

BUTTE COUNTY
CULTURAL COMPETENCE PLAN
2018 APPENDIX



Contents

Organizational Cultural Competency Assessment	3
Staff Assessment	4
Consumer Assessment	16
Staff Assessment Analysis	28
Consumer Assessment Analysis	44
BCDBH Personnel Rule 11.15	53
Translation Survey Results	59
New Employee Orientation: Cultural Competency	64
Cultural Competency Committee Meeting Information	90
1.18.18 Agenda, Minutes & Sign-in Sheet	91
4.19.18 Agenda, Minutes & Sign-in Sheet	96
7.19.18 Agenda, Minutes & Sign-in Sheet	100
1.9.19 Agenda, Minutes & Sign-in Sheet	104
Annual Behavioral Health Staff Trainings	110
Determining Language Preference Form	116
Translator List	118
Bilingual Certified Staff List	120
BCDBH Policy and Procedures	122
Policy 68	123
Policy 89	125
Policy 92	131
Language Line Solutions Instructions	133

Organizational Cultural Competency Assessment

1. Organizational Environment

As you read the statements, please keep in mind the needs of clients of different racial, ethnic, linguistic, socioeconomic, regional and religious backgrounds, and of different gender, physical capacity, and sexual orientation.

1. The agency's vision statement, and policies and procedures reflect a commitment to serving clients/families of different cultural backgrounds.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

2. My agency's personnel policies reflect a commitment to valuing staff diversity and helping staff enhance their cultural competence.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

3. My agency's printed materials (brochures, flyers, pamphlets, etc.) reflect and affirm the various cultural backgrounds of people served.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

4. The location, design, and decor of the facility reflect and affirm the cultural backgrounds of people served.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

5. Board members are interested in, and supportive of, cultural diversity within the organization.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

6. Board members are representative of the communities served.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

7. Administrators are interested in, and supportive of, cultural diversity within my organization.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

8. Volunteers are offered orientation and ongoing cultural competency education opportunities.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

9. Administrators and board members are willing to involve clients, staff and volunteers in organizational decision making.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

10. The cultural diversity among staff, board, and volunteers of the agency is reflective of the diversity among people served by my agency.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

11. The cultural diversity of clients currently served by my agency is reflective of the cultural diversity of persons most in need of services in the broader community.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

2018 Staff Assessment

2. Program Management and Operations

12. My agency has policies against discrimination and harassment.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

13. My agency enforces its policies against discrimination and harassment.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

14. My agency's recruitment, interviewing, and hiring processes are supportive of building a diverse staff.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

15. My agency provides opportunities for leadership development and advancement for all staff, including staff of diverse cultural backgrounds.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

16. My agency provides adequate training regarding the cultures of the clients served, staff, community, and the interaction among them.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

17. My agency addresses cultural tensions that arise, both within the organization and within the broader community.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

18. My agency supports the ability of staff to raise issues arising from cultural differences.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

2018 Staff Assessment

3. Outreach and Community Involvement

19. My agency values and uses the advice of people of different cultural backgrounds.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

20. My agency consults clients and community representatives of different cultural backgrounds in the development of new programs and services affecting their communities.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

21. My agency conducts effective community outreach in recruiting new staff, board members, and volunteers of different cultural backgrounds.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

22. My agency conducts effective outreach to clients of different cultural backgrounds.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

2018 Staff Assessment

4. Service Delivery

23. My agency provides multi-cultural programming to complement a wide variety of cultural events (e.g. Black History Month, Jewish High Holidays, Asian New Year's Celebrations, Gay Pride Festivals).

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

24. My agency welcomes community healers to provide additional support to people served.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

25. My agency encourages staff to draw on the expertise of people of different cultural backgrounds in providing services to clients of those backgrounds, and provides a mechanism for maintaining communication.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

26. Staff understand and respect the communication and other behavioral implications of different client cultures.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

27. Staff is encouraged to openly discuss cultural differences and influences with clients.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

28. My agency encourages clients to examine their own cultures and the cultures of their peers, and to develop their own appreciation of diversity.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

29. My agency recognizes leadership among clients, staff, and volunteers of different cultural backgrounds.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

30. My agency considers the cultural implications of various options in making decisions about programs and services offered to clients.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

31. My agency values client feedback on its services and its cultural competence.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

2018 Staff Assessment

5. Overall Agency Cultural Competence

32. List the five most important diversity-related issues currently facing the agency.

[Empty text box for response to question 32]

33. List three steps the agency could take to enhance its cultural competence.

[Empty text box for response to question 33]

34. Overall, on a scale of one to ten (ten being the highest or most competent), rate the current cultural competence of the agency.

- 10
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1

2018 Staff Assessment

6. Cultural Competency Demographics Assessment for Staff

We would like to ask you a few brief descriptive questions to better understand the diversity of our staff. Please tell us a little about yourself, your background, and your connection to the services we offer.

35. How would you classify your gender identity?

- Female
- Male
- Transgender
- Genderqueer
- Questioning or Unsure
- Decline to Answer

If your identity is not listed above, please self-identify:

36. How do you identify your sexual orientation?

- Bisexual
- Gay or Lesbian
- Heterosexual or Straight
- Queer
- Questioning or Unsure
- Decline to Answer

If your identity is not listed above, please self-identify:

37. Select your age range:

- 15 and under
- 16-24
- 25-59
- 60 and older
- Decline to Answer

38. What is your primary language?

- American Sign Language (ASL)
- English
- Hmong
- Spanish
- Decline to Answer

Other (please specify)

39. What is the primary language spoken by your family?

- American Sign Language (ASL)
- English
- Hmong
- Spanish
- Decline to Answer

Other (please specify)

40. Select the race you identify with the most:

- Alaskan Native/ Native American
- Asian
- Black/African-American
- Native Hawaiian or Other Pacific Islander
- White
- More than one race
- Decline to Answer

Other (please specify)

41. Select your Ethnic Origin:

- | | |
|---|--|
| <input type="radio"/> African | <input type="radio"/> Korean |
| <input type="radio"/> Asian Indian/ South Asian | <input type="radio"/> Mexican/ Mexican-American/ Chicano |
| <input type="radio"/> Cambodian | <input type="radio"/> Middle Eastern |
| <input type="radio"/> Caribbean | <input type="radio"/> Puerto Rican |
| <input type="radio"/> Central American | <input type="radio"/> South American |
| <input type="radio"/> Chinese | <input type="radio"/> Vietnamese |
| <input type="radio"/> Eastern European | <input type="radio"/> Other Non-Hispanic/ Latino |
| <input type="radio"/> European | <input type="radio"/> Other Hispanic/ Latino |
| <input type="radio"/> Filipino | <input type="radio"/> More than one ethnicity |
| <input type="radio"/> Japanese | <input type="radio"/> Decline to Answer |

Other (please specify)

2018 Staff Assessment

7. Cultural Competency Demographics Assessment for Staff

42. Have you ever served in the military?

- Yes
- No
- Decline to Answer

43. Do you have lived experience with mental illness?

- Self
- Family member
- Other (ie. : someone whom you have a close relationship with - friend, coworker, etc.)
- No
- Unsure
- Decline to Answer

44. Have you ever been employed as a peer advocate?

- Yes
- No

45. If you have been employed as a peer advocate, under what department or program? (Check all that apply.)

- Adult Outpatient
- ASD/QM
- Crisis
- Prevention Unit
- Psychiatric Health Facility
- Substance Use Disorder
- Youth Outpatient
- Other (please specify)

46. Select your living arrangement:

- House or Apartment
- Foster Family Home
- Homeless
- SNF/ Supportive Living
- Decline to Answer

Other (please specify)

47. Select the best choice to represent your faith and/or spiritual values:

(Please note: this list is not conclusive nor exhaustive. If you do not see an accurate representation of your values, please specify in the text box labeled "Other" so that we may include it on future surveys.)

- | | | |
|--|---|---|
| <input type="radio"/> Assembly Of God | <input type="radio"/> Greek Orthodox | <input type="radio"/> Native |
| <input type="radio"/> Atheist | <input type="radio"/> Hindu | <input type="radio"/> Nazarene |
| <input type="radio"/> Baha'i | <input type="radio"/> Interdenominational | <input type="radio"/> Non-Denominational |
| <input type="radio"/> Baptist | <input type="radio"/> Islam | <input type="radio"/> Pentecostal |
| <input type="radio"/> Buddhist | <input type="radio"/> Jehovah's Witnesses | <input type="radio"/> Presbyterian |
| <input type="radio"/> Catholic | <input type="radio"/> Jewish | <input type="radio"/> Scientology |
| <input type="radio"/> Christian | <input type="radio"/> Lutheran | <input type="radio"/> Seventh-Day Adventist |
| <input type="radio"/> Church Of Christ | <input type="radio"/> Mennonite | <input type="radio"/> None |
| <input type="radio"/> Church Of God | <input type="radio"/> Methodist | <input type="radio"/> Decline to Answer |
| <input type="radio"/> Episcopal | <input type="radio"/> Mormon | |

Other (please specify)

48. What is your highest level of education completed?

- Grade School
- Junior High
- High School
- GED
- College Degree
- Masters
- Doctorate
- Vocational Degree/ Training (E.g. electrician, mechanic)
- None
- Decline to Answer
- Other (please specify)

49. Do you have a disability (check as many as apply)?

- Difficulty Seeing
- Difficulty Hearing or Having Speech Understood
- Mental - Learning Disability
- Mental - Developmental Disability
- Mental - Dementia
- Physical/Mobility Disability
- Chronic Health Condition
- Chronic Pain
- Decline to Answer
- None
- Other (please specify)



2018 Cultural Competency Assessment- Consumer English

Program Information

* 1. Please indicate which program you are receiving this survey from today:

- Passages
- Stonewall
- Torres Shelter
- Valley Oak
- Promotores
- Butte Youth Now
- Zoosiab
- Caminar
- Dreamcatchers
- Jesus Center
- Iris House
- Iversen Center
- African American Cultural Center
- Counseling Solutions
- YIP - Youth Intervention Program
- 6th Street Center
- Foster Care Services
- SEARCH - Support, Employment, Assistance, Recovery, Consumer Housing
- The Hub
- Adult Outpatient Services
- Youth Outpatient Services
- Substance Use Disorder Services
- Oroville Wellness Center
- Other (please specify)



2018 Cultural Competency Assessment- Consumer English

Please answer the following questions based off your experience with the organization you have selected.

The use of the term "provider" in this survey is used as a generic term for staff which may include, but is not limited to; counselor, clinician, nurse, doctor and/or clerical staff.

2. When I come into the office for services, I am greeted with respect.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

3. I understand the different services that are available at Butte County Department of Behavioral Health.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

4. I know how to reach my provider's supervisor or the Patient Rights Office if I have a concern about my treatment.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

5. My provider and I have discussed the Recovery Model.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

6. Because of the services that I have received, I more effectively deal with daily problems.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

7. Because of the services that I have received, I am bothered less by my symptoms.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					



2018 Cultural Competency Assessment- Consumer English

Organizational Environment

Please help us assess our current ability to serve you in a sensitive and effective manner by thoughtfully responding to the following questions. Thank you for your help.

8. When I first visited this agency, I felt I would be welcome and understood.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

9. There are staff and/or volunteers at this agency of similar cultures and backgrounds to mine.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

10. There are people of my same culture at this agency.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

11. When I was interviewed, I felt that my provider could relate to or understand my culture and background.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

12. This agency has helped me understand my situation.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

13. This agency has provided me with information and resources to help me access other services I need.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

14. I feel respected, supported, and understood at this agency.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

15. This agency has served me in a culturally sensitive manner.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

16. This agency has provided all necessary supports (for example, an interpreter) needed for my family or me to receive services.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

17. At this agency, I have been treated as a partner in planning for my program and service needs.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

18. The facilities at this agency meet my needs.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

19. I was asked about my cultural needs and preferences in a way that was comfortable for me.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

20. I was asked about my and my family's strengths as well as our needs.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					

21. I would recommend this agency to other people I know as a place where people are treated well and provided appropriate services and referrals.

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	N/A
<input type="radio"/>					



2018 Cultural Competency Assessment- Consumer English

Consumer Experience

22. Have you experienced any unfair or biased treatment because of personal characteristics (race, age, gender identity, sexual orientation, religion, financial status)?

Yes

No

23. Please check one or more boxes that describes the kind of prejudice or bias that you have experienced.

Because of my sexual orientation (i.e., gay, lesbian, bi-sexual, questioning)

Because of my gender identity (i.e., transgender)

Because of my faith/spirituality (i.e., not Christian, Catholic, Hindu, Muslim, Jewish)

Because of my lifestyle (i.e., homeless, unemployed, counterculture)

Because of the color of my skin

Because of how I look (i.e., physical features, dress, height, weight)

Because I was not born in the United States

Because of how much money I have (i.e., too little or too much)

Because of my age

Because I ask a lot of questions

Other (please specify)

24. Please describe your experience of unfair or biased treatment.

25. What could this agency do to serve individuals of different cultures more effectively?

26. Do you have any other comments relating to your experiences at this agency?



Demographic Information

Please answer the following demographic questions to the best of your ability. All answers are confidential.

27. How would you classify your gender identity?

- Female
- Male
- Transgender
- Genderqueer
- Questioning or Unsure
- Decline to Answer

If your identity is not listed above, please self-identify:

28. How do you identify your sexual orientation?

- Bisexual
- Gay or Lesbian
- Heterosexual or Straight
- Queer
- Questioning or Unsure
- Decline to Answer
- If your identity is not listed above, please self-identify:

29. Select your age range:

- 15 and under
- 16-25
- 26-59
- 60 and older
- Decline to Answer

30. What is your primary language?

- American Sign Language (ASL)
- English
- Hmong
- Spanish
- Decline to Answer

Other (please specify)

31. What is the primary language spoken by your family?

- American Sign Language (ASL)
- English
- Hmong
- Spanish
- Decline to Answer

Other (please specify)

32. Select the race you identify with the most:

- Alaskan Native/ Native American
- Asian
- Black/African-American
- Native Hawaiian or Other Pacific Islander
- White
- More than one race
- Decline to Answer

Other (please specify)

33. Select your Ethnic Origin:

- | | |
|---|--|
| <input type="radio"/> African | <input type="radio"/> Korean |
| <input type="radio"/> Asian Indian/ South Asian | <input type="radio"/> Mexican/ Mexican-American/ Chicano |
| <input type="radio"/> Cambodian | <input type="radio"/> Middle Eastern |
| <input type="radio"/> Caribbean | <input type="radio"/> Puerto Rican |
| <input type="radio"/> Central American | <input type="radio"/> South American |
| <input type="radio"/> Chinese | <input type="radio"/> Vietnamese |
| <input type="radio"/> Eastern European | <input type="radio"/> Other Non-Hispanic/ Latino |
| <input type="radio"/> European | <input type="radio"/> Other Hispanic/ Latino |
| <input type="radio"/> Filipino | <input type="radio"/> More than one ethnicity |
| <input type="radio"/> Japanese | <input type="radio"/> Decline to Answer |

Other (please specify)



2018 Cultural Competency Assessment- Consumer English

Demographic Information Continued

34. Have you ever served in the military?

- Yes
- No
- Decline to Answer

35. Select your living arrangement:

- House or Apartment
- Foster Family Home
- Homeless
- Skilled Nursing Facility / Supportive Living
- Decline to Answer

Other (please specify)

36. Select the best choice to represent your faith and/or spiritual values:

(Please note: this list is not conclusive nor exhaustive. If you do not see an accurate representation of your values, please specify in the text box labeled "Other" so that we may include it on future surveys.)

