organizations' staff were relatively diverse culturally and linguistically, with Peer Support Specialists and Support staff as the most diverse classifications, and the board members and executive management as the least diverse *(Section 5)*.

◊ According to the respondents, the programs use trained medical interpreters more regularly than certified medical interpreters or sign language interpreters. While nearly half of the respondents indicated that their organizations regularly evaluates the quality and effectiveness of these services, about a fifth reported not doing so *(Section 7)*.

◊ Most of the technical assistance (TA) requests were related to community engagement, the CLAS Standards, interpretation services, beneficiary materials, assessment tools, and whole person wellness.

ASSESSMENT RESULTS
Section 1: Knowledge of Diverse Communities

The focus of this section is organizational policy that takes into consideration cultural beliefs, strengths, vulnerabilities, community demographics, and contextual realities.

◊ The majority of the respondents in MHS and SUD rated their organizations' familiarity and ability to identify diverse communities in their service areas as <u>fairly well</u> or <u>very well</u> *(Question 1)*.

◊ Nearly all respondents (98.7%) indicated that their organizations' Cultural Competence Plans identified and supported the CLAS Standards *(Question 2)*.

◊ *Question 8*, which pertains to the organizations' familiarity with the natural networks of support for culturally diverse groups in their service area, had the largest proportion (15.0%) of the rating <u>somewhat</u>. A total of 11.2% of MHS respondents gave this rating, compared to 24.2% for SUD respondents.

◊ The most common TA requests were related to becoming more familiar with the cultural groups in the community, and with the CLAS Standards. Other requests were related, but weren't limited to: continuous training aimed at cultural competence.

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Section 1: Knowledge of Diverse Communities *(continued)*

Section 1 Questions	Not at all	Δ	Barely	Somewhat	Fairly Well	Δ	Very Well	Δ	Yes	Δ	No	Δ
1. Is your organization able to identify the culturally diverse communities in your service area?	0.0%		0.0%	2.2%	34.4%	⬆	63.4%	⬇	N/A	N/A	N/A	N/A
	0.0%		0.0%	1.2%	36.0%	⬆	65.2%	⬇	N/A	N/A	N/A	N/A
	0.0%		0.0%	6.1%	33.3%	⬇	63.6%	⬆	N/A	N/A	N/A	
2. Does your organization's Cultural Competence Plan identify and support the CLAS Standards?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	98.7%	⬇	1.8%	⬆
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	98.1%	⬇	1.9%	⬆
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	98.5%	⬇	1.5%	⬆
3. Is your organization familiar with current and projected demographics for your service area?	0.4%		0.0%	7.9%	41.4%	⬆	50.2%	⬇	N/A	N/A	N/A	N/A
	0.0%	⬇	0.0%	8.1%	42.2%	⬆	49.7%	⬇	N/A	N/A	N/A	N/A
	1.5%	⬆	0.0%	7.6%	39.4%	⬆	51.5%	⬇	N/A	N/A	N/A	N/A
4. Is your organization able to describe the social strengths (e.g., support networks, family ties, spiritual leadership, etc.) of diverse cultural groups in your service area?	0.4%		0.0%	8.8%	45.4%		45.4%	⬇	N/A	N/A	N/A	N/A
	0.6%		0.0%	7.5%	47.8%	⬆	44.1%	⬇	N/A	N/A	N/A	N/A
	0.0%		0.0%	12.1%	39.4%	⬇	48.5%	⬆	N/A	N/A	N/A	N/A
5. Is your organization able to describe the social problems (e.g., dispersed families, poverty, unsafe housing, etc.) of diverse cultural groups in your service area?	0.0%		0.0%	4.0%	34.8%	⬆	61.2%	⬇	N/A	N/A	N/A	N/A
	0.0%		0.0%	8.2%	35.4%	⬆	61.5%	⬇	N/A	N/A	N/A	N/A
	0.0%		0.0%	6.1%	33.3%	⬇	60.6%	⬆	N/A	N/A	N/A	N/A
6. Is your organization familiar with health disparities among culturally diverse groups in your service area?	0.4%	⬆	0.9%	12.8%	40.1%	⬆	45.8%	⬇	N/A	N/A	N/A	N/A
	0.6%	⬆	1.2%	12.4%	38.5%	⬆	47.2%	⬇	N/A	N/A	N/A	N/A
	0.0%		0.0%	13.6%	43.9%	⬆	42.4%	⬆	N/A	N/A	N/A	N/A
7. Is your organization able to identify the languages and dialects used by culturally diverse groups in your service area?	0.0%		0.0%	13.2%	43.2%	⬆	43.6%	⬇	N/A	N/A	N/A	N/A
	0.0%		0.0%	11.8%	42.9%	⬆	45.3%	⬇	N/A	N/A	N/A	N/A
	0.0%		0.0%	16.7%	43.9%	⬆	39.4%	⬇	N/A	N/A	N/A	N/A
8. For the culturally diverse groups in your service area, is your organization familiar with: The health beliefs, customs, and values?	0.0%		0.9%	13.7%	54.2%	⬆	31.3%	⬇	N/A	N/A	N/A	N/A
	0.0%		1.2%	13.0%	54.7%	⬆	31.1%	⬇	N/A	N/A	N/A	N/A
	0.0%		0.0%	15.2%	53.0%	⬆	31.8%	⬇	N/A	N/A	N/A	N/A
The natural networks of support?	0.0%		1.3%	15.0%	53.3%	⬆	30.4%	⬇	N/A	N/A	N/A	N/A
	0.0%		1.2%	11.2%	55.9%	⬆	31.7%	⬇	N/A	N/A	N/A	N/A
	0.0%		1.5%	24.2%	47.0%	⬇	27.3%	⬇	N/A	N/A	N/A	N/A
9. For the culturally diverse groups in your service area, can your organization identify: Help-seeking practices?	0.4%	⬆	0.4%	9.7%	53.7%	⬆	35.7%	⬇	N/A	N/A	N/A	N/A
	0.0%		0.0%	9.9%	55.3%	⬆	34.8%	⬇	N/A	N/A	N/A	N/A
	1.5%	⬆	1.5%	9.1%	50.0%	⬆	37.9%	⬇	N/A	N/A	N/A	N/A
The way illness and health are viewed?	0.4%	⬆	0.0%	11.9%	52.0%	⬆	35.7%	⬇	N/A	N/A	N/A	N/A
	0.0%		0.0%	11.2%	50.3%	⬆	38.5%	⬇	N/A	N/A	N/A	N/A
	1.5%	⬆	0.0%	13.6%	56.1%	⬆	28.8%	⬇	N/A	N/A	N/A	N/A
The way mental health is perceived?	0.0%		0.0%	7.0%	41.9%	⬆	51.1%	⬇	N/A	N/A	N/A	N/A
	0.0%		0.0%	6.8%	42.9%	⬆	50.3%	⬇	N/A	N/A	N/A	N/A
	0.0%		0.0%	7.6%	39.4%	⬆	53.0%	⬇	N/A	N/A	N/A	N/A

