CULTURAL AND LINGUISTIC COMPETENCE POLICY ASSESSMENT
2017 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 on October 2, 2017. The Program Managers were asked to identify main cultural groups that their program serves predominantly so they could refer to them as they completed the survey. They also had the opportunity to request technical assistance with 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 193 programs responded to the survey: 141 (73.1%) Mental Health Services (MHS) and 52 (26.9%) Substance Use Disorder Services programs. The distribution of answers did not vary between MHS and SUD Program Managers; therefore, the report focuses on the systemwide results as they are representative of the Behavioral Health Services system.

This is the first year that the CLCPA was administered; therefore, this report only summarizes the results from the responses to the 2017 assessment.

SUMMARY OF FINDINGS

◊ The majority of the respondents were in a Program Manager or Program Director role (52.8% and 40.4%, respectively). About 7% of respondents indicated that they held another position at the program.

◊ The respondents indicated that they are fairly or very familiar with the diverse communities and the demographic makeup of their service areas *(Section 1)*.

◊ There was a relatively wide distribution of levels of personal and program staff involvement in the communities' culturally diverse activities *(Section 3)*.

◊ Nearly half the respondents indicated that their organizations do not have procedures to achieve the goal of a culturally and linguistically competent workforce that includes either staff recruitment, hiring, retention, or promotion *(Section 5)*.

◊ According to the respondents, the organizations' staff are relatively diverse culturally and linguistically, with the Peer Support Specialists and Support staff being the most diverse, while the board members and the executive management being the least diverse *(Section 5)*.

◊ According to the respondents, the programs use trained medical interpreters more regularly than the certified medical interpreters or sign language interpreters. However, nearly a quarter of the respondents indicated that their organizations never or seldom evaluate the quality and effectiveness of these services *(Section 7)*.

◊ A large number of the technical assistance (TA) requests were related to the CLAS Standards, beneficiary materials, community resources, and training opportunities.

ASSESSMENT RESULTS
Section 1: Knowledge of Diverse Communities

Section 1 Questions	Not at All	Barely	Somewhat	Fairly Well	Very Well	Yes	No
1. Is your organization able to identify the culturally diverse communities in your service area?	0.0%	0.0%	0.0%	29.5%	70.5%	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	99.0%	1.0%
3. Is your organization familiar with current and projected demographics for your service area?	0.0%	1.6%	8.8%	37.3%	52.3%	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?	0.0%	0.0%	7.3%	42.0%	50.8%	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?	0.5%	0.5%	1.6%	32.1%	65.3%	N/A	N/A
6. Is your organization familiar with health disparities among culturally diverse groups in your service area?	0.0%	0.5%	14.5%	34.2%	50.8%	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%	0.5%	9.8%	36.3%	53.4%	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%	0.0%	13.0%	43.5%	42.5%	N/A	N/A
The natural networks of support?	0.0%	1.0%	13.0%	40.9%	45.1%	N/A	N/A
9. For the culturally diverse groups in your service area, can your organization identify: Help-seeking practices?	0.0%	0.5%	10.4%	48.2%	40.9%	N/A	N/A
The way illness and health are viewed?	0.0%	0.5%	11.4%	45.6%	42.5%	N/A	N/A
The way mental health is perceived?	0.0%	0.5%	6.7%	40.4%	52.3%	N/A	N/A

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

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 indicated that their organizations were fairly well or very well familiar with and able to identify diverse communities in their service areas.

◊ Of all questions for which the respondents indicated that their programs were somewhat familiar with, the largest proportion (15% or 28) was for the level of familiarity with the health disparities among culturally diverse groups.

◊ Nearly all respondents (99% or 191) indicated that their organizations' Cultural Competence Plans identify and support the CLAS Standards.