- | | | |
|--|---|---|
| <input type="radio"/> Assembly Of God | <input type="radio"/> Greek Orthodox | <input type="radio"/> Native American |
| <input type="radio"/> Atheist | <input type="radio"/> Hindu | <input type="radio"/> Nazarene |
| <input type="radio"/> Baha'i | <input type="radio"/> Interdenominational | <input type="radio"/> Non-Denominational |
| <input type="radio"/> Baptist | <input type="radio"/> Islam | <input type="radio"/> Pentecostal |
| <input type="radio"/> Buddhist | <input type="radio"/> Jehovah's Witnesses | <input type="radio"/> Presbyterian |
| <input type="radio"/> Catholic | <input type="radio"/> Jewish | <input type="radio"/> Scientology |
| <input type="radio"/> Christian | <input type="radio"/> Lutheran | <input type="radio"/> Seventh-Day Adventist |
| <input type="radio"/> Church Of Christ | <input type="radio"/> Mennonite | <input type="radio"/> Decline to Answer |
| <input type="radio"/> Church Of God | <input type="radio"/> Methodist | <input type="radio"/> None |
| <input type="radio"/> Episcopal | <input type="radio"/> Mormon | |

Other (please specify)

37. What is your closest resident city?

- Chico
- Oroville
- Paradise
- Gridley
- Not a Butte County Resident
- Decline to Answer
- Other (please specify)

38. What is your employment status?

- Full-time
- Part-time
- Student
- Unemployed
- Retired
- Seeking Employment
- Decline to Answer
- Other (please specify)

39. What is your highest level of education completed?

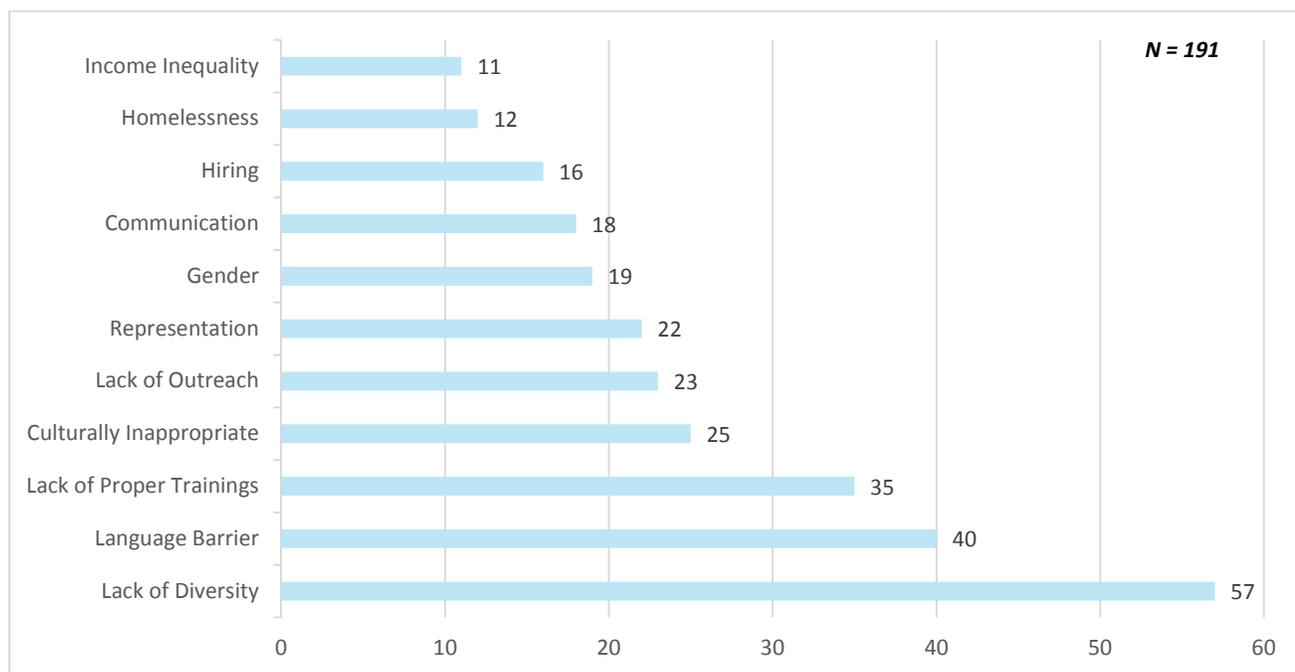
- Grade School
- Junior High
- High School
- GED
- College Degree
- Masters
- Doctorate
- Vocational Degree/ Training (E.g. electrician, mechanic)
- None
- Decline to Answer
- Other (please specify)

2018 Organizational Cultural Competency Assessment Results- Staff

This survey was offered to the staff of Butte County Behavioral Health and contracted providers in the fall of 2018. There were **219 surveys** taken.

Analysis

MOST MENTIONED IN COMMENTS



Note: There could be multiple mentions in one comment.

STRENGTHS

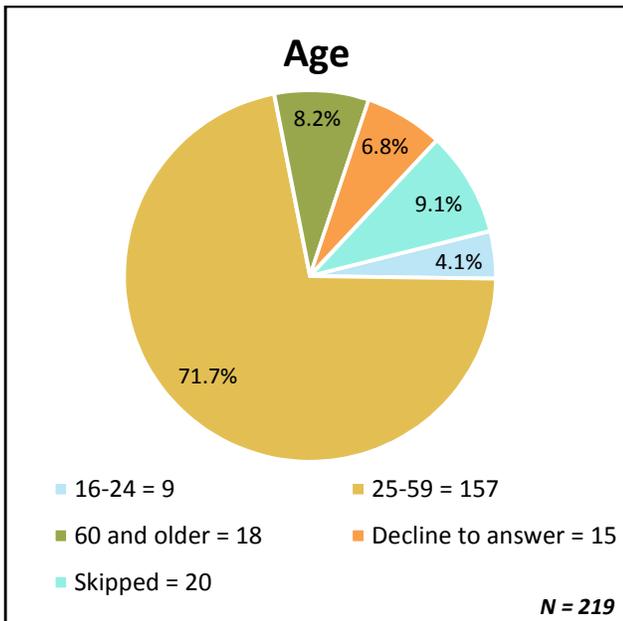
- 92% *strongly agree* or *agree* that “My agency has policies against discrimination and harassment.”
- 88% *strongly agree* or *agree* that “The agency’s vision statement, and policies and procedures reflect a commitment to serving clients/families of different cultural backgrounds.”
- 67% *strongly agree* or *agree* that “Staff understand and respect the communication and other behavioral implications of different client cultures.”
- 63% *strongly agree* or *agree* that “The cultural diversity of clients currently served by my agency is reflective of the cultural diversity of persons most in need of services in the broader community.”
- 53% *strongly agree* or *agree* with the “Respect, Support and Understanding of this Agency.”

CHALLENGES/OPPORTUNITIES

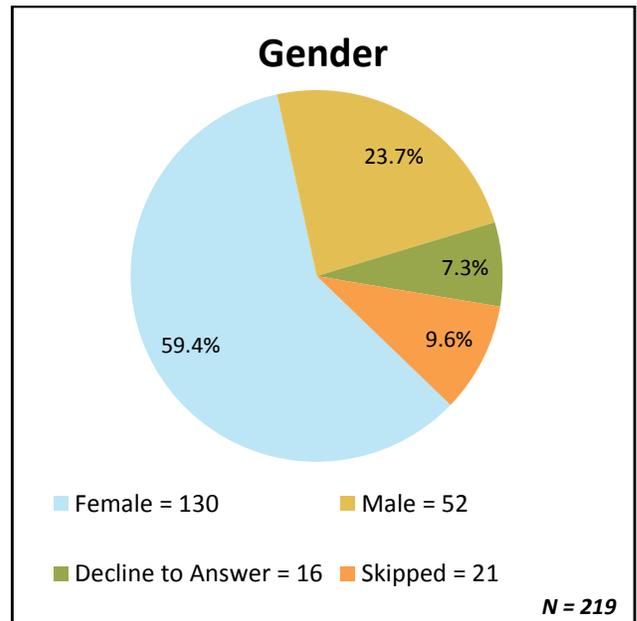
- On average 58% of staff *don’t know* about “Leadership Values” concerning board members.

- On average, 42% of staff *don't know* about our agency's "Leadership Values," in general.
- On average, 36% of staff *don't know* about our agency's "Community Outreach," in general.
- 32% *don't know* if "My agency addresses cultural tensions that arise, both within the organization and within the broader community."
- 27% *disagree* or *strongly disagree* that "My agency provides adequate training regarding the cultures of the clients served, staff, community, and the interaction among them."

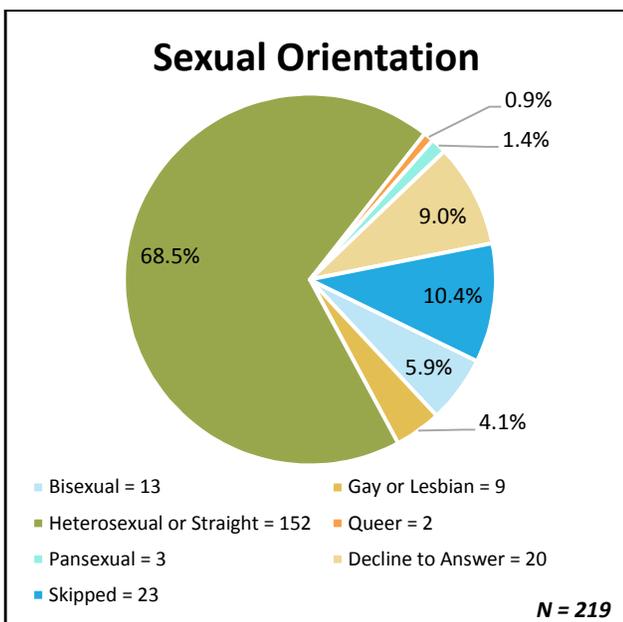
Demographics



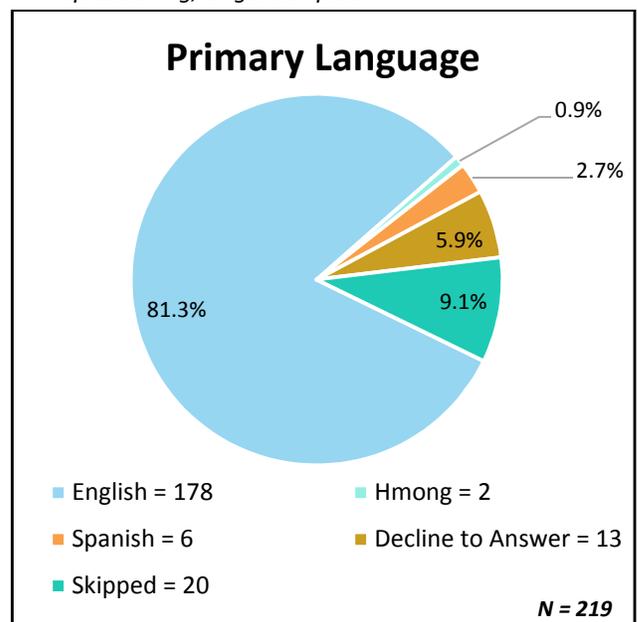
Note: There were no answers for 0-15



Note: There were no answers for transgender, questioning, or genderqueer

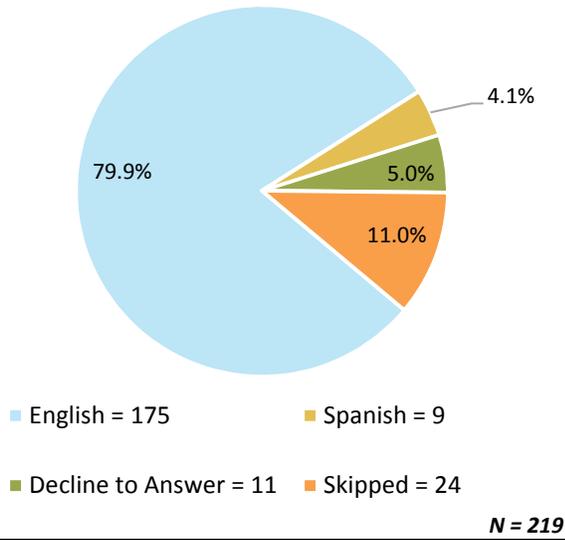


Note: There were no answers for questioning



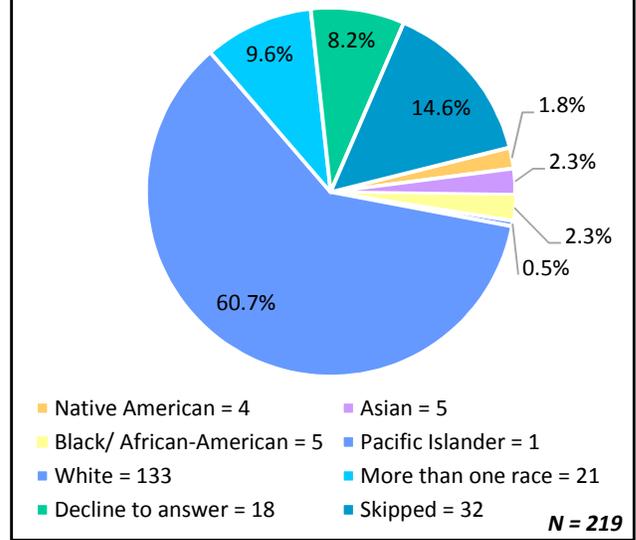
Note: There were no answers for sign language, respondents can choose more than one

Heritage Language



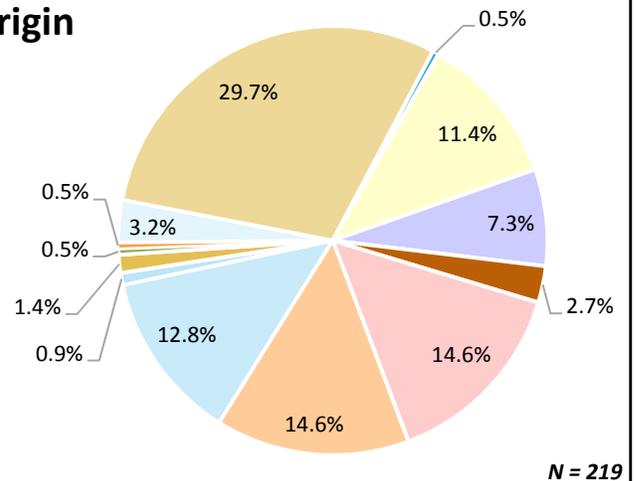
Note: There were no answers for sign language or Hmong

Race



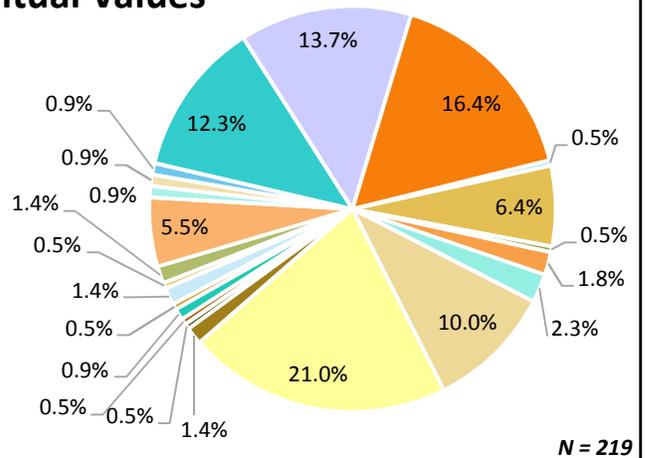
Ethnic Origin

- African = 2
- Asian Indian/ South Asian = 3
- Caribbean = 1
- Central American = 1
- Eastern European = 7
- European = 65
- Japanese = 1
- Mexican/ Mexican-American/ Chicano = 25
- Other Non-Hispanic/ Latino = 16
- Other Hispanic/ Latino = 6
- More than one ethnicity = 32
- Decline to Answer = 32
- Skipped = 28

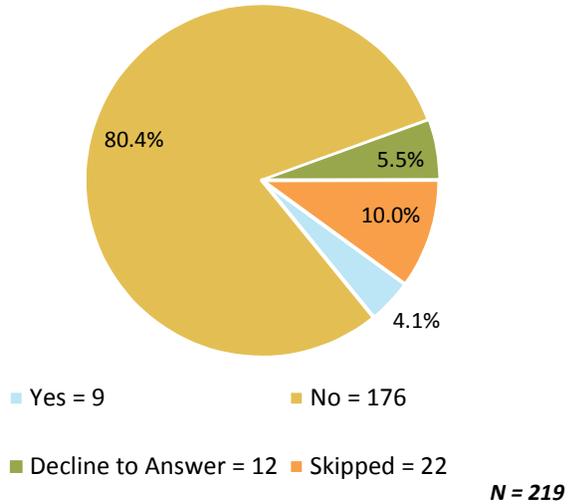


Spiritual Values

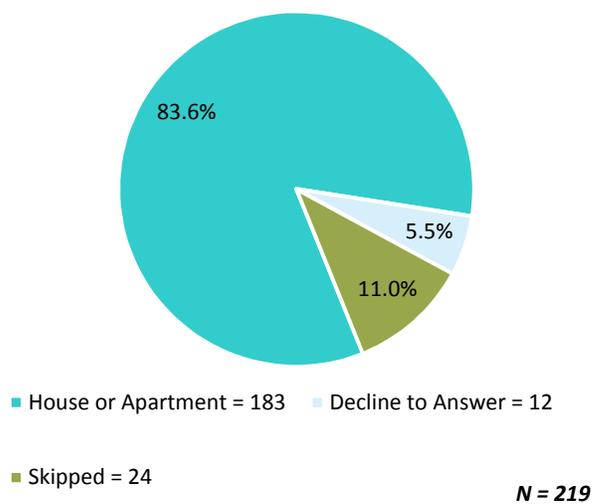
- Assembly of God = 1
- Baha'I = 1
- Buddhist = 5
- Christian = 46
- Greek Orthodox = 1
- Jewish = 2
- Methodist = 3
- Native American = 3
- Pentecostal = 2
- Seventh-Day Adventist = 2
- None = 30
- Atheist = 14
- Baptist = 4
- Catholic = 22
- Episcopal = 3
- Jehovah's Witness = 1
- Lutheran = 1
- Mormon = 1
- Non-Denominational = 12
- Presbyterian = 2
- Decline to Answer = 27
- Skipped = 36