Note: N/A in the above graph indicates that the answer option was not available for these questions.

Legend: Combined | MHS | SUD   Δ :Change compared to 2019

Section 2: Organizational Philosophy

This section focuses on the incorporation of cultural competence into the organization's mission statement, structures, practice models, collaboration with clients/participants and community members, and advocacy.

◊ The majority of respondents indicated support for cultural competence in the overall organizational philosophy <u>most of the time</u> or <u>all the time</u> *(Section 2)*.

◊ A total of 9.3% of the respondents indicated that their organizations' mission statement <u>does not</u> incorporate cultural and linguistic competence in service delivery *(Question 10)*. This number has <u>decreased</u> by about 3% compared to the 2019 data.

◊ Nearly half of respondents indicated that they reviewed procedures to ensure that they are relevant to culturally (53.7%) or linguistically (49.3%) competent services <u>all the time</u>. A total of 13.0% of MHS respondents indicated that their organizations <u>often</u> reviewed procedures to ensure relevance to linguistically competent services, compared to 13.6% of SUD respondents *(Questions 14 and 15)*.

◊ About one in ten respondents indicated that only <u>sometimes</u> were there any structures in their programs to assure participant and community participation in program planning, making it the least inclusive organizational practice reported by respondents *(Question 17)*.

◊ A total of 21% of respondents indicated that <u>none</u> or <u>very little</u> of the décor reflected the culturally diverse groups in the programs' service area *(Question 18)*. The distribution of responses from MHS respondents and SUD respondents were similar.

◊ Overall, about four out of five respondents (83%) indicated that their programs posted signs and materials in four or more other languages besides English. Most MHS and SUD respondents (84% and 81%, respectively) indicated that materials were posted in 4 or more other languages (Question 19).

◊ The most common TA requests were related to becoming more familiar with the beneficiary materials in threshold languages that are available to the programs. Several programs requested quality improvement process and CLAS Standards training refreshers.

Section 2 Questions	Not at all	Δ	Sometimes	Often	Δ	Most of the Time	Δ	All the Time	Δ	Yes	Δ	No	Δ
10. Does your organization have a mission statement that incorporates cultural and linguistic competence in service delivery?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	90.7%	↑	9.3%	↓
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	90.1%	↑	9.9%	↓
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	92.4%	↑	7.6%	↓
11. Does your organization support a practice model that incorporates culture in the delivery of services?	0.0%		2.6%	5.3%	↓	26.9%	↑	65.2%		N/A	N/A	N/A	N/A
	0.0%		1.9%	3.7%	↓	24.8%	↑	69.6%	↑	N/A	N/A	N/A	N/A
	0.0%		4.5%	9.1%	↑	31.8%	↓	54.5%	↓	N/A	N/A	N/A	N/A
12. Does your organization consider cultural and linguistic differences in developing quality improvement processes?	0.4%	↑	3.5%	10.1%	↓	28.6%	↑	57.0%	↓	N/A	N/A	N/A	N/A
	0.6%	↑	1.9%	9.9%	↑	29.8%	↑	57.8%	↓	N/A	N/A	N/A	N/A
	0.0%		7.6%	10.6%	↓	25.8%	↓	56.1%	↑	N/A	N/A	N/A	N/A
13. Does your organization advocate for culturally diverse participants regarding quality of life issues (e.g., employment, housing, education) in your service area?	0.0%	↓	1.8%	4.0%	↓	26.0%	↑	68.3%	↓	N/A	N/A	N/A	N/A
	0.0%		1.2%	4.3%	↓	29.2%	↑	65.2%	↓	N/A	N/A	N/A	N/A
	0.0%	↓	3.0%	3.0%	↑	18.2%	↓	75.8%	↑	N/A	N/A	N/A	N/A
14. Does your organization systematically review procedures to ensure that they are relevant to delivery of CULTURALLY competent services?	0.4%	↑	5.3%	12.3%	↓	28.2%	↓	53.7%	↑	N/A	N/A	N/A	N/A
	0.6%	↑	4.3%	14.9%	↓	26.7%	↓	53.4%	↑	N/A	N/A	N/A	N/A
	0.0%		7.6%	6.1%	↓	31.8%	↑	54.5%	↑	N/A	N/A	N/A	N/A

Note: N/A in the above graph indicates that the answer option was not available for these questions.