◊ The most common TA requests were related to becoming more familiar with the cultural groups in the community. Other requests were related, but weren't limited to: becoming more familiar with cultural health beliefs and LGBTQI resources and support services, and receiving training on culturally diverse groups.
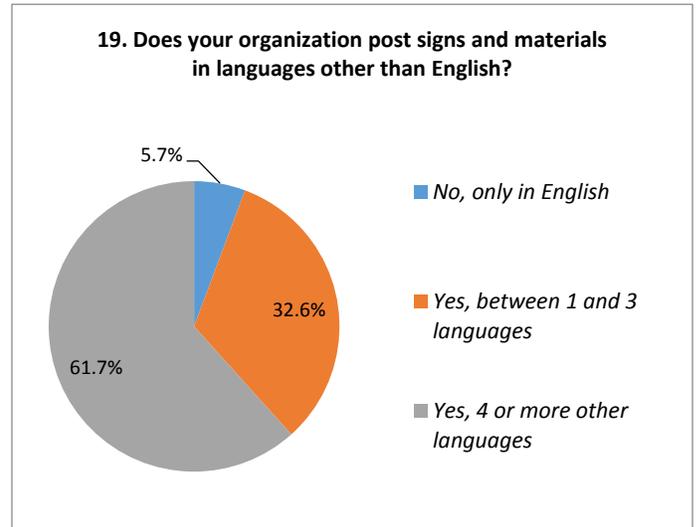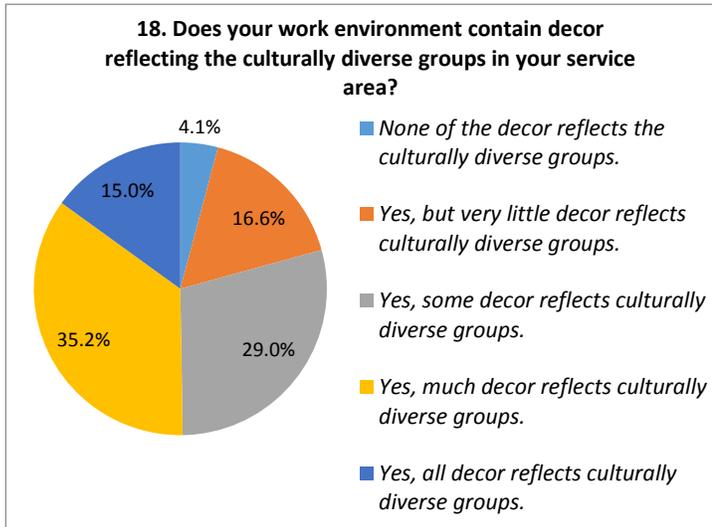
Section 2: Organizational Philosophy

Section 2 Questions	Not at All	Sometimes	Often	Most of the Time	All the Time	Yes	No
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	89.1%	10.9%
11. Does your organization support a practice model that incorporates culture in the delivery of services?	0.0%	2.1%	4.7%	24.4%	68.9%	N/A	N/A
12. Does your organization consider cultural and linguistic differences in developing quality improvement processes?	0.5%	4.7%	8.8%	23.8%	62.2%	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%	2.1%	11.4%	16.6%	69.9%	N/A	N/A
14. Does your organization systematically review procedures to ensure that they are relevant to delivery of CULTURALLY competent services?	0.5%	7.3%	22.3%	22.8%	47.2%	N/A	N/A
15. Does your organization systematically review procedures to ensure that they are relevant to LINGUISTICALLY competent services?	0.5%	7.8%	20.2%	27.5%	44.0%	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?	1.0%	1.0%	8.8%	28.5%	60.6%	N/A	N/A
17. Are there structures in your program to assure for participant and community participation in: Program planning?	1.0%	11.9%	15.5%	26.9%	44.6%	N/A	N/A
Service delivery?	1.0%	7.3%	14.5%	25.9%	51.3%	N/A	N/A
Evaluation of services?	0.0%	4.1%	10.9%	26.4%	58.5%	N/A	N/A
Quality improvement?	1.0%	7.3%	11.9%	24.9%	54.9%	N/A	N/A
Customer satisfaction?	1.0%	1.6%	9.3%	22.3%	65.8%	N/A	N/A

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

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.

◊ 11% (21) of the respondents indicated that their mission statement does not incorporate cultural and linguistic competence in service delivery.

◊ The majority of the respondents indicated that they supported the overall organizational philosophy most of the time or all the time.

◊ Nearly a quarter of the respondents indicated that they often review procedures to ensure that they are relevant to culturally (22% or 43) or linguistically (20% or 39) competent services.

◊ One-third of the respondents indicated that there sometimes are structures in their programs to assure for participant and community participation in program planning, service delivery, evaluation of services, quality improvement, and customer satisfaction (32.2% or 62). Program planning was the least inclusive of the participants and the community.

◊ 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 a CLAS Standards training refresher.

Section 2: Organizational Philosophy *(continued)*

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

4.1%
15.0%
16.6%
35.2%
29.0%

- None of the decor reflects the culturally diverse groups.
- Yes, but very little decor reflects 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?