Service in the Military

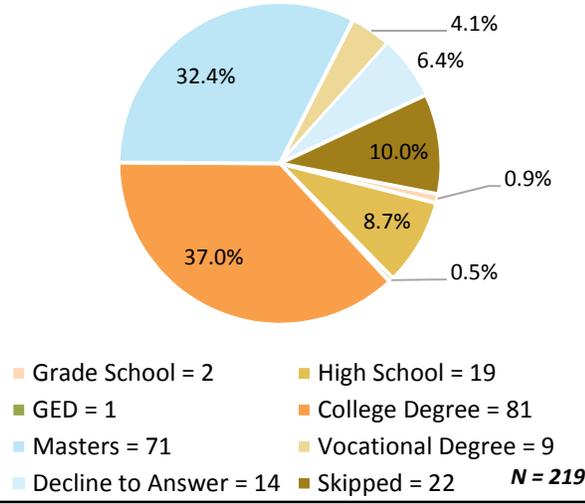


Living Arrangement

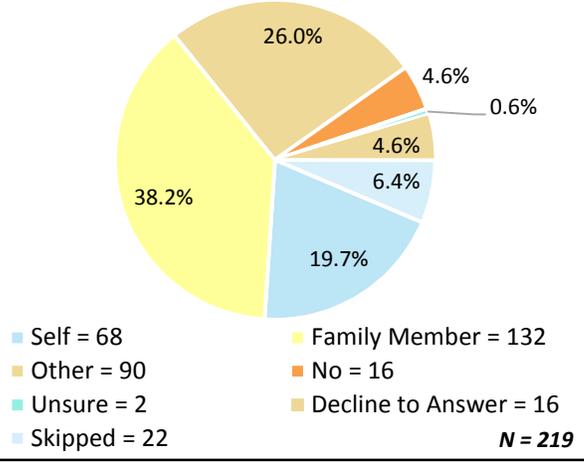


Note: There were no answers for foster family, homeless, and supportive living

Education

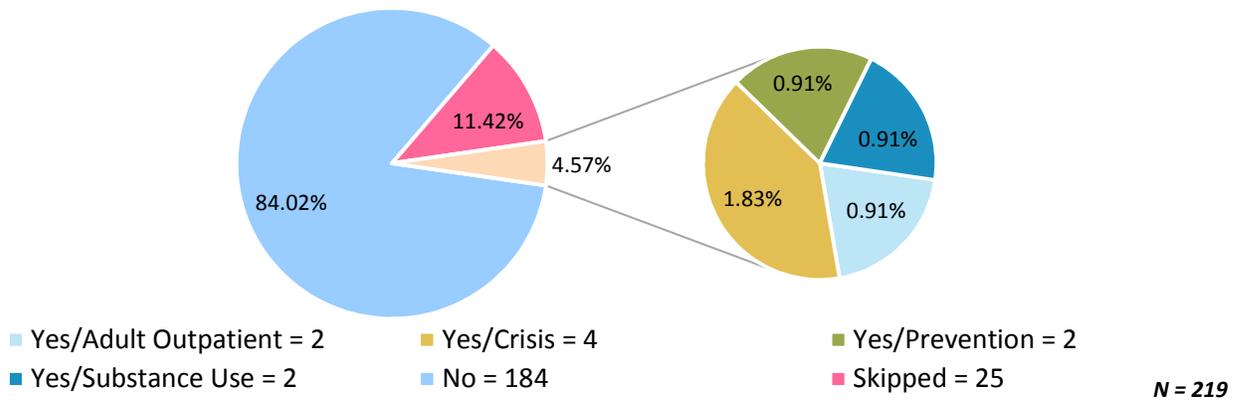


Lived Experience w/ Mental Illness



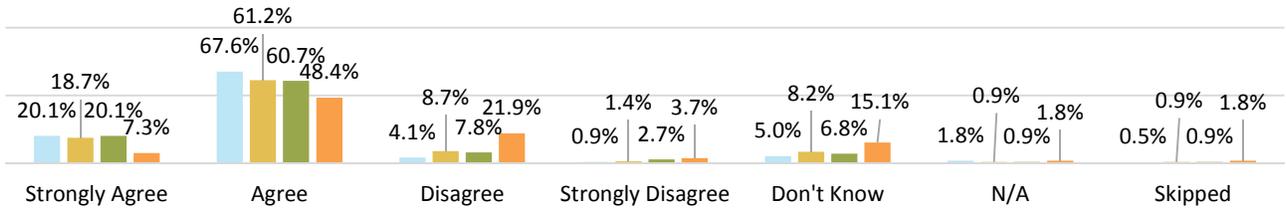
Note: Respondents can choose more than one

Previously Employed as Peer Advocate



Outcomes

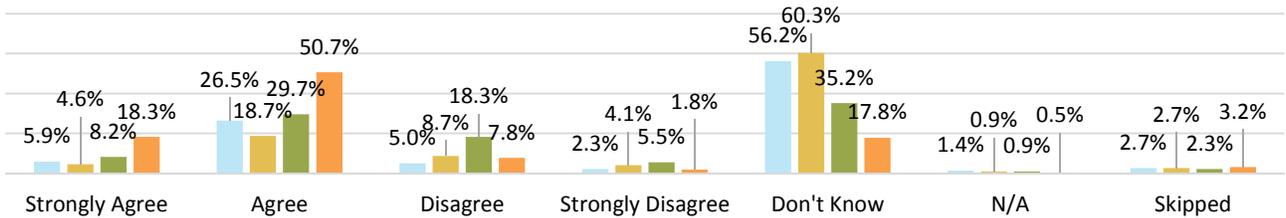
Organizational Environment



- The agency's vision statement, and policies and procedures reflect a commitment to serving clients/families of different cultural backgrounds.
- My agency's personnel policies reflect a commitment to valuing staff diversity and helping staff enhance their cultural competence.
- My agency's printed materials (brochures, flyers, pamphlets, etc.) reflect and affirm the various cultural backgrounds of people served.
- The location, design, and decor of the facility reflect and affirm the cultural backgrounds of people served.

N = 219

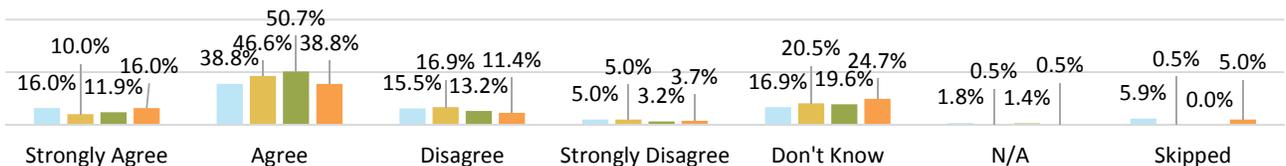
Leadership Values



- Board members are interested in, and supportive of, cultural diversity within the organization.
- Board members are representative of the communities served.
- Administrators and board members are willing to involve clients, staff and volunteers in organizational decision making.
- Administrators are interested in, and supportive of, cultural diversity within my organization.

N = 219

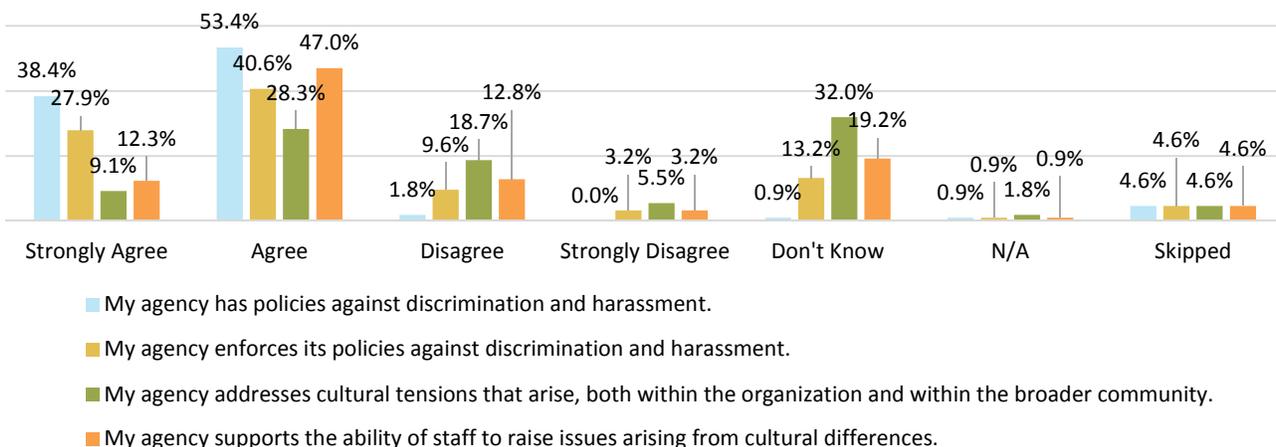
Staffing Policies



- My agency provides opportunities for leadership development and advancement for all staff, including staff of diverse cultural backgrounds.
- The cultural diversity among staff, board, and volunteers of the agency is reflective of the diversity among people served by my agency.
- The cultural diversity of clients currently served by my agency is reflective of the cultural diversity of persons most in need of services in the broader community.
- My agency's recruitment, interviewing, and hiring processes are supportive of building a diverse staff.

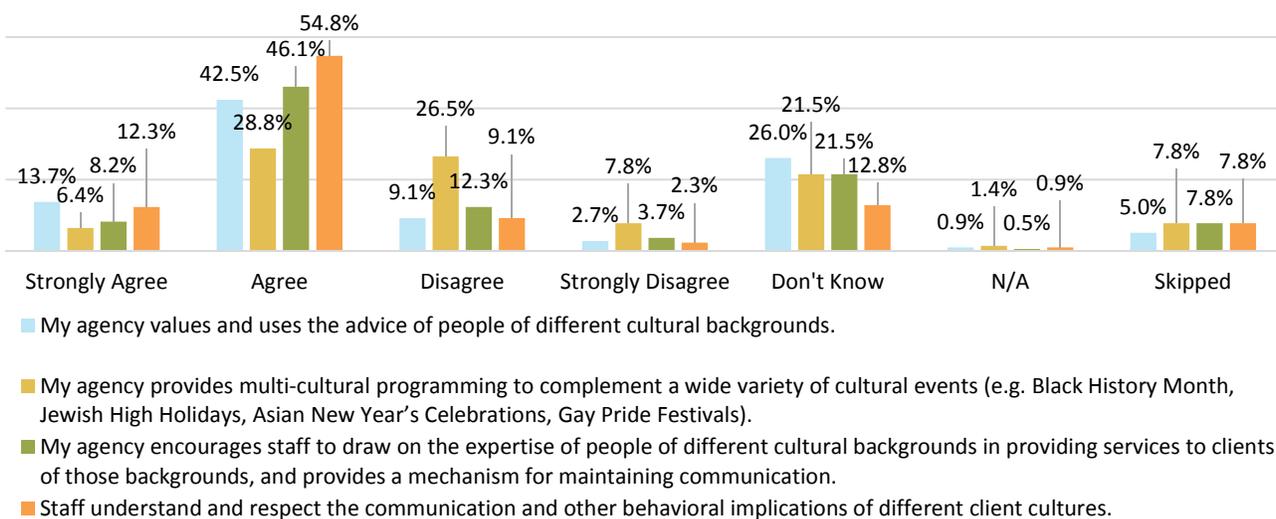
N = 219

Response to Discrimination and Harassment



N = 219

Respect, Support, and Understanding from this Agency



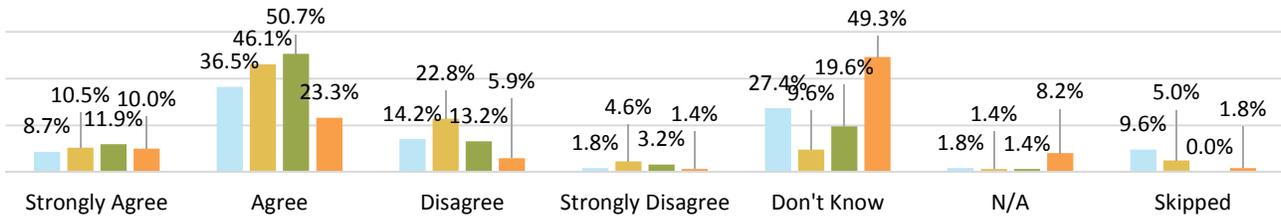
N = 219

Community Outreach



N = 219

Cultural Outreach



■ My agency recognizes leadership among clients, staff, and volunteers of different cultural backgrounds.

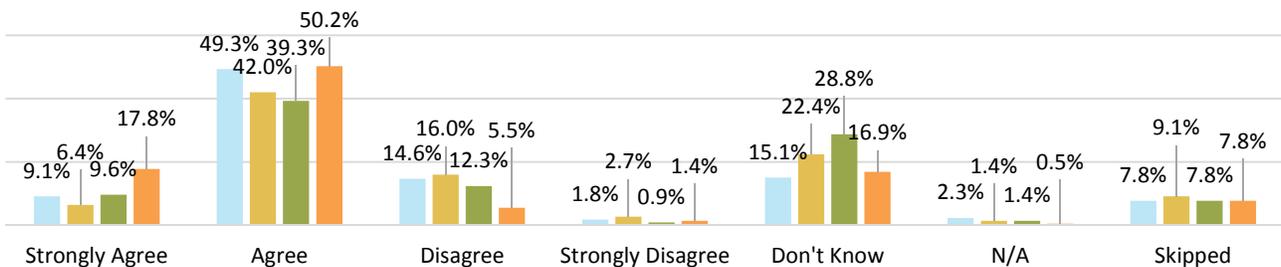
■ My agency provides adequate training regarding the cultures of the clients served, staff, community, and the interaction among them.

■ The cultural diversity of clients currently served by my agency is reflective of the cultural diversity of persons most in need of services in the broader community.

■ Volunteers are offered orientation and ongoing cultural competency education opportunities.

N = 219

Client Relationship



■ Staff is encouraged to openly discuss cultural differences and influences with clients.

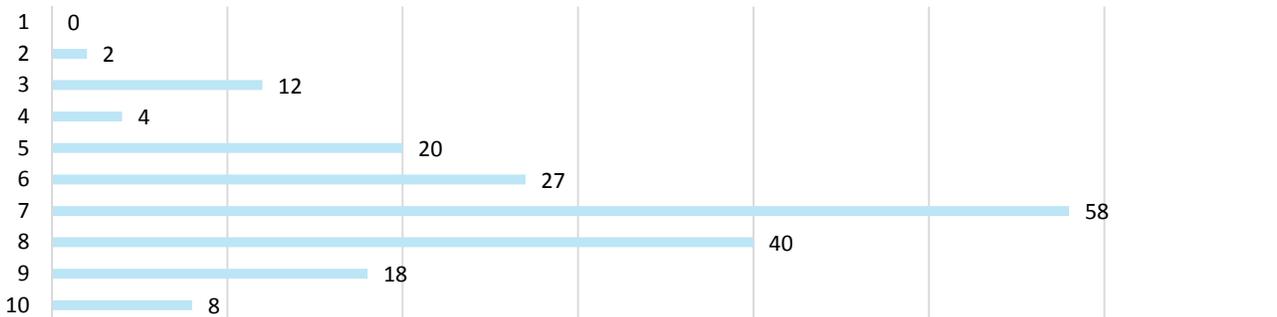
■ My agency encourages clients to examine their own cultures and the cultures of their peers, and to develop their own appreciation of diversity.

■ My agency considers the cultural implications of various options in making decisions about programs and services offered to clients.

■ My agency values client feedback on its services and its cultural competence.

N = 219

Overall, on a scale of one to ten (ten being the highest or most competent), rate the current cultural competence of the agency.



N = 219 Skipped = 30

AVERAGE = 6.83, MOST COMMON = 7

ALL COMMENTS

“LIST THE FIVE MOST IMPORTANT DIVERSITY-RELATED ISSUES CURRENTLY FACING THE AGENCY.”

<p>Spanish speaking group leaders for SUD ASL speaking person available for crisis/OT. Binary gender ignorance or intolerance. Bi-lingual MRT's at front desk.</p>	<p>different importance to different objects. In one culture, family is very important. In another culture, time is very important. When inter-acting, the other may think, the point is being made; in reality, the other culture has a different reality than yours. Neither one is better.</p>
<p>Homelessness,</p>	<p>1.) Not enough diverse staff at all levels of employment at the different locations to provide support for diverse clients, especially at initial contact</p>
<p>Lack of diverse staff Staff uncomfortable having differing opinions/conversations</p>	<p>2.) Not enough outreach to different diverse ethnic communities about our services, thus they are not aware they can come to us</p>
<p>Having multiple-cultural staff and bilingual staff with each program. Interactive trainings more accessible interactive forms of diverse cultures literature and prompts for staff to welcome diverse cultures allow all staff to rotate through various programs to educate and train new staff (children,adults,seniors,substance use,drop in,prevention,phf,etc.) Have cultural friendly prompts accessible from the moment the first contact (verbal,non-verbal,illiterate,etc)</p>	<p>3.) No or limited celebrating, participation in or recognizing diverse holidays/events, seems only some mainstream holidays are recognized</p>
<p>Lack of second-language speaking employees</p>	<p>Recruitment of clinical staff from universities with more diversity throughout CA Bilingual pay is almost insulting at \$5 per day. translation during doctor appts and therapy appts as well as the cultural significance and attention being paid during these interactions should be compensated at a higher rate. Keeping it this low shows a lack of appreciation and awareness of the expertise involved in translation and providing culturally competent services. Those decisions are being made by individuals who are not aware of this expertise and what is involved so the pay currently reflects their lack of knowledge and commitment to acknowledge the importance of compensating employees for their contribution to the mission talked about in this survey.. Other contract providers pay a 7% increase for individuals who can provide culturally competent services in our client’s language and that is fair.</p>
<p>Age difference education home life financial situation language barrier</p>	<p>lack of diversity lack of cultural among workers</p>
<ol style="list-style-type: none"> 1. Access to mental health services 2. Willingness to access mental health services 3. Language barriers 4. gender with relation to mental health concerns 5. Income inequality 	<p>Cultural Difference Beliefs</p>
<p>Ability to effectively serve LGBTQ+ clients; Resources for substance use clients; Education of multicultural clients; Not enough trainings/discussion for cultural competency;</p>	<p>Understanding differences in culture, and how they go. Being open to knowing more about different cultures.</p>
<p>1- Willingness to understand each other or each other ideas. Being open, both sides.</p>	<p>not enough diversity</p>
<p>2- The point of view, given that you are looking at the same object. Can you understand, what is the other's understanding? This has nothing to do with language; but, the mind.</p>	<p>Language barriers to services.</p>
<p>3- Cross-talking, it may be a language barrier; but, mostly in my view, it is the mind barrier, which I mentioned above.</p>	<p>political polarization, undocumented individuals, the culture of substance abuse, LGBTQ issues, racial issues,</p>
<p>4- Representation. The diversity of our communities, should be represented on top positions, as well as through agency.</p>	<ol style="list-style-type: none"> 1. Lack of diversity in management 2. Lack of training in diverse cultures 3. No open dialogue to discuss cultural issues in mental health
<p>5- Values. Different peoples, cultures, put</p>	<p>No thorough trainings offered on cultural competency.</p>