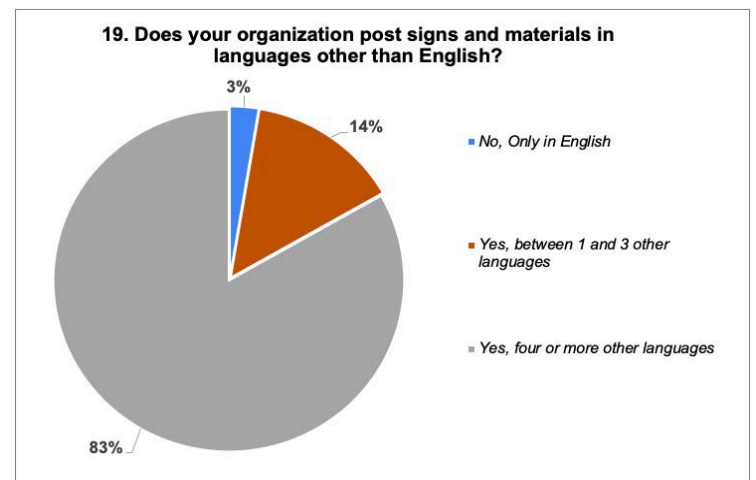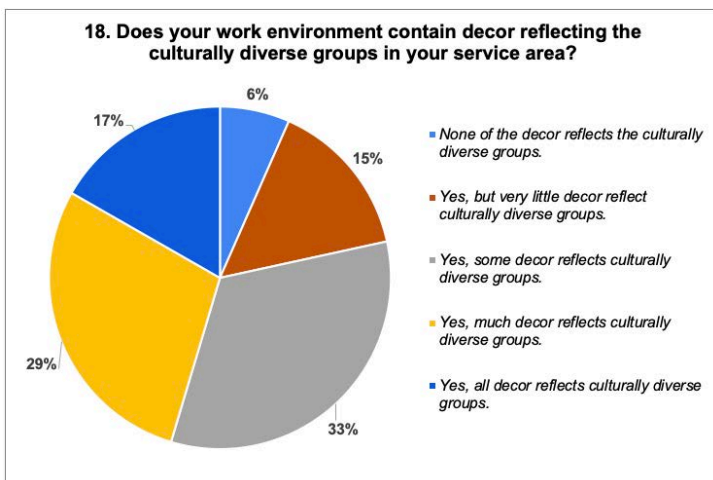Legend: Combined | MHS | SUD   Δ : Change compared to 2019

Section 2: Organizational Philosophy *(continued)*

Section 2 Questions	Not at all	Δ	Sometimes	Often	Δ	Most of the Time	Δ	All the Time	Δ	Yes	Δ	No	Δ
15. Does your organization systematically review procedures to ensure that they are relevant to LINGUISTICALLY competent services?	0.4%	↓	4.8%	13.7%	↓	32.2%	↑	49.3%	↑	N/A	N/A	N/A	N/A
	0.6%	↓	3.1%	13.0%	↓	32.9%	↑	50.3%	↑	N/A	N/A	N/A	N/A
	0.0%		9.1%	13.6%	↑	30.3%	↑	47.0%	↑	N/A	N/A	N/A	N/A
16. Does your organization help participants get the support they need (e.g., flexible service schedules, childcare, transportation, etc.) to access services?	0.0%	↓	3.1%	11.5%	↑	26.4%	↓	59.0%	↓	N/A	N/A	N/A	N/A
	0.0%	↓	3.1%	13.7%	↑	24.8%	↓	58.4%		N/A	N/A	N/A	N/A
	0.0%	↓	3.0%	6.1%	↑	30.3%	↑	60.6%	↓	N/A	N/A	N/A	N/A
17. Are there structures in your program to assure for participant and community participation in: Program planning?	1.3%	↑	11.9%	17.6%	↑	27.8%	↑	41.4%	↓	N/A	N/A	N/A	N/A
	0.6%	↑	13.7%	18.6%	↑	26.1%	↓	41.0%	↓	N/A	N/A	N/A	N/A
	3.0%	↑	7.6%	15.2%	↑	31.8%	↑	42.4%	↓	N/A	N/A	N/A	N/A
Service delivery?	0.9%	↓	5.7%	18.1%	↑	28.6%	↓	46.7%	↓	N/A	N/A	N/A	N/A
	0.0%	↓	5.0%	20.5%	↑	28.0%	↓	46.6%	↓	N/A	N/A	N/A	N/A
	3.0%	↑	7.6%	12.1%	↑	30.3%	↓	47.0%	↓	N/A	N/A	N/A	N/A
Evaluation of services?	0.0%	↓	5.3%	12.8%	↑	22.9%	↓	59.0%	↓	N/A	N/A	N/A	N/A
	0.0%	↓	5.0%	14.3%	↑	19.3%	↓	61.5%	↓	N/A	N/A	N/A	N/A
	0.0%		6.1%	9.1%	↓	31.8%	↑	53.0%	↓	N/A	N/A	N/A	N/A
Quality improvement?	0.0%	↓	6.2%	15.0%	↑	27.3%	↑	51.5%	↓	N/A	N/A	N/A	N/A
	0.0%	↓	5.6%	16.8%	↑	24.8%	↓	52.8%	↑	N/A	N/A	N/A	N/A
	0.0%	↓	7.6%	10.6%	↓	33.3%	↑	48.5%	↓	N/A	N/A	N/A	N/A
Customer satisfaction?	0.0%	↓	3.1%	11.0%	↑	24.2%	↑	61.7%	↓	N/A	N/A	N/A	N/A
	0.0%	↓	2.5%	12.4%	↑	21.1%	↑	64.0%	↓	N/A	N/A	N/A	N/A
	0.0%		4.5%	7.6%	↓	31.8%	↑	56.1%	↓	N/A	N/A	N/A	N/A

Note: N/A in the above graph indicates that the answer option was not available for these questions.

Legend: Combined | MHS | SUD   Δ :Change compared to 2019

18. Does your work environment contain decor reflecting the culturally diverse groups in your service area?

- 6%
- 17%
- 15%
- 29%
- 33%

- None of the decor reflects the culturally diverse groups.
- Yes, but very little decor reflect culturally diverse groups.
- Yes, some decor reflects culturally diverse groups.
- Yes, much decor reflects culturally diverse groups.
- Yes, all decor reflects culturally diverse groups.