5.7%
32.6%
61.7%

- No, only in English
- Yes, between 1 and 3 languages
- Yes, 4 or more other languages

◊ Nearly a quarter of the respondents (21% or 40) indicated that <u>none</u> or <u>very little</u> of the décor reflects the culturally diverse groups in the programs' service area.

◊ 6% (11) of the respondents indicated that their organizations post signs and materials only in English (6 MHS and 5 SUD programs). Additionally, one-third of the respondents (33%) indicated that their programs post signs and materials in 1 to 3 other languages besides English.

Section 3: Personal Involvement in Diverse Communities

Section 3 Questions	Not at All	Sometimes	Often	Most of the Time	All the Time
20. Does your organization identify opportunities within culturally diverse communities for staff to: Attend formal cultural or ceremonial functions?	7.3%	24.4%	12.4%	36.8%	19.2%
Purchase goods or services from a variety of merchants (either for personal use or job-related activities)?	3.6%	23.3%	20.2%	31.6%	21.2%
Subcontract for services from a variety of vendors?	13.0%	22.3%	15.5%	15.0%	34.2%
Participate in informal recreational or leisure time activities?	5.2%	25.4%	24.4%	19.2%	25.9%
Participate in community education activities?	1.0%	15.0%	23.8%	28.0%	32.1%
21. Does your organization identify opportunities for staff to share with colleagues their experiences and knowledge about diverse communities?	0.0%	6.7%	11.9%	24.9%	56.5%

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.

◊ 13% of the respondents (25) indicated that their organization does not identify opportunities within culturally diverse communities for staff to subcontract for services from a variety of vendors.

◊ More than three quarters of the respondents (81% or 157) indicated that their organization identifies opportunities for staff to share with colleagues their experiences and knowledge about diverse communities <u>most of the time</u> or <u>all the time</u>.

◊ The most common TA requests were related to becoming more familiar with the culturally diverse community events and activities.
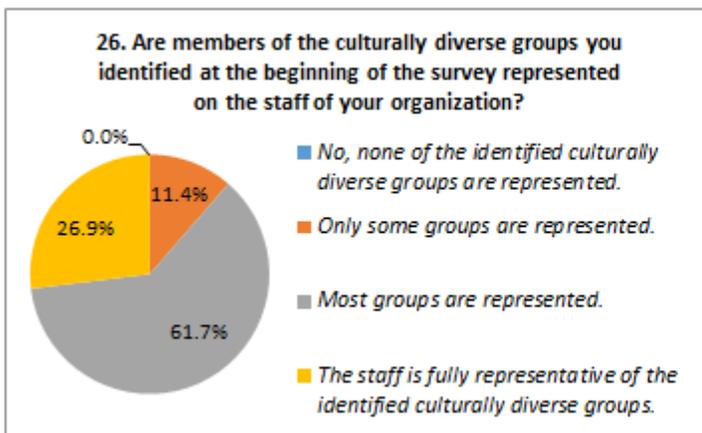
Section 4: Resources and Linkages

Section 4 Questions	Not at all	Sometimes	Often	Most of the time	All the time
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%	6.2%	7.3%	23.3%	62.7%
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?	1.6%	13.0%	27.5%	25.4%	32.6%
24. Does your organization establish formal relationships with these professionals and/or organizations to assist in serving culturally and linguistically diverse groups?	3.6%	11.4%	16.6%	28.0%	40.4%
25. Does your organization use resource materials (including communication technologies) that are culturally and linguistically appropriate to inform diverse groups about whole person wellness?	3.1%	11.9%	19.7%	25.9%	39.4%

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.

◊ A little over half of the respondents (58% or 112) indicated that their organizations work with social or professional contacts <u>most of the time</u> or <u>all the time</u> who help understand health and mental health beliefs and practices of culturally and linguistically diverse groups in the service area.

◊ The most common TA requests were related to becoming more familiar with Whole Person Wellness.

Section 5: Human Resources

26. Are members of the culturally diverse groups you identified at the beginning of the survey represented on the staff of your organization?

0.0%
11.4%
26.9%
61.7%

- No, none of the identified culturally diverse groups are represented.
- Only some groups are represented.
- Most groups are represented.
- The staff is fully representative of the identified culturally diverse groups.