1. No trainings offered
Discrimination against clients/mentally ill Extremely low percentage of staff from non-white backgrounds There should be many more Hispanic staff commensurate with the population of the Hispanic community If there is outreach to non-white groups, I'm not aware of it Lots of white people in the area; need to try harder to make sure other groups are included in workforce
written forms in other languages than English. oral recordings of said forms for clients to listen to. make translators more available to crisis as a whole make lobbies more welcoming to people of other cultures than American.
homelessness gender issues
language, income, gender,
Under-representation of certain cultural groups in our consumer population Lack of awareness amongst staff regarding community resources and values for various cultural groups in our community Lack of diversity reflected in our staff Lack of available or otherwise encouraged trainings in diversity awareness and best practices Inflexibility in protocol and policies to be inclusive or inviting of diverse cultural expressions or values.
not enough Spanish speakers working front line/front office positions.
lack of diversity in staff cultural background lack of training in cultural differences as applies to beliefs about MH services lack of cultural diversity in management staff lack of specialized cultural teams lack of cultural diversity screening tools
No diversity on people making decisions for consumers. Not enough options resources for those people which only option to receive services is after business hours or business days. Not enough diversity staff trainings.
Language, cultural practices, housing and community, employment, leadership
(1)All services designed and available for all culturally diverse populations, (2)communication as a whole,(3)relevant education for all staff (not just Relias), (4)

Gender differences/ gender identity Under-representation of staff from a variety of cultural backgrounds/ ethnic groups Bathrooms are not labeled as multi-gender use Not enough outreach to under-served populations
Language, communication, gender equality, generation gaps, and mutual respect between departments
diverse employees
We need more brochures, pamphlets, and groups specifically catering to Trans/non-binary individuals As well as groups for young adults (20-25).
How many bilingual staff does Crisis Services employ? How many hours of cultural proficiency training are required annually? How many members of administration are of minority backgrounds?
Homeless Culture Generational Poverty LGBTQ Rural communities Migrant issues
-lack of recruitment of bicultural staff
fear of offending some cultures and beliefs obstructs the rights and representation of others
engagement, advertising, staff who are bilingual/language, décor/office settings, politics
Are words lived? Some staff don't feel they are protected and are made fun of.
1) How to serve the needs of people living in poverty. 2) Sending representatives to different cultural groups and providing support within the cultural group rather than asking clients from the other cultural group to conform to our agencies norms (appointment times, being interviewed by strangers, etc.) , which are generally white, middle class norms. 3) The requirements of staff have become increasingly narrow. Specifically, staff caseloads are too large, staff are expected to focus on narrow paperwork requirements, and staff are under pressure to keep their billable service time up. Any time you narrow staff requirements you lose diversity. The only staff left are the ones who happen to be good at the narrow agency requirements. 4) In order to recruit diverse staff, relationships with different cultural groups in the community need to be cultivated. Only after these

relationships are cultivated can you successfully recruit staff to our agency by helping them understand how being a part of our agency can meet their needs, not just ours. 5) It is not realistic to meet the needs of all those entitled to services with the available resources being provided to us from our various funding sources. In order to do a better job in one area it is necessary to sacrifice other areas. We cannot do it all. There needs to be a way to communicate with the larger system (State and federal oversight) that what is being expected, with the available resources is not realistic. The larger system needs to no insist we meet unrealistic expectations. If they are not able to provide more resources they need to help counties prioritize the requirements and accept that not everything the want can be done.
Lack of adequate training on diversity and serving diverse cultures appropriately.
cultural awareness and cultural practices of individuals in our community methods of treatment for diverse cultural groups appropriate housing for those of diverse cultural groups awareness of different cultural communication styles
1) total absence of Spanish speaking services 2) lack of engagement with staff who have cultural differences in order to identify means of minimizing negative impacts of agency policies on various groups 3) Very problematic, unclear, difficult to use translation services that create additional barriers (our translator list and the availability times is a joke) 4) leadership lack of attention to/lack of interest in exploring cultural differences that, at times, result in an unsupportive working environment 5) Lack of helpful trainings and disincentives to either pursue or engage in trainings if available
1. Not enough male staff 2. No-one in my office speaks another language 3. African American population not represented in staff.
Having on staff people who can interpret as needed. Educating staff on issues related to diverse cultures. Having the many different cultures represented in addressing cultural competence of out agency. Maintaining a diverse staff within the agency.

Having a culture that is welcoming and respectful of what diversity has to offer.
1. Lack of minority direct care providers. 2. Management is WHITE. 3. Lack of inclusion of culture diversity in the physical appearance of our office settings and lobbies. 4. Lack of meaningful cultural diversity trainings. 5. Lack of meaningful interactions with people of color and/or minorities that could decrease prejudice.
We don't really have diversity
1. When I go to large gatherings or trainings I still see a limited number of people of color who are my coworkers. Not sure if this reflects the county statistics or not, but it sure seems like we don't have that many POC working here.
homelessness, transgender individuals, lack of holistic approaches to mental health that are culturally appropriate
1. More culturally diverse staff 2. Serving Latinx populations 3. Decreasing language barriers 4. Training for cultural differences/potential tensions between different cultures 5. More diversity in leadership positions
Client cultural representation among staff demographics; what is ethnic origin?
improving outreach in regards to hiring more diverse back grounds utilizing the community for trainings in diversity and experience of cultures
LGBTQI+ children, teens, and young adults People of color CSEC victims Foster children Physical disability
1) Lack of diversity in leadership roles 2) We need more cultural competency training 3) More opportunity to seek out healers from native/indigenous communities and other cultures
families from different cultures who view mental illness in different ways, lack of immediate access to services in communities outside of Paradise, Chico, Oroville or Gridley
Lack of outreach to diverse cultures in rural locations. Issues with ICE and current political climate, building connections with minority communities. Drawing employees from diverse backgrounds to Butte County.
Lack of translators

<ol style="list-style-type: none"> 1. homelessness 2. individuals living in poverty 3. Dual diagnosis 4. Working with individuals with mental illness who do not want MH treatment 5. individuals who do not trust government agencies
Open discussions about diversity related issues needs to happen more freely. Staff do not feel safe discussing cultural concerns within the whole agency. Staff do not feel valued for their cultural traditions. Staff need more education about cultural diversity in live format.
Hispanic mono-lingual Chico residents attempt to secure services at GOP!
homeless religion
<ul style="list-style-type: none"> - Barriers to service; i.e., having culturally and linguistically competent staff on board to address consumer needs. - Adequate cultural training for non-clinical staff members. - BCDBH non-clinical staff members awareness of local resources to help with diversity-related issues.
<p>Integrate more staff flexible holidays for their culture background and worship.</p> <p>Step up more in person cultural competence training with testing.</p> <p>Holiday's and celebrations have strong white Christian focuses.</p> <p>It would be nice to hear more about how clients are being represented with the staff that works directly with them.</p> <p>When developing holiday schedules more focus should be on the holidays most present with clients and have staff be sensitive to the major holidays that could impact the clientele as well as more focus on the specific cultures in Butte County.</p>
<p>Translator services in the field</p> <p>Awareness of differing family systems/practices</p> <p>Understanding personal bias</p>
<ol style="list-style-type: none"> 1. Lack of representation/staff of minority groups. 2. Too cautious of offending individuals when it couldn't happen (i.e. assuming the worst of people). 3. Maybe hire people that aren't white? And not to fit a specific position. 4. All white people in executive positions. 5. Ask staff what holidays/traditions they do and represent them more.

<p>Lack of representation in management</p> <p>Lack of in person cultural trainings</p> <p>Lack of program specific cultural trainings</p>
Certification/training of bilingual staff, recruitment of bilingual staff, increased cultural comp training for all staff.
<ol style="list-style-type: none"> 1. language barriers (e.g. inability to use the language line effectively. 2. limited peers in direct services 3. no peer in leadership advocacy
Lifestyle acceptance, harassment, communication, disabilities and consistency.
staffing Hmong representation,
Sexual identity issues
The disconnect between homeless and housed people
providing crisis services to non-English speaking cts; providing culturally competent services to various cultures; being prepared to deal with bias and overcome the barrier it can create to seeking and accessing services; providing services to underserved populations that do not tend to access services outside the scope of family/culture.
Lack of respect, Gender imbalance, Poor/inconsistent communication, Ethnic and cultural difference
mental illness, homelessness, transgender, faith communities, Hmong
not enough forms in Spanish
Linguistic needs among various clinics. Training on how to utilize translators in therapeutic setting. Ethnic specific/culturally relevant services are geographic specific, if available. Recruitment and retention in hiring and promotion. Little to no clinically relevant supervision/training available for staff serving ethnic groups.
<ol style="list-style-type: none"> 1. Cultural competency and language fluency of the Hmong population that use our services. 2. Connecting with minority populations that are underserved such as Hispanic and African American populations. 3. Equal representation and employment among the agency that reflects the minority groups of Chico and nearby areas. 4. The cultural similarities and discrepancies among diverse groups that contributes to the high rates of sexual abuse and drug use in the community. 5. Knowledge of the statistics and cultural traditions of families in the area and their struggles and strengths

<p>1. Butte County is 86% white. How can the agency address diversity-related issues when the county population is majority white?</p> <p>2. Poverty rates are higher in Butte County than nationwide. Impoverished individuals are at higher risk for chronic health problems, homelessness, lack of education, etc.</p> <p>3. There isn't a conducive relationship between Behavioral Health and Native American groups.</p>
<p>Effective Outreach with all populations. Understanding needs of all populations. Providing effective, culturally competent, and culturally relevant trauma informed interventions. Addressing staff bias.</p>
<p>Interpreters, Cultural differences with adult and youth from baby boomer era, African American Outreach, and Youth Outreach for American Indian Culture.</p>
<p>Cultural faux-pas that can effect treatment. Coordinating cultural issues into treatment options. Understanding cultural norms that may impede successful treatment. Cultural ignorance. Cultural customs that can affect the ability to accept treatment.</p>
<p>Lack of community outreach and awareness of culture specific issues and strengths. Lack of recognition of cultural healing methods. Lack of in-person training and event opportunities (majority of trainings now through technology/Relias). Inability to bill/ reduced productivity if staff do elect to participate in diversity activities or trainings - system is set-up to penalize rather than promote growth, learning and innovation</p>
<p>Culture, sexual orientation, disabilities, lifestyle acceptance, and addiction.</p>
<p>Outreach, availability of literature/forms in cultural formats for clients, transportation, group times, turning potential clients away if they are not on Butte County MediCal.</p>
<p>Diverse staff, breaking into cultural groups, marketing in diverse areas/locations, and diverse board members/leadership.</p>
<p>Hiring culturally diverse workforce Providing better multicultural training opportunities</p>
<p>There is a disconnect between the higher ups and the working class. lack of understanding when explaining situations, because they themselves aren't in those situations or see the reality of it in the clients.</p>

non gender bathrooms, reaching out to the Hispanic community, making a point of celebrating cultural holidays and milestones.

“LIST THREE STEPS THE AGENCY COULD TAKE TO ENHANCE ITS CULTURAL COMPETENCE.”

<p>Face to face trainings by qualified professionals.</p>
<p>More diverse hires</p>
<p>PROVIDE LITERATURE FOR CLIENTS IN THEIR PRIMARY LANGUAGE TO HELP UNDERSTAND WHAT TO EXPECT, EDUCATIONAL MATERIALS OF THEIR OWN DIAGNOSIS.</p>
<p>Hire more Spanish and Hmong speaking employees</p>
<p>More training on working with Latino, African American and Native American populations.</p>
<p>More staff retreats Opportunities to get to know other staff beyond the office Have more announcements about how one can be part of multicultural events in the community</p>
<p>1. Crisis specific representation at community events 2. Outreach efforts with diverse community partners 3. More involvement with the board</p>
<p>Have more trainings; Educate self about different cultural backgrounds; Offer a diverse selection of programs that address client's cultural needs</p>
<p>1- People understand each other when they interact. For example, go to a Hmong New Year festival, try to understand it. Experience it. Eat their food, dance their dances, etc. 2- Seat people of different backgrounds, face each other. Share deep believes on death, religion, family, food, believes, values, community, etc. 3- Agency reflect the population we live in. Representation.</p>
<p>1) Provide more outreach to recruit a more ethnic diverse staff at all locations to provide adequate support. 2) Recruit more Case Managers and MRT's of diverse backgrounds to be able to address/provide support for more diverse clients during initial contact (diverse staff in all levels of employment would be ideal) 3) Provide more outreach/education about our services to clients of ethnic diverse backgrounds through regular presentations/trainings to different organizations and community events</p>

that service different ethnic populations (i.e., Cinco Day May, Hmong New Year, community centers, churches, etc.).
4) Participate in more diverse cultural events/holidays
Recruit from outside Butte County
OUTREACH
more diversity with people of color
cultural competence that is fair
cultural celebrations of holidays
physical cultural diversity events, rather than online trainings.
Have more people from the community who know about different cultures, do trainings for staff.
employ more ethnicity
Provide live training to staff members.
Provide more adequate outreach to communities affected by services we provide.
Awareness training, the creation of work groups to develop a vision, implementation training
Invest in its employees by encouraging employees to take more trainings on cultural competencies (by this I mean, don't just have us take a mediocre training on Relias and think that's enough training.
1. More groups that revolve around the different cultures within their community.
2. Offer trainings
Confront the reality of the cultural discrepancy. If the pretense is that it doesn't exist, it can't be solved.
get forms translated in written form
get forms orally translated and widely available to staff.
make lobbies more culturally diverse in the posters and languages forms are available.
online trainings
Increased community involvement with underserved populations
Recruitment of staff to be more representative of the diversity of our county
Increased training focus on diversity awareness and community resources
consult with consumers and others who can open discussion about ways to serve with more cultural awareness and sensitivity
develop culturally sensitive materials
diversify recruiting and hiring practices to attract variety of staff
Bring speakers from different diversity backgrounds to sites at least once a month.
Administration and supervisors to work in

collaboration to support different groups to educate the rest of the staff about their specifics of their groups.
Designate a day/year to allow groups to educate others about their unique richness.
Trainings
Guest speakers
Publications
Practice respect for all consumers,(2)educate staff on how to use language line resources (3) allow participation in services for a culturally diverse community
Change client demographic forms to include more gender identities not just "Male" "Female" "Decline to Answer". Change bathroom signage. Make recruitment efforts to attract more diverse applicants. More outreach is needed to underserved communities that need our mental health services.
Cross train, team building activities and multi department meetings
Trainings
-Educate themselves on how to be culturally responsive.
-Outreach to trans clients and community members and see what they would like to see more of.
-Train staff on inclusive language in the LGBTQ+ community.
In house teams (without taking it away from billing time) to focus on diversity needs. Better access for minority communities (meet them where they are)
Prioritizes education and treatment.
-designate bilingual/bicultural positions at each outpatient clinic (include in job specs)
Trainings to better understand specific cultures.
Further Training
fix up the lobby-which we are doing, hire more linguistically skilled staff, provide more training to staff on cultural humility not competency, praise staff for being culturally humble.
Make a genuine assessment of what gaps if any between what is espoused and lived.
This is hard to answer because the current demands on community mental health are unrealistic with the available resources and counties do not control the available resources or the federal entitlement demands. There are many things we could do to improve our cultural competence but when we divert resources from one priority we are forced to subtract resources from another. That having been said, here are

<p>my three suggestions.</p> <p>1) Increase resources to those in our community in poverty. Specifically, at the Jesus Center in Chico, the hope center in Oroville and other similar programs in other communities. Also, at the various homeless shelters in the county. Finally, at the unemployment office at DESS. These staff need to develop relationships with employers who are willing to hire our difficult to employ clients. It is my understanding Alliance for Workforce development has access to monies to subsidize salaries for employers to hire the difficult to employ. By focusing on employment and helping people out of poverty, many other client issues resolve themselves. As others have said, it is not so much that we work with people with chronic mental illness; we work with people in chronic poverty who also have a mental illness. The chronic poverty a greater impact on their lives than their symptoms of mental illness.</p> <p>2) As stated above, send ambassadors to other cultural groups in our community and provide support to those communities to help them within their culture rather than trying to get clients to come to our clinics when our clinics are set up with the dominant culture norms people from other cultures cannot relate to. Some of the inflexible requirements of our agency that are required by the state and federal government are the problem. However, in order to bill for services we have to meet these requirements.</p> <p>3) Send staff to other cultural groups in our community and develop relationships with them for the purpose of helping them see how becoming part of our agency can meet their needs, not just ours.</p>
<p>More training</p>
<p>increase in training for line staff with cultural groups and community members</p> <p>information on the different cultural groups in our community</p> <p>education on cultural groups in the community and how they view and access mental health services</p>
<p>Hire more diverse providers</p> <p>Provide in-person trainings</p> <p>Create list of cultural resources available for staff/clients</p>
<p>1) make securing Spanish/English employees a priority</p> <p>2) make an effort to ask various population members if there are ways that the agency is currently culturally insensitive and also if there</p>