19. Does your organization post signs and materials in languages other than English?

- 3%
- 14%
- 83%

- No, Only in English
- Yes, between 1 and 3 other languages
- Yes, four or more other languages

The pie graphs for Questions 18 and 19 each indicate the percentages for combined responses from MHS and SUD respondents.

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Section 3: Personal Involvement in Diverse Communities

This section addresses the extent to which an organization and its staff participate in social and recreational events, and purchase goods and services within the communities they serve.

◊ Over one-tenth of respondents (11.9%) indicated that their organization <u>did not</u> identify opportunities within culturally diverse communities for staff to subcontract for services from a variety of vendors *(Question 20)*. This number has increased by about 3% compared to the 2019 data.

◊ More than three quarters of the respondents (77.6%) indicated that their organizations identified opportunities for staff to share their experiences and knowledge about diverse communities with colleagues <u>most of the time</u> or <u>all the time</u> *(Question 21)*.

◊ The most common TA requests were related to becoming more familiar with the culturally diverse community events and activities.

Section 3 Questions	Not at all	Δ	Sometimes	Often	Δ	Most of the Time	Δ	All the Time	Δ
20. Does your organization identify opportunities within culturally diverse communities for staff to: Attend formal cultural or ceremonial functions?	5.7%	↓	34.8%	15.9%	↓	24.7%	↓	18.9%	↓
	4.3%	↓	35.4%	16.8%	↓	28.6%	↓	14.9%	↓
	9.1%	↑	33.3%	13.6%	↓	15.2%	↓	28.8%	↑
Purchase goods or services from a variey of merchants (either for personal use or job-related activities)?	5.3%	↓	29.5%	15.9%	↓	28.2%	↓	21.1%	↓
	3.7%	↓	30.4%	18.6%	↑	28.6%	↓	18.6%	↓
	9.1%	↑	27.3%	9.1%	↓	27.3%	↑	27.3%	↓
Subcontract for services from a variety of vendors?	11.9%	↑	19.8%	18.9%	↑	24.7%	↓	24.7%	↓
	12.4%	↑	21.1%	18.0%	↑	26.7%	↑	21.7%	↓
	10.6%	↑	16.7%	21.2%	↓	19.7%	↓	31.8%	↑
Participate in informal recreational or leisure time activities?	6.2%	↑	32.6%	17.6%	↓	23.3%	↓	20.3%	
	4.3%	↑	34.2%	18.0%	↑	24.8%	↓	18.6%	↓
	10.6%	↑	28.8%	16.7%	↓	19.7%	↓	24.2%	↑
Participate in community education activities?	1.8%	↑	17.2%	26.9%	↑	28.6%	↓	25.6%	↓
	0.6%	↑	16.8%	26.7%	↑	29.2%	↓	26.7%	↓
	4.5%	↑	18.2%	27.3%	↑	27.3%	↓	22.7%	↓
21. Does your organization identify opportunities for staff to share with colleagues their experiences and knowledge about diverse communities?	0.0%		7.9%	14.5%	↑	26.9%	↓	50.7%	↓
	0.0%		6.8%	13.7%	↑	28.6%	↓	50.9%	↓
	0.0%		10.6%	16.7%	↑	22.7%	↓	50.0%	↓

Legend: Combined | MHS | SUD | Δ :Change compared to 2019

Section 4: Resources and Linkages

This section focuses on the ability of the organization and its staff to effectively utilize both formalized and natural networks of support within culturally diverse communities to promote and maintain linkages through structures and resources.

◊ Majority of respondents (79.3%) indicated that their organization collaborated with community-based organizations organizations most of the time or all the time to address the needs in their service area *(Question 22)*.

◊ Over half of the respondents (55.5%) indicated that their organizations work most of the time or all the time with social or professional contacts who help understand health and mental health beliefs and practices of culturally and linguistically diverse groups in the service area *(Question 23)*. This number has decreased by about 3% compared to the 2019 data.

◊ The most common TA requests were related to additional trainings on CLAS Standards, and becoming more familiar with whole person wellness.