30. Does your organization have procedures to achieve the goal of a culturally and linguistically competent workforce that includes:

	Staff recruitment?	Hiring?	Retention?	Promotion?
Yes	86.5%	88.1%	74.1%	73.1%
The agency is in the process of developing the procedures	8.8%	7.3%	9.8%	10.9%
No	4.7%	4.7%	16.1%	16.1%

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 main cultural groups that their programs serve predominantly. The majority of the respondents indicated that <u>most</u> culturally diverse groups are represented on the program staff (62% or 119); more than a quarter indicated that their staff is fully representative (27% or 52).

◊ The two areas that the largest number of the respondents indicated their organizations do not have procedures to achieve the goal of a culturally and linguistically competence workforce for were retention (16%) and promotion (16%).

Section 5: Human Resources *(continued)*

Section 5 Questions	None	Very few	Some	Most/ Many	All
27. Does your organization have culturally and linguistically diverse individuals as: Board members?* (n=166)	1.2%	7.2%	44.6%	31.3%	15.7%
Program directors?* (n=188)	0.5%	2.1%	26.1%	46.3%	25.0%
Executive management?* (n=183)	1.6%	7.7%	37.2%	33.9%	19.7%
Physicians/psychiatrists?* (n=145)	5.5%	8.3%	29.7%	42.1%	14.5%
Clinical staff?* (n=180)	0.6%	1.1%	23.9%	39.4%	35.0%
Administrative staff?* (n=187)	1.1%	1.1%	22.5%	51.9%	23.5%
Clerical staff?* (n=167)	1.2%	3.0%	20.4%	52.1%	23.4%
Support staff?* (n=181)	0.6%	1.7%	17.1%	55.2%	25.4%
Peer Support Specialists?* (n=146)	2.1%	2.7%	15.8%	50.7%	28.8%
Volunteers/students?* (n=159)	3.1%	1.9%	23.3%	46.5%	25.2%
28. Does your organization have incentives for the improvement of CULTURAL competence throughout the organization?	15.0%	23.3%	50.3%	11.4%	N/A
29. Does your organization have incentives for the improvement of LINGUISTIC competence throughout the organization?	19.7%	17.6%	51.8%	10.9%	N/A
31. Are there resources to support regularly scheduled professional development and in-service training for staff at all levels of the organization?	0.5%	3.1%	23.8%	72.5%	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?	0.0%	4.1%	24.9%	71.0%	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?	5.2%	12.4%	53.9%	28.5%	N/A

* Percentages exclude responses marked "not applicable". Other questions did not have the "not applicable" option.
Note: N/A in the above graph indicates that the answer option was not available for these questions.

◊ 14% of the respondents (20) indicated that their organizations have <u>no</u> or <u>very few</u> culturally and linguistically diverse physicians/psychiatrists. Additionally, 9% (17) indicated that none or very few of staff in executive management are culturally or linguistically diverse.

◊ More than three quarters of the respondents indicated that <u>most</u> or <u>all</u> of their organizations' Peer Support Specialists (80% or 116) and support staff (81% or 146) are culturally and linguistically diverse.

◊ Three quarters of the respondents indicated that their organizations have no or very few incentives for the improvement of cultural or linguistic competence throughout the organizations (76% or 146).

◊ While nearly three quarters of the respondents indicated that <u>many</u> in-service training activities on culturally competence services are conducted for staff at all levels of the organization (71% or 137), only a little over a quarter of the respondents (29% or 55) indicated the same for linguistically competence services.

◊ The most common TA requests were related to becoming more familiar with the CLAS Standards training and incentives to improve cultural and linguistic competence at the organizations.

Section 6: Human Resources

Section 6 Questions	Never	Seldom	Sometimes	Regularly
34. Does your organization use health assessment or diagnostic protocols that are adapted for culturally diverse groups?* (n=173)	5.2%	2.3%	19.1%	73.4%
35. Does your organization use health promotion, disease prevention, engagement, retention and treatment protocols that are adapted for culturally diverse groups?* (n=182)	4.4%	2.2%	19.2%	74.2%
36. Does your organization connect consumers to natural networks of support to assist with health and mental health care?* (n=183)	0.0%	1.6%	8.7%	89.6%
37. Does your organization differentiate between racial and cultural identity when serving diverse consumers?* (n=183)	2.7%	1.1%	12.6%	83.6%

Percentages exclude responses marked "not applicable". Programs had an option to select that response if the program did not provide clinical services.

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 regularly engage in activities focused on adapting approaching to behavioral health care delivery based on cultural and linguistic differences.

◊ 7.5% of the respondents (13) indicated that their programs never or seldom use health assessments or diagnostic protocols that are adapted for culturally diverse groups.