<p>are ways in which the agency might be more supportive as relates to cultural issues</p> <p>3) Encourage staff to engage clients in discussion of how cultural differences impact them in order to discover ways in which the agency can support clients in both comfort with their own and with other cultures</p>
<p>Reach out to African, Hmong, and Mexican/Hispanic community leaders for suggestion on how to best serve them.</p>
<p>Identify how our programs fail to achieve meeting the needs of diverse populations. Develop and implement satellite programs such as Butte College does to meet the needs of people in outlying areas.</p> <p>Implement changes that take into consideration specific issues that result in all identifiable cultures having equal access to resources.</p>
<ol style="list-style-type: none"> 1. Use affirmative action to increase the number of people of color in management and for new hires. 2. Fund office décor that promotes a welcoming atmosphere for people of a diverse range of backgrounds. 3. Train staff on what white privilege is and to increase their awareness on this issue. 4. Ask for input from clients. Make the surveys shorter and simpler for them to complete. Do interviews as well to get a better sense of client ideas instead of scan forms that are limited in scope. Offer compensation for these forms. 5. Increase the number of meaningful trainings and experiences available to staff to increase CC. Think out of the box, what about evening or weekend events that are optional?
<p>More outreach</p>
<ol style="list-style-type: none"> 1. Serving LGBTQ+ Population, learning use of preferred pronouns Transgender & other consumers & use of alternate names in person AND on charts other than legal names, to avoid micro aggressions by using old names. 2. More county wide Cultural Competence trainings other than just going through online courses in Relias to meet state requirements. We used to have a lot more training around this, it felt like it used to be more than just an after thought or just to meet state mandate in years past. Use of inclusive intake forms, currently most only have Male or Female as options for consumers to choose from.
<p>increased supportive housing or crisis residential programs, increased education and training on LBGTQ+, and offer more services like Hmong</p>

cultural center in Oroville and Promotes in Gridley for other sites (Chico, Paradise, etc)	1. Hire a competent individual for cultural competency, not a white-washed uncultured incompetent team. 2. Have someone on staff for constantly communicating with community leaders and then disseminating that to all staff daily. 3. Hire more diverse people in every respect (make it a priority of application).
1. Increased cultural competency/diversity trainings 2. Staff rotation in more diverse programs 3. Targeted recruiting of staff for the specific populations that are served	More in person cultural trainings More specific cultural trainings geared toward the different teams at BH.
Continue to expand cultural competency trainings to administrative support staff - presentations, etc.	Develop/implement SOP for certification of bilingual differential pay employees, build bilingual specific county positions through HR to help recruit more bilingual staff, increase cultural comp training requirement for staff to quarterly vs. 1x per year.
more trainings more advancement of cultural diverse population	take care of the above issues
Gender inclusive options on intake forms, etc. Move to a location that is more accessible to people with physical disability (not up stairs). More face to face training on cultural competency	Inquire about client's cultural background, conduct culturally sensitive evaluations and encourage client's to communicate their expectations and preferences in regards to their cultural background.
Center voices of under-represented cultural groups (black and native) by asking those community members/clients what our agency is missing or can improve upon.	A crisis lobby that welcomes people of all backgrounds through art from each culture we serve
cultural competency training on ways different cultures view mental illness	Increase education on sexual identities and how to assist people going through figuring that out. Increase education on issues facing homeless people that differ from housed people.
Connect with local agencies that specialize in outreach to various cultural groups.	Provide training on basic phrases in multiple languages that would assist in identification of the languages for purpose of accessing the language line and helping communicate this to cts; provide training regarding important information to know on various cultures; have community leaders from various cultures come and talk to share information that would assist us in better serving their population
1. Give staff billing credit for attending trainings and filling out surveys so staff will get the training needed to perform the job/ give feedback 2. Educate the public on realities of community mental health- barriers/ reduce myths. 3. Recruit from diverse communities	1. More/frequent training on cultural competence with follow ups. 2. Allow for the development of small cultural competence teams/meetings at each clinic to help problem-solve issues when they arise. 3. Encourage/establish a cultural day to embrace the different backgrounds of staffs, community and the culture of the agency.
Whole agency trainings provided by outside individuals of different cultures. Whole agency education and awareness of microaggressions, micro invalidations, micro insults that contribute to lack of cultural sensitivity and professionalism. More diversity in hiring.	live speakers, staff input, supportive services for staff to address issues which staff are to just accept
I do not know.	Make forms in Spanish.
Offer on-going in-person trainings - using staff from different backgrounds to conduct these trainings.	Identify and engage stakeholders, local providers and consumers to address gaps in staffing and services. Create and promote 'in house'
more resources for homeless more resource for those in heavy religion	
Offer more trainings to non-clinical staff	
Integrate more diverse staff in upper levels. Encourage staff of different backgrounds with training and ask their opinions on diverse staff retention.	
Offer more incentives for dual language speakers of various languages.	
More training with guest speakers who serve different communities and can educate some of the challenges faces by these communities	

conversation related to MH disparities in order to identify strengths and challenges in order to discover avenues to fill the gaps. With 2 local institutions of higher learning, develop/ enhance "grow our own" strategies.
<ol style="list-style-type: none"> 1. Cultural competence training that includes information specific to this region. 2. Outreach to diverse populations to engage them in mental health services. 3. Feedback from diverse backgrounds about adequacy in addressing needs and suggestions for helping facilitate the difficulties of their culture in accessing resources and receiving culturally competent care.
more education on what is offered across the department, potentially added cultural specific trainings, more outreach for Board members of different cultural backgrounds
<ol style="list-style-type: none"> 1. The county does have many race/ethnic associated programs (AAFCC, Zoosiab, Promotores, etc.), but I don't know how much of that is integrated into the clinics. If it's not, maybe doing something that would connect those two. 2. Better communication between Native American groups and Behavioral Health. I think just inviting them to present or encourage referrals would be helpful.
Continue to solicit feedback. Develop focus groups. Generate buy-in for initiatives, give staff the "why."
Utilize staff that have experience in this area and loosen their productivity standards, more presentations within the community to enhance knowledge for multi-cultural population.
Education into basic cultural customs for all staff. Expanded cultural education for clinical staff. Cultural awareness, especially in those threshold languages/cultures.

Department and staff involvement in community events embracing diversity. Incorporate cultural competence best practices within DBH clinics (in addition to contracting out - African American Cultural Center, Hmong Center, Promotores, Stonewall Alliance, etc). Cultural competence and diversity integrated into the DBH clinics and not think of as a set-aside or a referral out. Department/administrative to promote diversity in practice verses in theory.
Any 3 of the answers in number 32 would help.
Diverse staff. Reporting diversity stats of clients on a one-pager that easy to understand so that we can better understand our client diversity breakdown. Explain who's on our board and their backgrounds.
Question 41 - I don't like surveys that try to categorize us into groups. We are Americans. That be an option for us to choose. Example I've never lived in Europe so how can I be a European?
more outreach forums keynote speakers
policy, education, education

2018 Organizational Cultural Competency Assessment Results - Consumers

This survey was offered to consumers who received services at Butte County Behavioral Health and contracted providers in the fall of 2018. There were **322 surveys** taken.

Analysis

SURVEY ENTRIES BY PROGRAM SUBMITTED	PERCENTAGE OF TOTAL	# OF ENTRIES
6TH STREET CENTER	0.3%	1
ADULT OUTPATIENT SERVICES	26.7%	86
AFRICAN AMERICAN CULTURAL CENTER	0.3%	1
BUTTE YOUTH NOW	9.0%	29
CAMINAR	0.0%	0
COUNSELING SOLUTIONS	2.2%	7
DREAMCATCHERS	0.0%	0
FOSTER CARE SERVICES	0.0%	0
IRIS HOUSE	0.3%	1
IVERSEN CENTER	2.2%	7
JESUS CENTER	0.3%	1
LIVE SPOT	6.2%	20
OROVILLE WELLNESS CENTER	1.2%	4
OTHER	7.1%	23
PASSAGES	0.0%	0
PROMOTORES	0.3%	1
SEARCH	3.7%	12
STEPPING STONES	0.9%	3
STONEWALL	0.0%	0
SUBSTANCE USE DISORDER SERVICES	26.7%	86
THE HUB	0.0%	0
TORRES SHELTER	0.3%	1
VALLEY OAK	0.0%	0
YIP - YOUTH INTERVENTION PROGRAM	0.0%	0
YOUTH OUTPATIENT SERVICES	5.9%	19
ZOOSIAB	6.2%	20

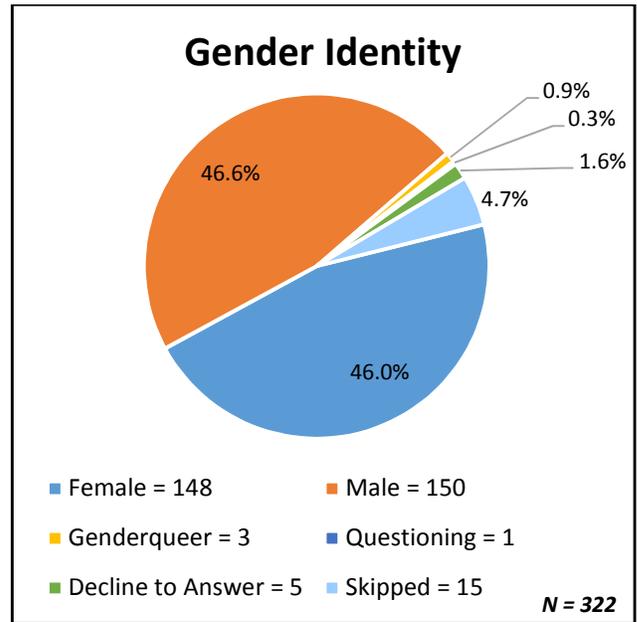
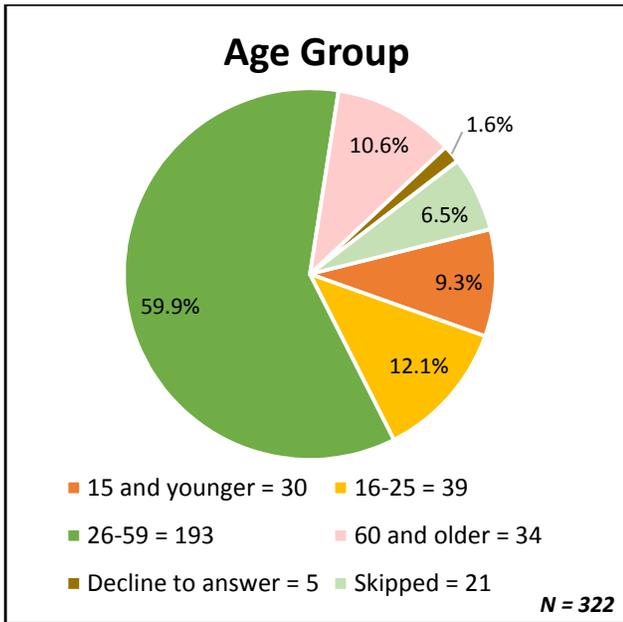
STRENGTHS

- 91% *strongly agree* or *agree* that “I feel respected, supported, and understood at this agency.”
- 88% of consumers have not experienced any unfair or biased treatment because of personal characteristics.
- 79% *strongly agree* or *agree* that adequate “Information and Resources [are] Provided by this Agency.”
- 76% *strongly agree* or *agree* that “This agency has served me in a culturally sensitive manner.”
- 67% *strongly agree* that “When I come into the office for services, I am greeted with respect.”

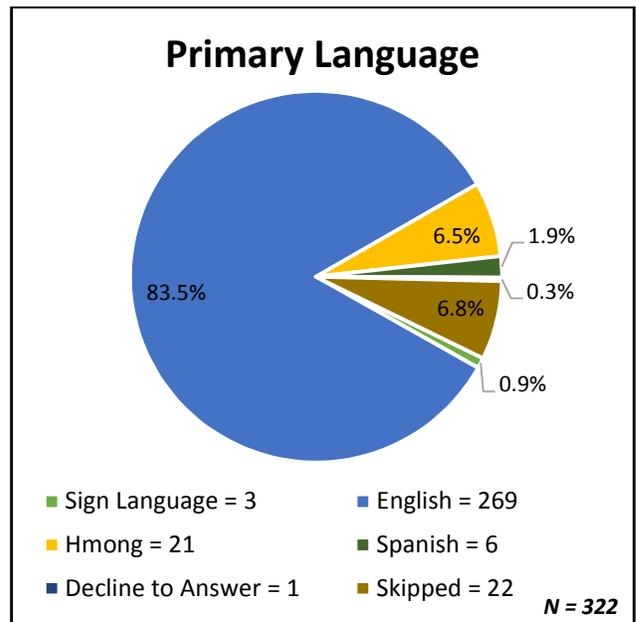
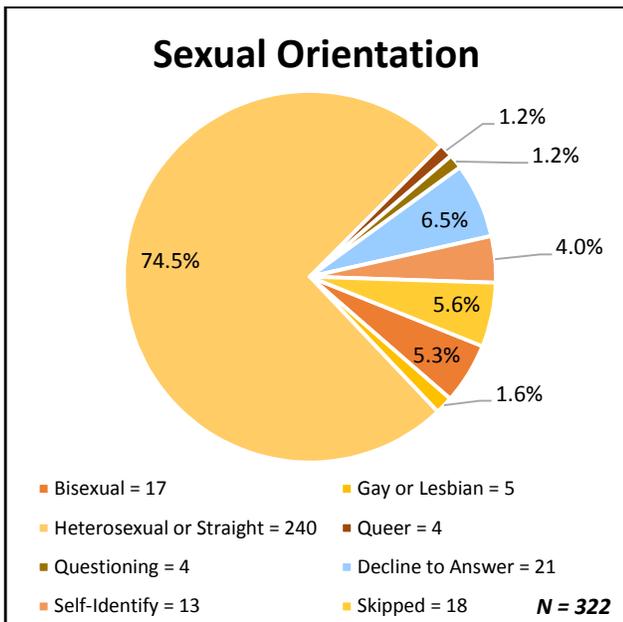
CHALLENGES/OPPORTUNITIES

- 28% *strongly disagreed, disagreed, doesn't know* or finds it *not applicable* that “I am bothered less by my symptoms.”
- 24% *don't know* if or found it *not applicable* that “I was asked about my cultural needs and preferences in a way that was comfortable for me.”; while those who identified as Genderqueer agreed the least with it.
- 16% *disagreed* that or *don't know* if “I was asked about my and my family's strengths as well as our needs.”

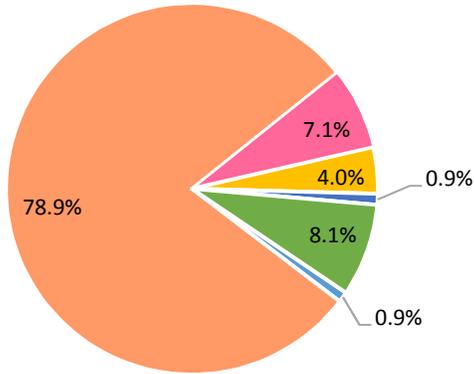
Demographics



Note: Transgender option received 0



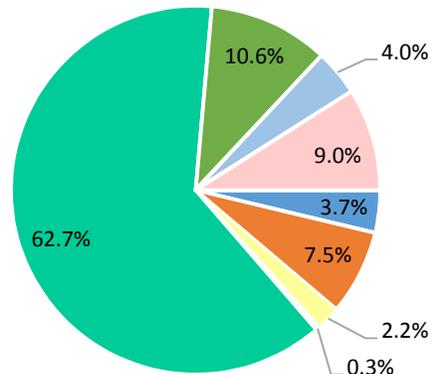
Heritage Language



- Sign Language = 3
- English = 254
- Hmong = 23
- Spanish = 13
- Decline to Answer = 3
- Skipped = 26

N = 322

Race

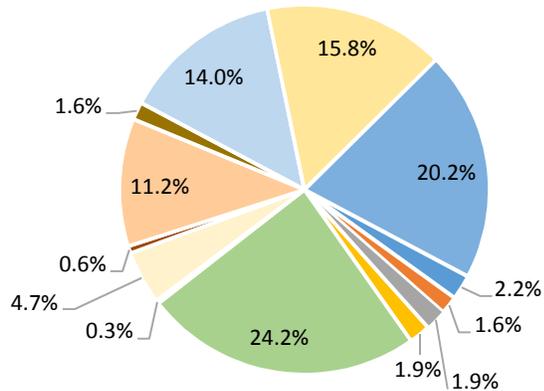


- Native American = 12
- Asian = 24
- Black/ African-American = 7
- Pacific Islander = 1
- White = 202
- More than one race = 34
- Decline to answer = 13
- Skipped = 29

N = 322

Ethnic Origin

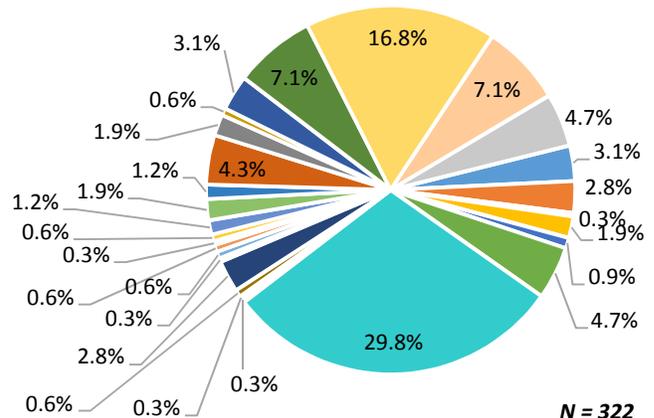
- African = 7
- Asian Indian/ South Asian = 5
- Central American = 6
- Eastern European = 6
- European = 78
- Filipino = 1
- Mexican/ Mexican-American/ Chicano = 15
- Puerto Rican = 2
- Other Non-Hispanic/ Latino = 36
- Other Hispanic/ Latino = 5
- More than one ethnicity = 45
- Decline to Answer = 51
- Skipped = 65