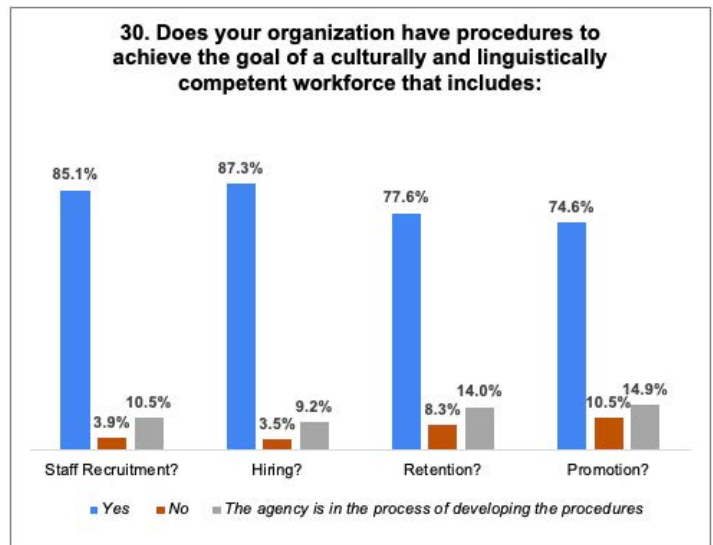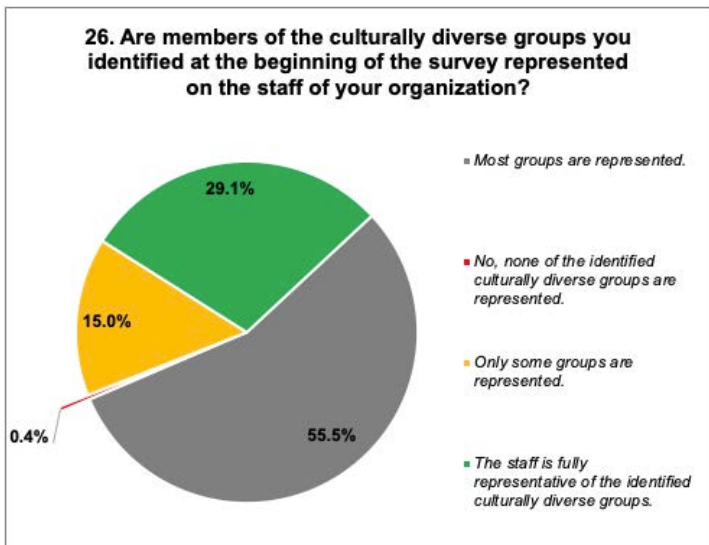| Section 4 Questions	Not at all	Δ	Sometimes	Often	Δ	Most of the Time	Δ	All the Time	Δ
22. Does your organization collaborate with community-based organizations to address the health and mental health related needs of the culturally and linguistically diverse groups in the service area?	0%		5.3%	15.4%	⬆	27.3%	⬆	52.0%	⬇
	0%		6.2%	14.9%	⬆	29.2%	⬆	49.7%	⬇
	0%		3.0%	16.7%	⬆	22.7%	⬆	57.6%	⬇
23. Does your organization work with social or professional contacts (e.g., cultural brokers, liaisons, cultural stakeholders) who help understand health and mental health beliefs and practices of culturally and linguistically diverse groups in the service area?	4.0%	⬆	21.1%	19.4%	⬇	22.5%	⬇	33.0%	⬆
	3.7%	⬆	21.1%	21.1%	⬇	23.0%	⬇	31.1%	⬆
	4.5%	⬆	21.2%	15.2%	⬇	21.2%	⬇	37.9%	⬆
24. Does your organization establish formal relationships with these professionals and/or organizations to assist in serving culturally and linguistically diverse groups?	3.1%	⬆	20.3%	16.7%		23.8%	⬇	36.1%	⬇
	1.9%	⬆	24.2%	16.8%	⬆	24.2%	⬇	32.9%	⬇
	6.1%	⬆	10.6%	16.7%	⬇	22.7%	⬇	43.9%	⬆
25. Does your organization use resource materials (including communication technologies) that are culturally and linguistically appropriate to inform diverse groups about whole person wellness?	2.6%	⬆	15.9%	20.3%	⬆	22.0%	⬇	39.2%	⬇
	1.9%		14.3%	22.4%	⬆	21.7%	⬇	39.8%	⬇
	4.5%	⬆	19.7%	15.2%	⬇	22.7%	⬆	37.9%	⬇

Legend: Combined | MHS | SUD   Δ :Change compared to 2019

Section 5: Human Resources

The focus of this section is on the organization's ability to sustain a diverse workforce that is culturally and linguistically responsive.

◊ The respondents were asked to identify the main cultural groups that their programs served predominantly *(Question 26)*. The majority of respondents indicated that <u>most</u> culturally diverse groups were represented on the program staff (55.5%); about a third indicated that their staff was <u>fully representative</u> (29.1%).

◊ Less than a fifth of respondents (16.2%) indicated that their organizations had <u>very few</u> or <u>no</u> culturally and linguistically diverse staff in executive management *(Question 27)*. In addition, 14.7% indicated that <u>none</u> or <u>very few</u> of the board members are culturally and linguistically diverse. The same proportion of respondents (13.2%) indicated similar sentiments regarding physicians/psychiatrists in their organization, with 17.3% of SUD respondents reporting <u>very few</u> or <u>no</u> culturally and linguistically diverse physicians/ psychiatrists in their program, compared to 11.5% of respondents in MHS.

◊ Majority of respondents indicated that <u>most</u> or <u>all</u> of their organizations' support staff (79.8%) and Peer Support Specialists (75.3%) were culturally and linguistically diverse *(Question 27)*.

◊ More than a third of respondents (39.2%) indicated that their organizations had <u>very few</u> or <u>no</u> incentives for the improvement of cultural competence throughout their organizations *(Question 28)*.

◊ The two areas identified by respondents that reflect the most need for organizational procedures to achieve the goal of a culturally and linguistically competent workforce were <u>promotion</u> (14.9%) and <u>retention</u> (14.0%). This was reflected in the results for *Question 30*.

◊ About three out of four respondents (69.6%) reported that there were <u>many</u> resources to support regularly scheduled professional development and in-service training for all levels of staff *(Question 31)*.

◊ While about two out of three respondents (67.4%) indicated that <u>most or many</u> in-service training activities on culturally competent services were conducted for staff at all levels of the organization, only about one in three of respondents (38.3%) indicated the same for linguistically competent services *(Questions 32 and 33)*.

◊ The most common TA requests were related to becoming more familiar with the CLAS Standards, training on workforce diversity, and training for improved linguistically competent services.

Note: The pie graphs for Questions 26 and 30 each indicate the percentages for combined responses from MHS and SUD respondents.