◊ The most common TA requests were related to access to culturally appropriate assessment tools and training.

Section 7: Language and Interpretation Services Access

Section 7 Questions	Never	Seldom	Sometimes	Regularly
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?	1.0%	2.6%	11.4%	85.0%
39. Does your organization use either of the following personnel to provide interpretation services? Certified medical interpreters?	29.5%	27.5%	21.2%	21.8%
Trained medical interpreters?	25.4%	17.6%	33.7%	23.3%
Sign language interpreters?	21.2%	20.2%	38.3%	20.2%
40. Does your organization: Translate and use patient consent forms, educational materials, and other information in other languages?	3.1%	4.7%	25.4%	66.8%
Ensure materials address the literacy needs of the consumer population?	2.6%	4.1%	19.2%	74.1%
Assess the health literacy of consumers?	4.7%	6.2%	37.3%	51.8%
Employ specific interventions based on the health literacy levels of consumers?	6.2%	7.3%	34.7%	51.8%
41. Does your organization evaluate the quality and effectiveness of interpretation and translation services it either contracts for or provides?	7.3%	11.9%	32.1%	48.7%

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.

◊ Nearly a quarter of the respondents (19% or 37) indicated that their organizations never or seldom evaluate the quality and effectiveness of interpretation and translation services they either contract for or provide.

◊ The respondents indicated that they use trained medical interpreters more regularly than they use certified medical interpreters or sign language interpreters.

◊ The most common TA requests were related to access to the beneficiary materials in threshold languages.

BHS QI PIT (DD) | March 2018

Section 8: Engagement of Diverse Communities

Section 8 Questions	Never	Seldom	Sometimes	Regularly
42. Does your organization conduct activities tailored to engage culturally diverse communities?	3.1%	5.2%	37.8%	53.9%
44. Do organization brochures and other media reflect cultural groups in the service area?	3.6%	2.6%	33.2%	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?	6.2%	14.0%	45.1%	34.7%
B. Traditional healers (e.g., medicine men or women, curanderas, espiritistas, promotoras, or herbalists)?	25.9%	38.3%	25.4%	10.4%
C. Primary care providers, dentists, chiropractors, or licensed midwives?	2.1%	7.3%	20.2%	70.5%
D. Providers of complementary and alternative medicine (e.g., homeopaths, acupuncturists, death doulas, or lay midwives)?	20.7%	36.3%	32.6%	10.4%
E. Ethnic/cultural publishers, radio, cable, or television stations or personalities, or other ethnic media sources?	25.4%	30.6%	30.1%	14.0%
F. Human service agencies?	2.1%	5.2%	20.2%	72.5%
G. Tribal, cultural, or recovery advocacy organizations?	5.2%	18.7%	44.6%	31.6%
H. Local business owners such as barbers/cosmetologists, sports clubs, casinos, salons, and other ethnic/cultural businesses?	11.9%	22.8%	36.8%	28.5%
I. Social/cultural organizations (e.g., civic/neighborhood associations, sororities, fraternities, ethnic/cultural associations)?	4.7%	20.2%	39.4%	35.8%

Note: Question 43 is excluded from the systemwide analysis because the Program Managers were asked to list the types of activities that their organizations conducted that were tailored to engage culturally diverse communities. The respondents' answers will be included in the program-level reports.

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

◊ Almost three quarters of the respondents indicated that their organizations <u>regularly</u> reach out to and engage primary care providers, dentists, chiropractors, and/or licensed midwives (71% or 136), as well as human service agencies (73% or 140) in whole person wellness, mental health promotion, and disease prevention initiatives. However, about one-third of the respondents indicated that their organizations <u>seldom</u> engage traditional healers (38% or 74); complementary and alternative medicine providers (36% or 70); and ethnic media sources (31% or 59).

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

NEXT STEPS

• The CLCPA results will be disseminated systemwide and to interested parties and stakeholders such as the BHS leadership, CCRT, the BHS Training and Education Committee (BHSTEC), Behavioral Health Education and Training Academy (BHETA), and QRC.

• CCRT will work to determine next steps for technical assistance requests.

• The program-level results will be provided to the program monitors, who will be encouraged to begin conversations with the program managers on ways that their organizations can enhance the quality of services within culturally diverse and underserved communities.

• 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 next CLCPA will be administered in October 2018. The data will be trended during the analysis of the results, and the noteworthy findings will be highlighted in the report.

• For more information, contact BHSQIPIT@sdcounty.ca.gov.