N = 322

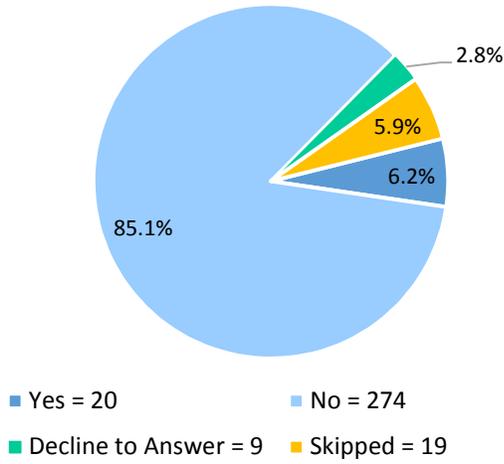
Spiritual Values

- Assembly of God = 10
- Atheist = 9
- Baha'I = 1
- Baptist = 6
- Buddhist = 3
- Catholic = 15
- Christian = 96
- Church of Christ = 1
- Episcopal = 1
- Hindu = 2
- Interdenominational = 9
- Islam = 1
- Jehovah's Witness = 2
- Jewish = 2
- Lutheran = 1
- Methodist = 2
- Mormon = 4
- Native American = 6
- Nazarene = 4
- Non-Denominational = 14
- Pentecostal = 6
- Seventh-Day Adventist = 2
- Shamanism = 10
- Skipped = 23
- None = 54
- Other = 15
- Decline to Answer = 23

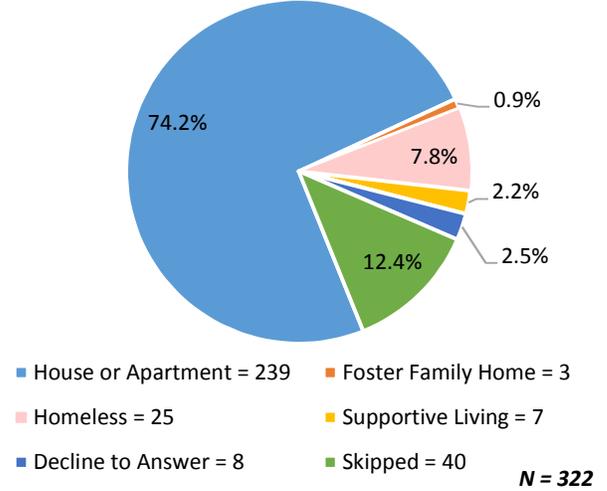


N = 322

Service in the Military

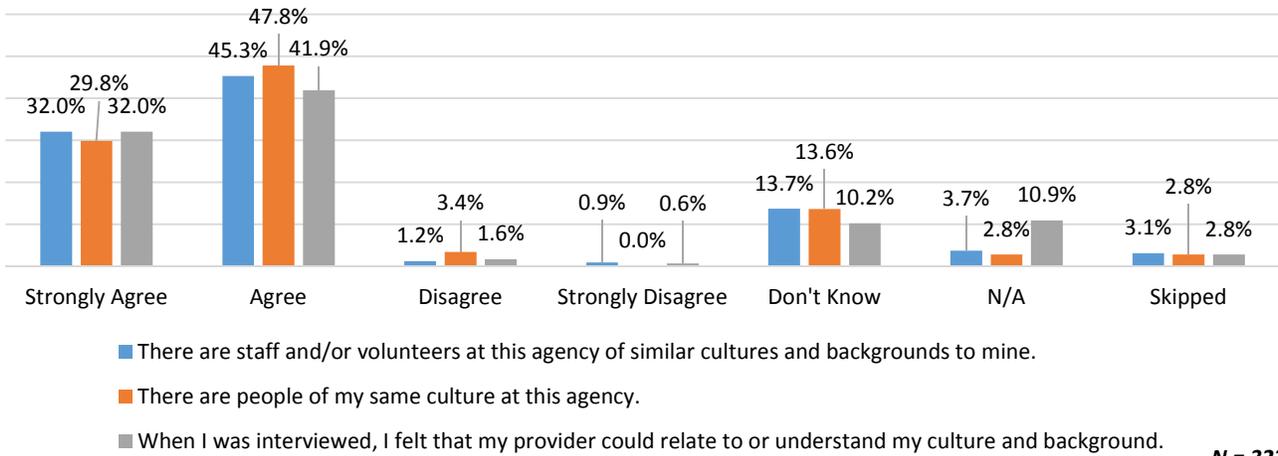


Living Arrangement

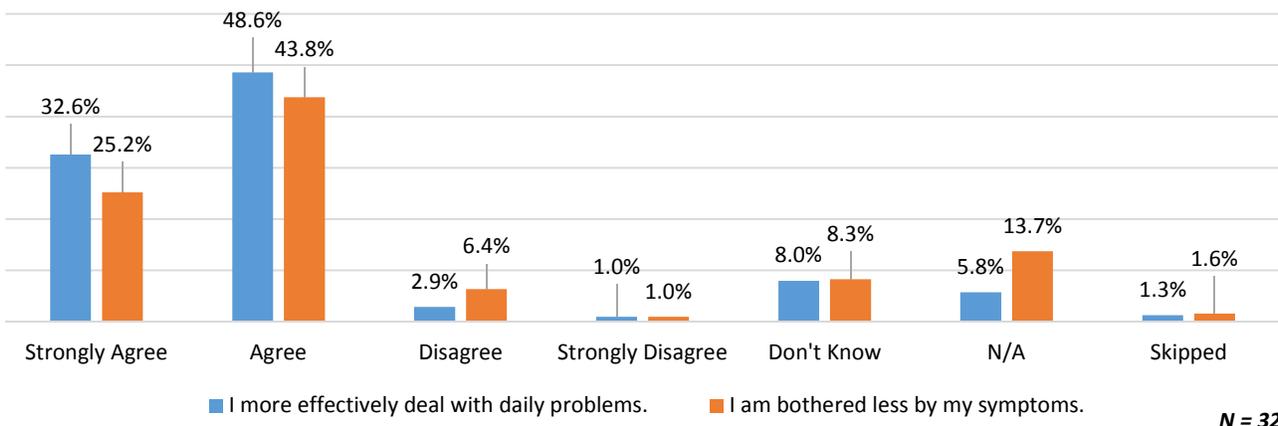


Outcomes

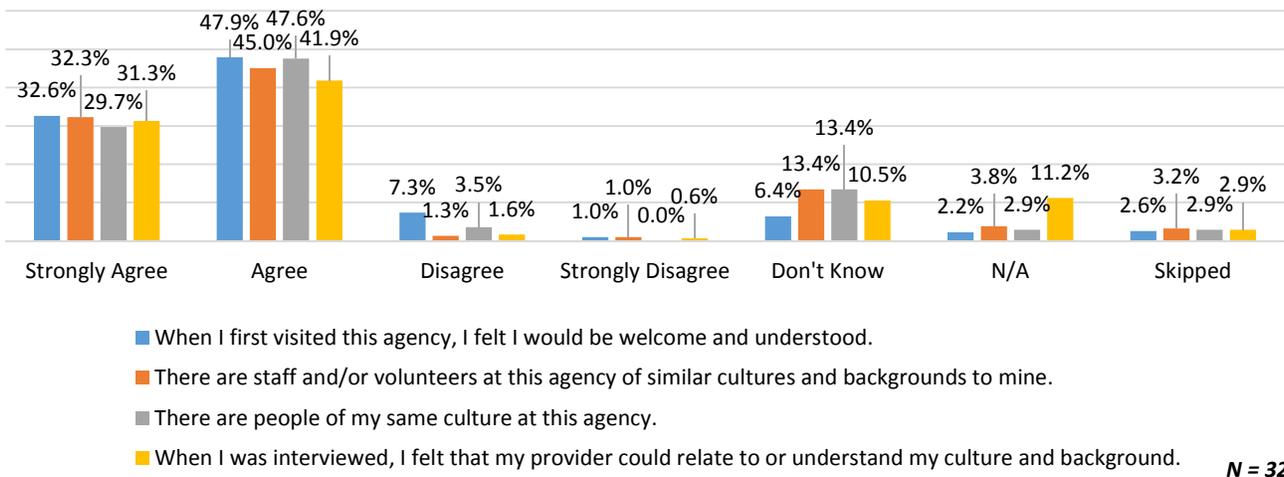
Services and Providers Available to Me



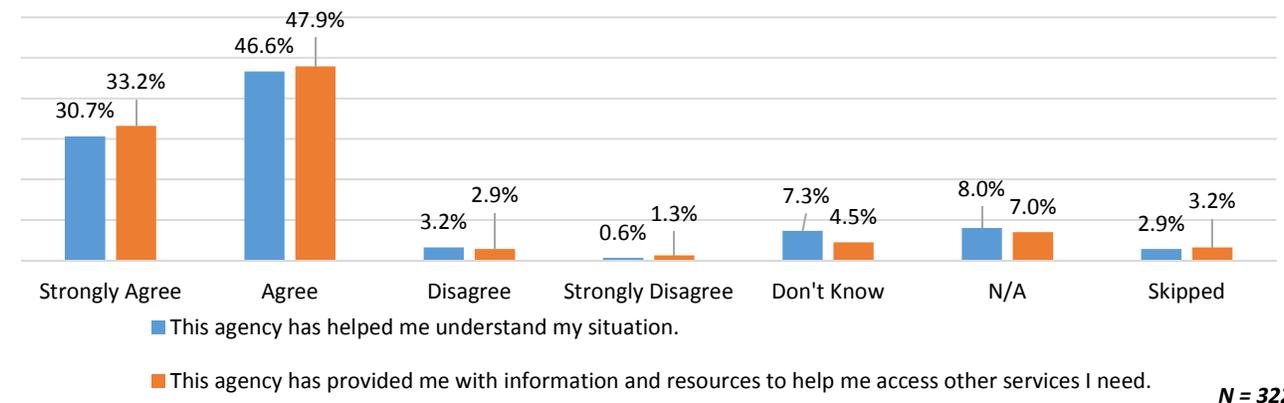
Because of the Services I Have Received



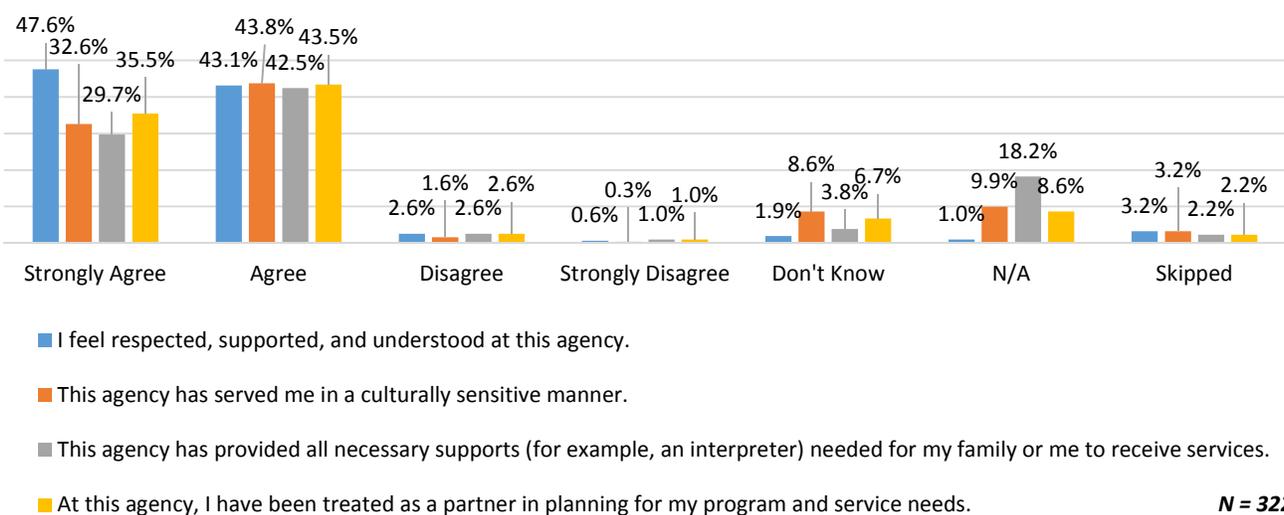
The Agency Culture and Background Understanding



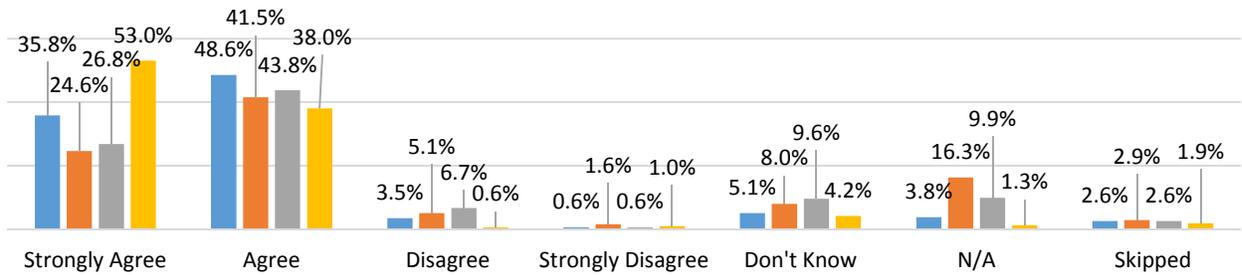
Information and Resources Provided by this Agency



Respect, Support, and Understanding from this Agency



Agency Meeting My Family's and My Cultural Needs



■ The facilities at this agency meet my needs.

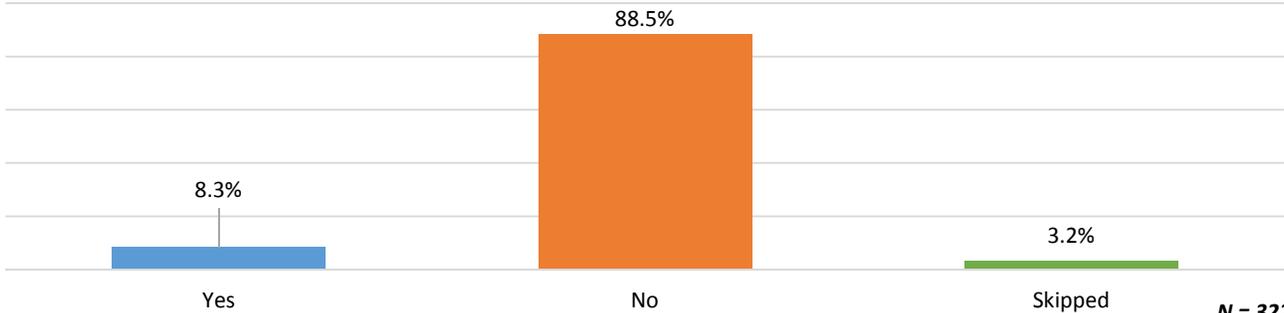
■ I was asked about my cultural needs and preferences in a way that was comfortable for me.

■ I was asked about my and my family's strengths as well as our needs.

■ I would recommend this agency to other people I know as a place where people are treated well and provided appropriate services and referrals.

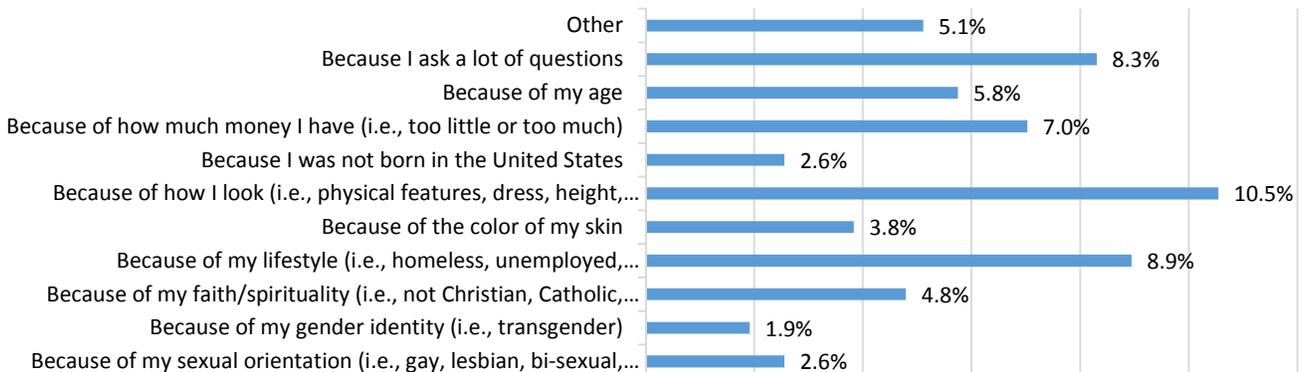
N = 322

Have you experienced any unfair or biased treatment because of personal characteristics (race, age, gender identity, sexual orientation, religion, financial status)?



N = 322

Please check one or more boxes that describes the kind of prejudice or bias that you have experienced.