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Section 5: Human Resources *(continued)*

Section 5 Questions	None	Δ	Very Few	Some	Δ	Most/Many	Δ	All	Δ
27. Does your organization have culturally and linguistically diverse individuals as: Board members?* (n=204)	2.9%	↑	11.8%	37.3%	↓	31.9%	↑	16.2%	↓
	2.9%	↑	11.4%	38.6%	↓	32.9%	↑	14.3%	↓
	3.1%	↑	12.5%	34.4%	↑	29.7%	↑	20.3%	↓
Program directors?* (n=224)	3.1%	↑	5.4%	29.9%	↑	42.0%	↑	19.6%	↓
	1.9%	↑	6.3%	32.9%		42.4%	↑	16.5%	↓
	6.1%	↑	3.0%	22.7%	↑	40.9%	↑	27.3%	↓
Executive management?* (n=216)	6.0%	↑	10.2%	31.9%	↑	34.3%	↑	17.6%	↓
	5.2%	↑	13.7%	32.0%	↑	32.7%	↓	16.3%	↓
	7.9%	↑	1.6%	31.7%	↑	38.1%	↑	20.6%	↓
Physicians/psychiatrists?* (n=174)	4.6%	↑	8.6%	36.2%	↑	31.0%	↓	19.5%	↑
	3.3%	↑	8.2%	32.8%	↑	35.2%	↓	20.5%	↑
	7.7%	↑	9.6%	44.2%	↑	21.2%	↓	17.3%	↓
Clinical staff?* (n=211)	0.0%		2.4%	22.3%	↑	43.1%	↓	32.2%	↓
	0.0%		2.1%	24.8%	↑	41.4%	↓	31.7%	↓
	0.0%		3.0%	16.7%	↑	47.0%		33.3%	
Administrative staff?* (n=222)	0.9%	↑	4.5%	23.0%	↑	42.8%	↓	28.8%	↑
	0.6%	↑	4.5%	23.7%	↑	43.6%	↓	27.6%	↑
	1.5%		4.5%	21.2%	↑	40.9%	↓	31.8%	↑
Clerical staff?* (n=197)	1.0%		3.6%	21.3%	↑	43.7%	↓	30.5%	↑
	1.4%	↑	3.6%	21.0%	↑	44.9%	↓	29.0%	↑
	0.0%	↓	3.4%	22.0%	↑	40.7%	↓	33.9%	↑
Support staff?* (n=213)	0.0%	↓	0.9%	19.2%	↑	48.8%	↓	31.0%	↑
	0.0%		1.3%	19.7%	↑	50.7%	↑	28.3%	
	0.0%	↓	0.0%	18.0%	↓	44.3%	↑	37.7%	↑
Peer Support Specialists?* (n=166)	1.2%	↓	3.0%	20.5%	↑	39.8%	↓	35.5%	↑
	0.0%	↓	3.0%	21.6%	↑	41.0%	↓	34.3%	↑
	6.3%	↓	3.1%	15.6%	↓	34.4%	↓	40.6%	↑
Volunteers/students?* (n=171)	1.8%	↑	2.9%	25.1%	↑	40.9%	↓	29.2%	↓
	1.6%	↑	4.0%	25.6%	↑	43.2%	↓	25.6%	↓
	2.2%	↑	0.0%	23.9%	↑	34.8%	↓	39.1%	↑

Percentages exclude responses marked "not applicable". This option was available as a response for programs that may not have the specified job classifications in their organizations.

Legend: Combined | MHS | SUD   Δ :Change compared to 2019

Section 5: Human Resources (*continued*)

Section 5 Questions	None	Δ	Very Few	Some	Δ	Most/Many	Δ	All	Δ
28. Does your organization have incentives for the improvement of CULTURAL competence throughout the organization?	22.0%	⬇	17.2%	42.3%	⬇	18.5%	⬆	N/A	N/A
	17.4%	⬇	17.4%	44.7%	⬇	20.5%	⬆	N/A	N/A
	33.3%	⬆	16.7%	36.4%	⬇	13.6%	⬇	N/A	N/A
29. Does your organization have incentives for the improvement of LINGUISTIC competence throughout the organization?	21.1%	⬆	14.1%	49.8%	⬇	15.0%	⬇	N/A	N/A
	16.1%	⬆	11.8%	56.5%	⬆	15.5%	⬇	N/A	N/A
	33.3%	⬆	19.7%	33.3%	⬇	13.6%	⬇	N/A	N/A
31. Are there resources to support regularly scheduled professional development and in-service training for staff at all levels of the organization?	0.4%	⬆	1.3%	28.6%	⬆	69.6%	⬇	N/A	N/A
	0.6%	⬆	1.9%	26.1%	⬆	71.4%	⬇	N/A	N/A
	0.0%		0.0%	34.8%	⬆	65.2%	⬇	N/A	N/A
32. Are in-service training activities on CULTURALLY competent services (e.g., values, principles, practices, and procedures) conducted for staff at all levels of the organization?	0.9%	⬆	3.1%	28.6%	⬇	67.4%	⬆	N/A	N/A
	1.2%	⬆	3.7%	28.0%	⬆	67.1%	⬇	N/A	N/A
	0.0%		1.5%	30.3%	⬇	68.2%	⬆	N/A	N/A
33. Are in-service training activities on LINGUISTICALLY competent services (e.g., Title VI, CLAS Standards, ADA mandates) conducted for staff at all levels of the organization?	3.5%	⬇	13.2%	44.9%		38.3%	⬆	N/A	N/A
	3.7%	⬇	14.9%	47.8%		33.5%	⬆	N/A	N/A
	3.0%	⬇	9.1%	37.9%	⬇	50.0%	⬆	N/A	N/A

Note: N/A in the above graph indicates that the answer option was not available for these questions.

Legend: Combined | MHS | SUD   Δ :Change compared to 2019

Section 6: Clinical Practice

This section focuses on the ability of the organization and its staff to adapt approaches to behavioral health care delivery based on cultural and linguistic differences.

◊ The majority of the respondents indicated that their programs <u>regularly</u> engaged in activities focused on adapting behavioral health care delivery to cultural and linguistic diversity *(Section 6)*.

◊ A total of 8.2% of respondents indicated that their programs <u>never</u> or <u>seldom</u> used health assessments or diagnostic protocols adapted for culturally diverse groups *(Question 34)*.

◊ The most common TA requests were related to access to culturally appropriate assessment, diagnostic, and health promotion tools.