N = 322 Skipped = 250

All COMMENTS

“PLEASE DESCRIBE YOUR EXPERIENCE OF UNFAIR OR BIASED TREATMENT.”

Discrimination
People call me ugly because I had a [INDISTINGUISHABLE TEXT]
Being homeless and looked down on.
Marital affairs
Not help
It's because i'm black
In front of group I was belittled and ridiculed by a staff member
I didn't 'agree' to treatment some things like medicine @
different
I have lived a hard life & a younger person don't relate counselors
Example in #26 - too much info. to write [in] this
Can't talk about Jesus--but usually its okay!
Silence
Ridiculed
I was homeless. Inquired about BH apt's. Was told by Nurse + Counselor I wouldn't be eligible with attitude. Turned out that I WAS eligible when I applied anyway.
One time somebody told me I was too young to be in that class or when someone assumes things.
People get annoyed with me because I ask a lot of questions
Dr. ----- laughed when I told her I hear voices.
Don't have any
They joke about me
Excellent no unfair or biased treatment of another person from my past knowing me and putting me down.
There has been none.
I was made fun of when I was younger because of my scar.
I mostly ignore what they say that is not right.
I have a great time
How I live my life.
Lots of fat jokes.
I got beat up a lot
When I went to Butte County Court
All the above

I am Mormon and have been excluded form many things; made too much money get kicked out of housing; my weight (medicine)
I've been treated unfairly because I am a middle-aged woman
Is fair
Lack of conversations.
I had \$76 and before I had over \$2000, they're taking most of my money from me.
Everyone I talked to is treated like infants.
not listening
I have not be treated unfair
Not allowed into residential treatment because I'm not homeless.
Refuse treatment on mental health due to too many missed appt.
Taken to many so the Dr. wants to drop me down so I feel like if you take to many they want to drop you.

“WHAT COULD THIS AGENCY DO TO SERVE INDIVIDUALS OF DIFFERENT CULTURES MORE EFFECTIVELY?”

N/A - I am white
what happens if I refuse future questions/surveys
Be more inviting & less cold - Greet us -
Being more culturally sensitive
Maybe have more staff
That's the only way to get rid of the same speak native languages and close by
I think it's fine
Stop being races to each other
more housing options
Waiting Room is stressful
Be more professional (on their behalf)
Try to understand different race, or religion, ethnicity etc. etc.
I believe they do really good but wisdom and patience always wins
Not judge addicts, not judge the poor.
More divers?
I'm white and a child growing up in the 60's. Some get me.
be more supportive
Nothing doing a great job
Answer them, which it has.
Nothing really they treat everyone with respect
They would make everyone welcome

If they are not doing anything and looks like they are bored make them not bored and let them have fun with everyone and you.
Be nice and welcoming
Always make sure there is a translator available.
They don't judge.
Pay for housing
They are wonderful.
None that I know of.
Catholic Social Services strengthening families
They work hard to be respectful to everyone.
Nothing. Doing just fine.
Help me find myself.
They are doing fine.
Its doing a great job
Unknown...what would they say.
967 998
Treat equally
no more counseling
Oh time
Move staff
They do alright.
Keep doing what they're doing they're great
Place them together for more relatable conversation.
More statistics based on place of residence.
Keep doing what they're doing.
she doing good
Drop homelessness as an element to qualify for residential treatment.
Explain better.

“DO YOU HAVE ANY OTHER COMMENTS RELATING TO YOUR EXPERIENCES AT THIS AGENCY?”

Services are good.
I feel these surveys waste my time because they do not make a difference
Medication issues
Being a middle-aged, white male, I feel this survey is not going to be accurate. This seems geared toward the idea that 'all cultures' are welcome here and accommodate these through similar looking cultural similarities. This survey is a waste of Butte County’s time and money. A good way to fully assess the spaces provided would be to experience it yourself, as in those in

high places, and actually see it from the outside perspective. Thanks
I've been treated very fair
After almost three years here, I am starting back at square one and treated unfairly by 2 staff members repeatedly!
American citizen/ U.S./ Canada/ (U.S.) Where Mexico, CA, NV, UT
I've had great experiences here in every department have recommended it.
It started out slow but we had a really good experience
Telemed is not good, feels uncaring, cold, unprofessional. You employ a Dr.----- who is dangerously unethical, etc. She over-prescribes meds, forces patients to take meds that almost killed us/me. Yet gives RX narcotics/benzos to meth user who sells them on the street! FIRE HER
I am thankful for this resource.
I was helped out when I needed to go to court
I feel my counselor is genuinely concerned with my mental health and well being
I love it!
Dr. ----- is cool :)
Live spot is the best
They are awesome everybody here
It's fun
I would just like to add I have been treated so well here by ----- and Dr. ----- . I've never once felt like an addict here. just a person I recovery I would recommend this place to everyone needing help because of all the love and support I received from this place. I haven't even relapsed, not once! Due to really being helped. I love this place and I know that when I'm completely off of Suboxone I will be ok I truly will. Thank you
I appreciate this program because of the help I've received with dealing with substance abuse and possible relapse. This suboxone is really helping me live life to the fullest. My family friend's and everyone I'm around or interact with on a continues basis have seen a major change in me and are looking forward to seeing what I can achieve if I stay on this path.
Very helpful towards my sobriety. I am appreciative of them helping pay for my rehabilitation/SLE funding. That also helps keep me sober. I hope they can pay for me a couple more months
very down to earth people, like them all

I'm ok with my treatment.
Love women's group. Would love trauma group! ----- and ----- are huge help to my recovery.
I'm happy with the program I feel The Dr. ----- & Almost All office staff are Amazing & Very helpful
This agency has helped me a lot. Been coming for many years. I have enjoyed all my counselors I have had. I have always been treated with respect.
I have been with BH for over 7 years now on my own willingly and I have always benefitted from here and the people here. And hiring people who have a drug or alcohol background and turned there lives around and become counselors here has helped me so much! I would really like to bring back the trauma group again.
The counselor is great. The Dr. is great. The nurse is great.
Everyone here is very friendly & extremely supportive of what everyone is going through
My experiences have all been positive
They are open + listen
Amazing! Kind + supportive staff
Sometimes I don't feel understood or supported
They are super sweet!
I'm glad it's here
I think the program doesn't get the recognition it needs in order to help advertise it better to get more involved.
So far my family and I have been treated with lots of respect.
I've enjoyed each session very much.
They do a great job at helping people succeed in a new sober life.
I am happy
I enjoy coming to my groups. I feel they're helping me a lot.
Excellent Experience
It sucks.
This is a very comfortable setting with empathetic counselors.
Considerate
My experience here has been great so far. Thanks!

I appreciate the flexibility by the staff and my counselor regarding my changing schedule & how I have been accommodated for that.
Its been great
I like the people + staff they are very helpful + nice.
The people and staff and extremely kind and caring and are all about helping people to the best of their ability.
Great Employee! <3
This place is great!!! I do recommend this place to everyone!
At times treated like a child instead of an adult with addiction issues.
I need mental health and denied.
A lot od Dr. app and groups to make you push thru the suboxone. But sometimes they wont give you enough meds or drop to much.
Because of agency I learned how to cope with my mean side and get off the streets [into] my own place, joined with my family.

BCDBH Personnel Rule 11.15

Overtime is any work rounded to the nearest fifteen (15) minutes in excess of the normal assigned workday or eight (8) hours per day or forty (40) hours per week. For employees whose normal assigned workday is in excess of eight (8) hours, overtime shall be work rounded to the nearest fifteen (15) minutes in excess of the normally assigned work hours. For purposes of calculating overtime, all paid time off, with the exception of sick leave, shall be considered time worked.

- d) Records of Overtime Work and Justification. Each appointing authority shall keep an accurate record of all authorized work time including the actual overtime hours worked by the individual employee together with justification for its authorization in each case and the manner and time in which the employee was compensated for overtime work.
- e) Overtime Compensation. Except as otherwise provided in these rules, employees shall be paid at one and one-half times the applicable straight hourly rate or granted the equivalent hours of compensatory time off. Compensatory time off shall be scheduled at a time mutually agreed upon by the employee and the appointing authority within (180) one hundred eighty days following the overtime worked. If the appointing authority cannot schedule the time off within (180) one hundred eighty days following the overtime worked, the employee shall be paid the equivalent compensation.
- f) Fringe Benefits Not Affected by Overtime. Overtime work shall not be a basis of increasing vacation or sick leave benefits, nor shall it be a basis of advancing completion of required periods for probationary or salary step advance.
- g) Overtime for Callback. A non-exempt employee who is required to return to work or handle a telephone call shall be compensated according to the employee's Memorandum of Understanding.
- h) Exempt Employees. The overtime provisions of this section shall not apply to department heads or to designated classifications in positions as defined by FLSA.
- i) Extra Help Employees. Extra help employees are eligible for overtime only for those hours worked over 40 (forty) in a work week.

Except as provided, an incumbent in a regular help position defined as exempt or appointed department head, shall receive administrative leave in lieu of paid overtime. (Extra help employees are not eligible to receive Administrative Leave).

Administrative leave in lieu of paid overtime shall be accumulated at a rate as specified in applicable MOU or Resolution. Administrative leave may be accumulated to a maximum of forty-four (44) days. Employees who terminate from the County in good standing shall be compensated for any administrative leave accrued under this section, up to the maximum accrued amount.

11.15 BILINGUAL PAY DIFFERENTIAL

When it has been determined that an employee's use of bilingual language skills or specialized communication skills is essential and critical for the successful performance of the functions of a county department, the employee shall receive a pay differential. The amount of pay differential is specified in each individual MOU. Authorized time off of less than four consecutive weeks shall not affect the calculation of bi-lingual pay (approved vacation of any length shall not affect the calculation of bilingual pay). The Director - Human Resources shall formulate policies and procedures for administering the provisions of this section which will require the written justification by the appointing authority, verification of the employee's language or communication skill, and procedures for review of continued need on no less than an annual basis. Extra help shall not be eligible to receive the bilingual pay differential.

Basic POST Certificate. Employees in the classifications of Deputy Sheriff and Sheriff Sergeant, possessing the Basic POST Certificate, shall have their base salaries increased by five (5%) percent.

Intermediate POST Certificate. Employees possessing the Intermediate POST Certificate shall have their base salaries increased by an additional three and a half (3.5%) percent.

Advanced POST Certificate. Employees possessing an Advanced POST certificate shall receive an additional four and a half (4.5%) percent.

14.02 Shift Differential.

Refer to Personnel Rules.

14.03 Temporary Assignment in Higher Paid Classification (Temporary Upgrade).

Whenever an employee is assigned in writing by their supervisor or acting supervisor to work in a higher classification and, therefore, performs substantially all of the duties of the higher classification for a period of more than twelve (12) cumulative working days in a fiscal year, the employee shall be entitled to be compensated with an additional five percent (5%) over their current rate of pay beginning with the thirteenth (13th) day of assignment. Compensation earned in said assignments shall only be reported to PERS as pensionable compensation as allowed by law. Current law allows this to be reported as pensionable compensation for Classic Members only (as defined by the Public Employees' Pension Reform Act (PEPRA)).

14.04 Bilingual Pay Differential (Bilingual Premium). When it has been determined that an employee's use of bilingual language skills or specialized communications skills are essential and critical for the successful performance of job duties, a bilingual differential shall be paid at a rate \$80.00 per pay period worked, calculated on an hourly basis or portion thereof. Authorized time off of less than four weeks shall not affect the calculation of bi-lingual pay (approved vacation of any length shall not affect the calculation of bilingual pay). Extra help shall not be eligible to receive the bilingual pay differential.

14.05 Callback.

14.05.01 Overtime and Callback. An employee who is physically required to return to work on an overtime basis shall receive either a minimum of two hours straight pay or time off, or time and one-half pay or CTO for the time actually worked, whichever is greater.

compensated with an additional five percent (5%) over his/her current rate of pay beginning with the eleventh (11th) day or the eighty-first (81st) hour of the assignment. A continuous out-of-classification assignment bridging two (2) fiscal years shall be treated as if it occurred during the prior fiscal year. For example, an employee receiving compensation for an assignment which commenced June 15 of one fiscal year and ended on July 5 of the succeeding fiscal year would receive compensation for the entire assignment. Similarly, an employee whose eleventh (11th) day or eighty-first (81st) hour of out-of-classification assignment occurred during the prior fiscal year would commence receiving compensation as of the eleventh (11th) day or eighty-first (81st) hour. This provision shall only be reported to PERS as pensionable compensation for Classic Members as defined by the Public Employee' Pension Reform Act (PEPRA)

14.07 Bilingual Pay Differential (Bilingual Premium)

When it has been determined that an employee's use of bilingual language skills or specialized communication skills are essential and critical for the successful performance of job duties, a bilingual differential shall be paid at a rate of eighty dollars (\$80.00) per pay period worked, calculated on an hourly basis or portion thereof. Authorized time off of less than four weeks shall not affect the calculation of bi-lingual pay (approved vacation of any length shall not affect the calculation of bilingual pay). The Director - Human Resources shall formulate policies and procedures for administering the provisions of this section which will require the written justification by the appointing authority, verification of the employee's language or communication skill, and procedures for review of continued need on no less than an annual basis. Extra help shall not be eligible to receive the bilingual pay differential.

14.08 Callback

An employee who is required to physically return to work on an overtime basis shall receive either a minimum of two (2) hours wages (overtime rules apply) or CTO for the time actually worked, whichever is greater and be entitled to receive mileage reimbursement pursuant to Section 18.01. The two-hour minimum shall apply only when an employee is required to physically return to work (e.g. leave home or another off duty location) in order to perform required duties. Such time worked shall include travel time between an employee's residence and his/her regularly assigned work location. An employee handling a phone call not requiring that he/she physically return to work shall be entitled to the minimum overtime payment (rounded to 15-minute increments). The employee receiving a call during normal sleeping hours shall be entitled to a one (1) hours wages (overtime rules apply) or CTO for the time actually spent on a call, whichever is greater.

14.09 Standby Pay

a. Status

Each employee in this unit shall be entitled to receive twenty-five dollars (\$25.00) for each eight-hour (8) standby shift, or portion thereof, as ordered and authorized

Employees in this unit will be entitled to the same provisions for Standby Pay as BCEA SSW members should BCEA members SSW receive more than fifty dollars (\$50.00).

b. Response Time

Employees placed on standby status shall keep the appointing authority or designee advised of their location, be available by radio or telephone, remain within a reasonable distance from work in order to respond to calls, and refrain from activities that may impair the employee's ability to perform assigned duties during the standby shift, and shall commence responding to duty within thirty (30) minutes from the time of notification. "Respond" means to be in route to the site of a problem or an assigned work location or answer a telephone call. When an appointing authority determines it is in the interest of the County to provide electronic paging devices for standby workers, the appointing authority shall provide and maintain such devices and instruct workers in proper use. There shall be no reprisals taken against an employee who is provided a pager or radio without formally being placed on standby, and that employee is not able to respond to a page or telephone call after hours.

Employees on standby status shall not be eligible for shift differential pay as specified under Section 8.09, for callback pay as specified under Section 8.03h. of this agreement. Non-Exempt employees returning to duty from standby shall be eligible for overtime as specified in Section 8.02 of the this agreement.

- c. For those employees represented by the Butte County Management Employees Association, the order must be made in writing and there shall be no reprisals taken against an individual who is provided a pager or radio without formally being placed on standby and that individual is not able to respond to a page or phone call after hours.

8.07 Bilingual Premium

When it has been determined that an employee's use of bilingual language skills or specialized communications skills are essential and critical for the successful performance of the functions of a County department, the employee shall receive an additional fifty dollars (\$50.00) per pay period worked, calculated on an hourly basis or portion thereof. Authorized time off of less than four consecutive weeks shall not affect the calculation of bi-lingual pay (approved vacation exceeding four weeks shall be excluded).

The Director of Human Resources shall formulate policies and procedures for administering the provisions of this section, which will require the written justification by the appointing authority, verification of the employee's language or communication skill ability and procedures for review of continued need on no less

supervisor to work in a higher classification and, therefore, performs substantially all of the duties of the higher classification for a period of more than ten (10) cumulative working days or eighty (80) cumulative working hours in a fiscal year, in a fiscal year, the employee shall be entitled to be compensated with an additional five percent (5%) over his/her current rate of pay, beginning with the eleventh day or the eighty-first (81st) hour of the assignment. A continuous out of classification assignment bridging two (2) fiscal years shall be treated as if it occurred in a single fiscal year. For example, an employee receiving the compensation for an assignment which commences on June 15 of one fiscal year and ended on July 5 of the succeeding fiscal year, would receive compensation for the entire assignment. Similarly, an employee whose eleventh day or eighty-first (81st) hour of out-of-classification assignment occurred during the prior fiscal year would commence receiving compensation as of the eleventh (11th) day or eighty-first (81st) hour. Such assignments must not extend beyond a ninety (90) day period with the exception that an additional ninety (90) day assignment may be made with the written authorization of the Director of Human Resources. This provision shall only be reported to PERS as pensionable compensation for Classic Members as defined by the Public Employees' Pension Reform Act (PEPRA).

15.5 Bilingual Pay Differential (Bilingual Premium)

When it has been determined that an employee's use of bilingual language skills or specialized communications skills are essential and critical for the successful performance of job duties, a bilingual differential shall be paid at a rate of fifty (\$50.00) per pay period worked, calculated on an hourly basis or portion thereof.

Authorized time off of less than four consecutive weeks shall not affect the calculation of bi-lingual pay (approved vacation of any length shall not affect the calculation of bilingual pay).