Section 6 Questions	*Never*	*Δ*	*Seldom*	*Sometimes*	*Regularly*	*Δ*
34. Does your organization use health assessment or diagnostic protocols that are adapted for culturally diverse groups?* (n=195)	4.1%	↑	4.1%	19%	72.8%	⬆
	3.0%	↑	5%	19%	72.7%	⬆
	6.3%	↑	2%	19%	73.0%	⬇
35. Does your organization use health promotion, disease prevention, engagement, retention and treatment protocols that are adapted for culturally diverse groups?* (n=205)	1.0%	↑	2%	27%	69.8%	⬆
	0.7%		3%	30%	66.0%	⬆
	1.6%	↑	2%	19%	78.1%	⬇
36. Does your organization connect consumers to natural networks of support to assist with health and mental health care?* (n=214)	0.0%	⬇	2%	12%	85.5%	⬇
	0.0%	⬇	2%	14%	84.0%	⬇
	0.0%	⬇	3%	8%	89.1%	⬆
37. Does your organization differentiate between racial and cultural identity when serving diverse consumers?* (n=213)	2.3%	↑	4%	12%	81.7%	⬇
	0.7%	↑	4%	12%	83.2%	⬇
	6.3%	↑	3%	13%	78.1%	⬆

*Percentages exclude responses marked "not applicable". This option was available as a response for programs that do not provide clinical services.

Legend: Combined | MHS | SUD   *Δ* :Change compared to 2019

Section 7: Language and Interpretation Services Access

This section focuses on the ability of the organization and its staff to ensure access to materials in various languages, offer interpretation/translation services, and implement processes to ensure adherence to National CLAS Standards.

◊ A total of 20.7% of respondents indicated that their organizations never or seldom evaluated the quality and effectiveness of interpretation and translation services they either contracted or provided *(Question 41)*.

◊ Majority of the respondents (89.0%) indicated that their organizations regularly informed consumers of their rights to language access services under Title VI of the Civil Rights Act of 1964 and as required by the CLAS Standards *(Question 38)*.

◊ Less than half (48.9%) of all respondents indicated that their organizations never or seldom used certified medical interpreters, showing improvements compared to the 2019 data *(Question 39)*. This response was more prevalent among SUD respondents (63.6%) compared to MHS respondents (42.9%) *(Question 39)*.

◊ A total of 66.7% of SUD respondents indicated that their organizations never or seldom used trained medical interpreters compared to 37.9% of MHS respondents *(Question 39)*.

Section 7 Questions	Never	Δ	Seldom	Sometimes	Regularly	Δ
38. Does your organization inform consumers of their rights to language access services under Title VI of the Civil Rights Act of 1964 - Prohibition Against National Origin Discrimination and as required by the CLAS Standards 5-8 for language access?	0.4%	⬇	2.6%	7.9%	89.0%	⬆
	0.6%	⬇	3.7%	10.6%	85.1%	
	0.0%	⬇	0.0%	1.5%	98.5%	⬆
39. Does your organization use either of the following personnel to provide interpretation services? Certified medical interpreters?	24.7%	⬇	24.2%	22.0%	29.1%	⬆
	22.4%	⬇	20.5%	21.1%	36.0%	⬆
	30.3%	⬇	33.3%	24.2%	12.1%	⬆
Trained medical interpreters?	26.0%	⬇	20.3%	22.5%	31.3%	⬆
	24.2%	⬇	13.7%	22.4%	39.8%	⬆
	30.3%	⬇	36.4%	22.7%	10.6%	⬇
Sign language interpreters?	20.7%	⬆	28.2%	24.2%	26.9%	⬆
	19.9%	⬆	26.7%	21.7%	31.7%	⬆
	22.7%	⬆	31.8%	30.3%	15.2%	⬆
40. Does your organization: Translate and use patient consent forms, educational materials, and other information in other languages?	5.3%	⬇	10.1%	21.6%	63.0%	⬇
	3.1%	⬇	7.5%	19.9%	69.6%	⬇
	10.6%	⬇	16.7%	25.8%	47.0%	⬆
Ensure materials address the literacy needs of the consumer population?	1.8%		6.6%	22.0%	69.6%	⬇
	1.2%		6.2%	19.9%	72.7%	⬇
	3.0%	⬆	7.6%	27.3%	62.1%	⬆
Assess the health literacy of consumers?	4.0%	⬆	7.0%	26.0%	63.0%	⬆
	3.1%	⬆	6.8%	28.6%	61.5%	⬆
	6.1%	⬆	7.6%	19.7%	66.7%	⬆
Employ specific interventions based on the health literacy levels of consumers?	2.6%	⬇	7.5%	28.6%	61.2%	⬆
	1.9%	⬇	6.8%	29.8%	61.5%	⬆
	4.5%	⬆	9.1%	25.8%	60.6%	⬆
41. Does your organization evaluate the quality and effectiveness of interpretation and translation services it either contracts for or provides?	8.8%	⬆	11.9%	32.6%	46.7%	⬇
	8.1%	⬆	9.9%	34.2%	47.8%	⬇
	10.6%	⬇	16.7%	28.8%	43.9%	⬆

Legend: Combined | MHS | SUD   Δ : Change compared to 2019

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Section 8: Engagement of Diverse Communities

This section focuses on the organizations' and staff's engagement of diverse communities in health and behavioral health promotion and disease prevention.

◊ Majority of respondents (89.5%) indicated that their organizations <u>regularly</u> or <u>sometimes</u> conducted activities tailored to engage culturally diverse communities *(Question 42)*.

◊ Over two out of three respondents (69.6%) indicated that their organizations <u>regularly</u> engaged human service agencies for initiatives in whole person wellness, mental health promotion, and disease prevention. Meanwhile, more than half of respondents (63.0%) indicated the same level of engagement with primary care providers, dentists, chiropractors, and/or licensed midwives. However, about a quarter of all respondents indicated that their organizations <u>never</u> engaged traditional healers (26.4%); complementary and alternative medicine providers (24.7%); and ethnic media sources (30.8%). These results are reflected in *Question 45*.

◊ The most common TA requests were related to becoming more familiar with local cultural organizations, community engagement and culturally diverse activities.

Section 8 Questions	Never	Δ	Seldom	Sometimes	Regularly	Δ
42. Does your organization conduct activities tailored to engage culturally diverse communities?	6.2%	⬆	4.4%	41.0%	48.5%	⬇
	5.0%	⬆	3.7%	44.1%	47.2%	⬇
	9.1%	⬆	6.1%	33.3%	51.5%	⬇
44. Do organization brochures and other media reflect cultural groups in the service area?	1.8%	⬇	6.2%	26.0%	66.1%	⬆
	1.2%	⬇	2.5%	28.0%	68.3%	⬆
	3.0%	⬇	15.2%	21.2%	60.6%	⬆
45. Does your organization reach out to and engage the following individuals, groups, or entities in whole person wellness, mental health promotion, and disease prevention initiatives: **A. Places of worship or spiritual wellness, and clergy, ministerial alliances, or indigenous religious or spiritual leaders?**	10.6%	⬆	15.0%	44.1%	30.4%	⬇
	5.0%	⬆	18.6%	47.8%	28.6%	⬇
	24.2%	⬆	6.1%	34.8%	34.8%	⬆
B. Traditional healers (e.g., medicine men or women, curanderas, espiritistas, promotoras, or herbalists)?	26.4%	⬆	34.4%	30.0%	9.3%	
	19.3%	⬇	36.6%	34.2%	9.9%	⬇
	43.9%	⬆	28.8%	19.7%	7.6%	⬆
C. Primary care providers, dentists, chiropractors, or licensed midwives?	4.0%	⬇	8.8%	24.2%	63.0%	⬆
	3.7%	⬆	7.5%	23.0%	65.8%	⬆
	4.5%	⬇	12.1%	27.3%	56.1%	⬇
D. Providers of complementary and alternative medicine (e.g., homeopaths, acupuncturists, death doulas, or lay midwives)?	24.7%	⬆	28.2%	35.2%	11.9%	⬆
	18.2%		29.7%	38.2%	11.5%	⬆
	39.4%	⬆	22.7%	25.8%	12.1%	⬆
E. Ethnic/cultural publishers, radio, cable, or television stations or personalities, or other ethnic media sources?	30.8%	⬆	31.7%	25.6%	11.9%	⬇
	27.3%	⬆	31.7%	29.8%	11.2%	⬇
	39.4%	⬆	31.8%	15.2%	13.6%	⬇

Note: For Question 43, the Program Managers were asked to list the types of activities their organizations conducted that were tailored to engage culturally diverse communities. The responses are excluded from this systemwide analysis and will be included in the program-level reports. The most common themes in the responses revolve around community, outreach, homelessness, culture, family, and the Spanish language.

Legend: Combined | MHS | SUD   Δ :Change compared to 2019

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Section 8: Engagement of Diverse Communities (*continued*)

Section 8 Questions	Never	Δ	Seldom	Sometimes	Regularly	Δ
F. Human service agencies?	3.1%	⬇	5.3%	22.0%	69.6%	⬇
	1.9%	⬇	6.2%	23.0%	68.9%	⬇
	6.1%	⬆	3.0%	19.7%	71.2%	⬆
G. Tribal, cultural, or recovery advocacy organizations?	6.2%	⬇	23.3%	42.7%	27.8%	⬇
	3.7%	⬇	26.1%	44.7%	25.5%	⬇
	12.1%	⬇	16.7%	37.9%	33.3%	⬇
H. Local business owners such as barbers/cosmetologists, sports clubs, casinos, salons, and other ethnic/cultural businesses?	17.6%	⬆	25.6%	30.4%	26.4%	⬆
	14.9%	⬆	26.1%	31.7%	27.3%	⬆
	24.2%	⬆	24.2%	27.3%	24.2%	⬆
I. Social/cultural organizations (e.g., civic/neighborhood associations, sororities, fraternities, ethnic/cultural associations)?	11.9%	⬆	22.5%	38.3%	27.3%	⬇
	10.6%	⬆	18.6%	42.2%	28.6%	⬇
	15.2%	⬇	31.8%	28.8%	24.2%	⬇

Note: For Question 43, the Program Managers were asked to list the types of activities their organizations conducted that were tailored to engage culturally diverse communities. The responses are excluded from this systemwide analysis and will be included in the program-level reports. The most common themes in the responses revolve around community, outreach, homelessness, culture, family, and the Spanish language.

Legend: Combined | MHS | SUD | Δ :Change compared to 2019

Technical Assistance Requests

This section highlights the six most-requested technical assistance (TA) topics throughout the survey. There were a total of 56 TA requests ranging from community engagement activities, to policy information, to connection to resources, and training opportunities. A more detailed review will be included in the program-level report.

Topic	Requests
Whole Person Wellness	7
Assessment Tools	5
Interpretation Services	5
CLAS Standards	8
Culturally Diverse Community Engagement Activities	8

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NEXT STEPS

⬥ The CLCPA supports the BHS' commitment to a culturally and linguistically responsive workforce, as well as the guidelines described in the Cultural Competence (CC) Plan and the CC Handbook. These documents can be accessed in the Technical Resource Library at www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html.

⬥ The CLCPA results will be disseminated systemwide and to stakeholders such as the BHS leadership, CCRT, the Quality Review Council (QRC), the BHS Training and Education Committee (BHSTEC), and Responsive Integrated Health Solutions (RIHS).

⬥ CCRT will review the technical assistance requests and strategize solutions for recommendation.

⬥ The program-level results will be provided to the program monitors who will be encouraged to discuss the report with the program managers, in order strategize how their organizations can enhance the quality of services within culturally diverse and under-served communities.

⬥ The next CLCPA will be administered in February 2021. The data will be trended during the analysis of the results, and the noteworthy findings will be highlighted.

⬥ For more information or for any questions, contact BHSQIPIT@sdcounty.ca.gov.