The Director - Human Resources shall formulate policies and procedures for administering the provisions of this section which will require the written justification by the appointing authority, verification of the employee's language or communication skill ability, and procedures for review of continued need on no less than an annual basis.

15.6 Callback

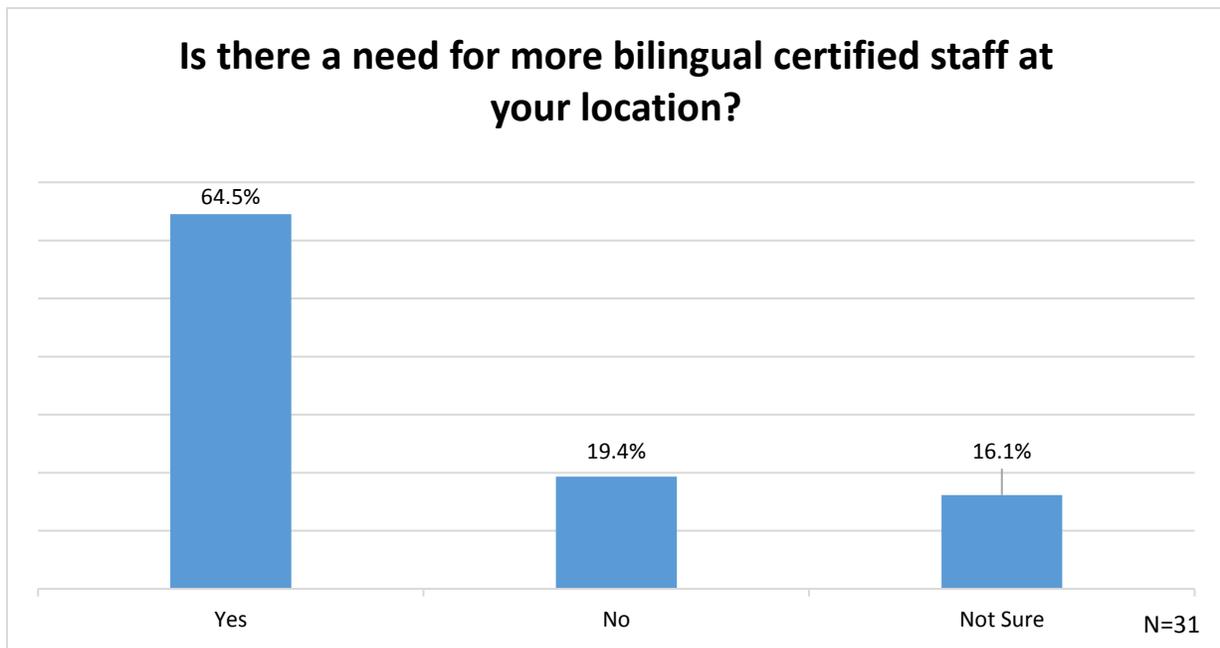
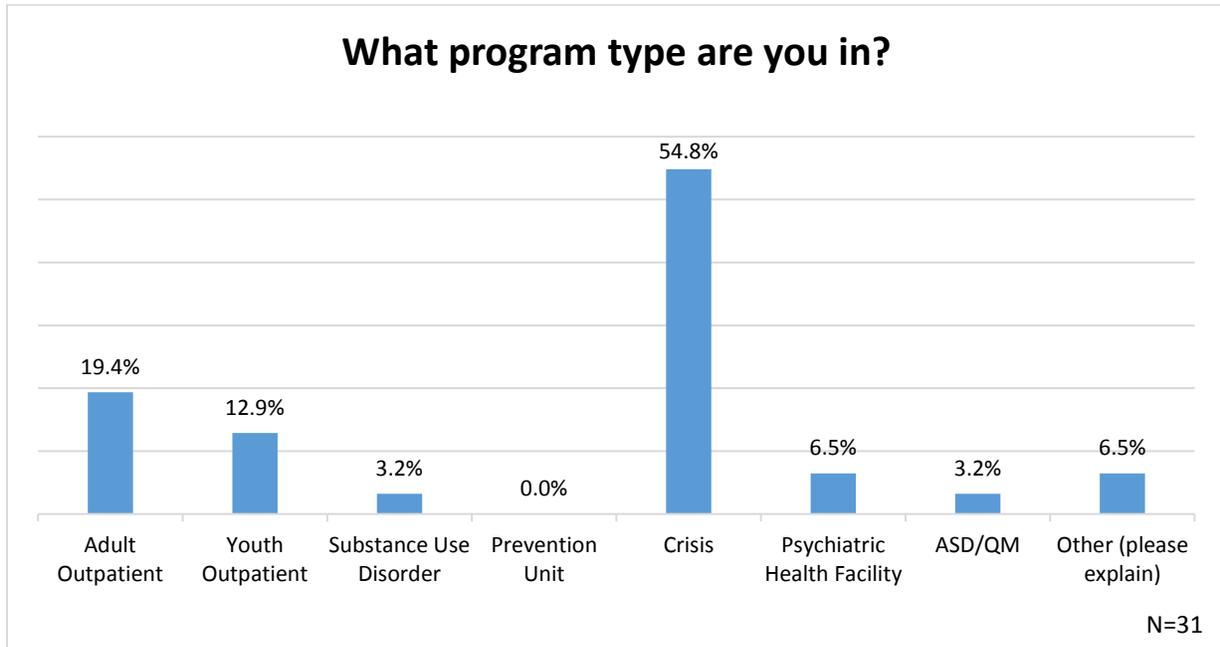
An employee who is required to physically return to work on an overtime basis shall receive either a minimum of two (2) hours straight time pay or time off, or time and one-half pay, or CTO for the time actually worked, whichever is greater, and be entitled to receive mileage reimbursement pursuant to Section 19.01. An employee handling a phone call not requiring that he/she physically return to work shall be entitled to the minimum overtime payment. The employee receiving a call during normal sleeping hours shall be entitled to a one (1) hour straight pay minimum or time and one-half (1 1/2) pay or CTO for the time actually spent on a call, whichever is greater.

Translation Survey Results

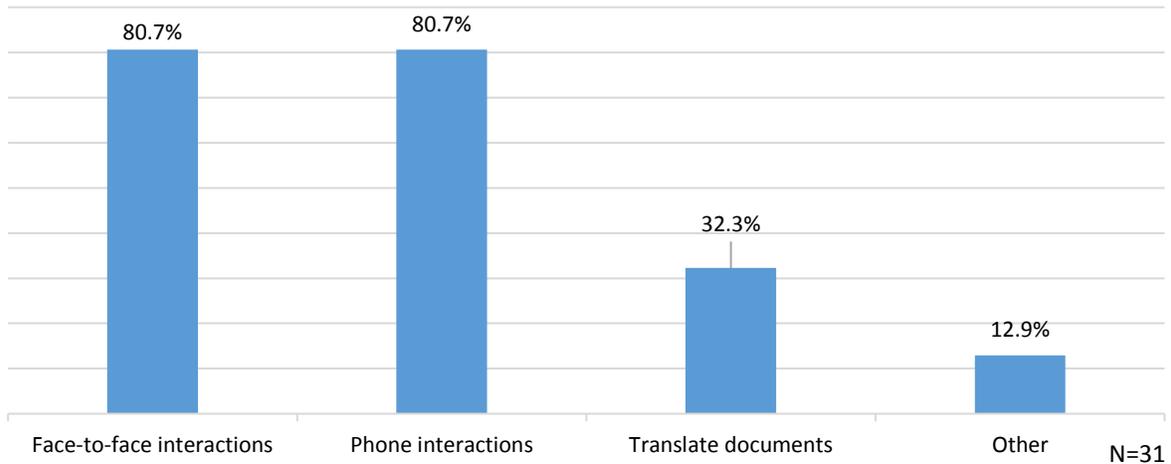
2018 Evaluation of Translation Services

This survey was offered to program managers and supervisors at Butte County Behavioral Health in the summer of 2018. There were **31 surveys** taken.

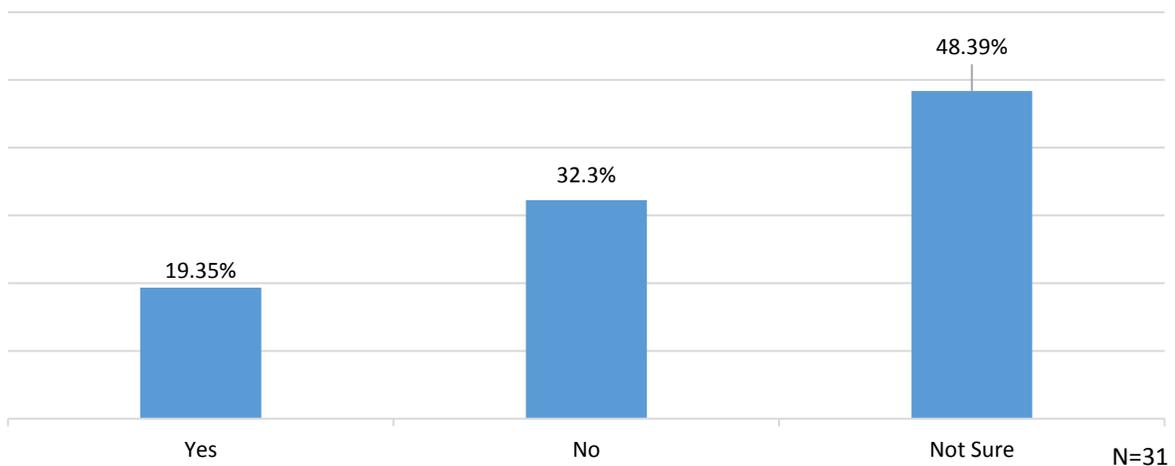
Outcomes



What activities do you utilize bilingual staff for? (check all that apply)



Do you utilize staff that have not been certified for translation?





Comments:

1. Often on the crisis line, we have to maintain a crisis caller while accessing the language line for help with translation, and the efficiency and positive attitude of the language line staff is incredible!
2. ASL tele-med doctors. Easier access to Spanish and mong speaking translators (especially when working with families).
3. The most frequent interpreters we have needed were ASL interpreters.
4. We have staff as long as they stay, if one leaves will need a replacement, however our language needs beyond English are fairly minimal
5. We need Spanish and ASL.
6. ASL
7. Behavioral health workers should be used for translation services as opposed to a clinician who could be billing at a higher rate for therapy.
8. We have a Hmong MRT and counselor but are losing our Hmong speaking clinician so we can make do for now
9. In crisis we run 24/7 so increased access at any time of day or night (including weekends and holidays) would be great. Maybe even a pay differential if a translator works in the evening/weekends.

10. We have had a few instances, one in particular recently, working with a client who only utilizes ASL (American Sign Language) - we had to literally hand write everything to communicate and this was quite slow and tedious I had the opportunity to go to the doctor and hospital in Oroville with the client where a tele-translator was used on an ipad and it was amazing the ease we were able to communicate with the client, what had taken us several days to determine through tedious hand writing that was frustrating and painful for the client was expressed in moments utilizing the tele-translator and we were able to better answer the client's questions because we could better understand what she had been trying to tell us - I do not know the name of the company that AMPLA Health in Oroville or the Oroville ER used but the contact number to reach that translation company is: 1 (877) 342-1523 and the company offers 24 hour services I would highly recommend having access to such a service - it would have saved valuable time and likely enabled us to get much more done for this client if we had been able to access a translator more efficiently and had one readily available at the touch of a button as it was through the service Oroville had. We literally turned on an ipad, pushed the ASL button on the screen and an interpreter was there on screen and ready to assist - BEST THING EVER!

New Employee Orientation: Cultural Competency



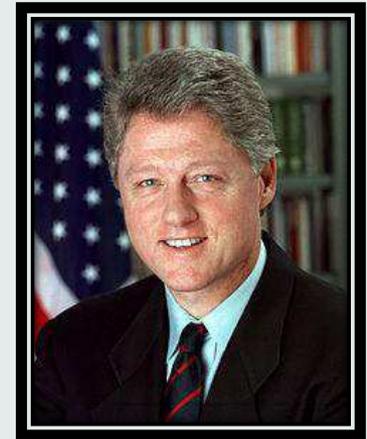
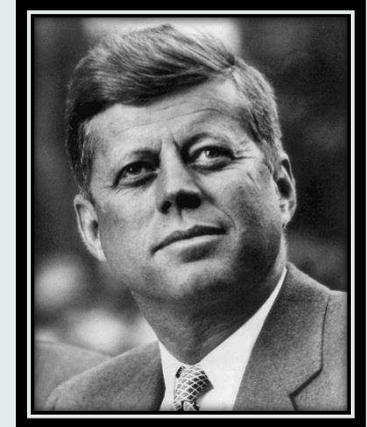
Cultural Competency

Holli Drobny, Community Services Program Manager
Mental Health Services Act
Cultural Competency

Introduction to Federal and State Guidelines Regarding Cultural Competency

Federal Authority

- Title VI of the Civil Rights Act of 1964
 - Prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance.
 - *"Simple justice requires that public funds, to which all taxpayers of all races [colors, and national origins] contribute, not be spent in any fashion which encourages, entrenches, subsidizes or results in racial [color or national origin] discrimination"*
- Executive Order 13166, August 2000
 - Federal agencies must examine the services they provide, identify any need for services to those with limited English proficiency (LEP), and develop and implement a system to provide those services so LEP persons can have meaningful access to them.



State Authority

- California Code of Regulations, Title 9, Rehabilitative and Developmental Services
 - Section 1810.410, Cultural and Linguistic Requirements
 - Each Mental Health Plan (MHP) shall comply with:
 - Cultural competence and linguistic requirements included in the contract between the MHP and the Department
 - The MHP's **Cultural Competence Plan**



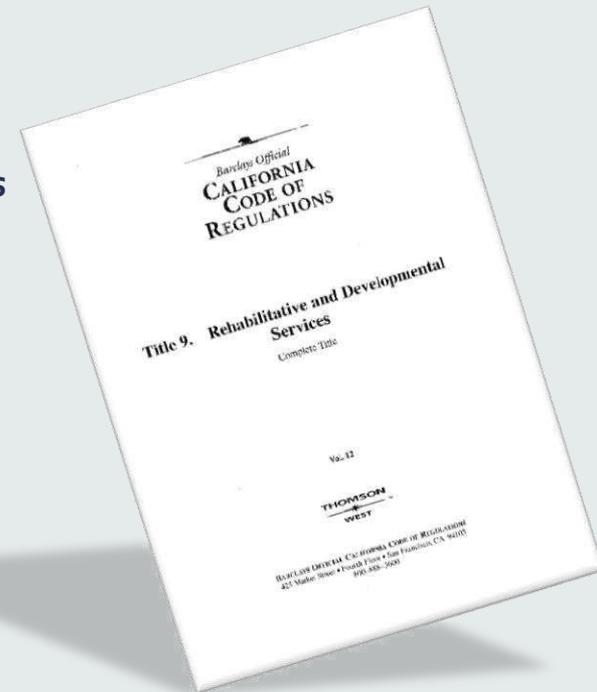
Definitions

- **Primary language:** language, including sign language, which must be used by the beneficiary to communicate effectively.
- **Threshold Language:** a language that has been identified as the primary language of 3,000 beneficiaries *or* five percent of the beneficiary population, in an identified geographic area.
 - Butte County threshold languages:
 - English
 - Spanish
 - Hmong (unofficially)
- **Key points of contact** means common points of access to specialty mental health services from the MHP
 - Problem resolution process,
 - County owned or operated or contract hospitals
 - Central access locations

Title IX Requirements

Each MHP shall have:

1. A statewide, toll-free telephone number.
2. Oral interpreter services in threshold languages at **key points of contact** available to assist beneficiaries whose **primary language** is a **threshold language** to access the services available.
3. Policies and procedures to assist beneficiaries who need oral interpreter services in languages other than **threshold languages** to access the services available through that **key point of contact**.
4. General program literature used to assist beneficiaries in accessing services:
 - Beneficiary brochure
 - Materials explaining the beneficiary problem resolution and fair hearing processes
 - Mental health education materials in threshold languages



Cultural Competence Plan

Each MHP shall develop and implement a Cultural Competence Plan that includes the following components:

1. Objectives and strategies for improving cultural competence based on the assessments required and the established standards.
2. A population assessment and an organizational and service provider assessment focusing on issues of cultural competence and linguistic capability.
3. A listing of specialty mental health services and other MHP services available for beneficiaries in their primary language by location of the services.
4. A plan for cultural competency training for the administrative and management staff of the MHP, the persons providing specialty mental health services employed by or contracting with the MHP.

Cultural Competence Plan

Department of Health Care Services

Criterion

- Department of Health Care Services established eight Cultural Competence Plan Criterion based on (2001) National Standards For Culturally and Linguistically Appropriate Services in Health Care (CLAS).
- The **National CLAS Standards** are a set of 15 action steps intended to *advance health equity, improve quality, and help eliminate health care disparities* by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services.



CCPR Criterion

These eight Criterion are a mechanism to examine where counties lie on the scale of cultural competence.

An assessment portion of the Cultural Competence Plan will identify areas the county may need resources, supports, and leverage to support its efforts in operationalizing cultural competence.

- CRITERION 1: Commitment to Cultural Competence
- CRITERION 2: Updated Assessment of Service Needs
- CRITERION 3: Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities
- CRITERION 4: Client/Family Member/Community Committee: Integration of the Committee within the County Mental Health System
- CRITERION 5: Culturally Competent Training Activities
- CRITERION 6: County's Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff
- CRITERION 7: Language Capacity
- CRITERION 8: Adaptation of Services

Butte County Behavioral Health

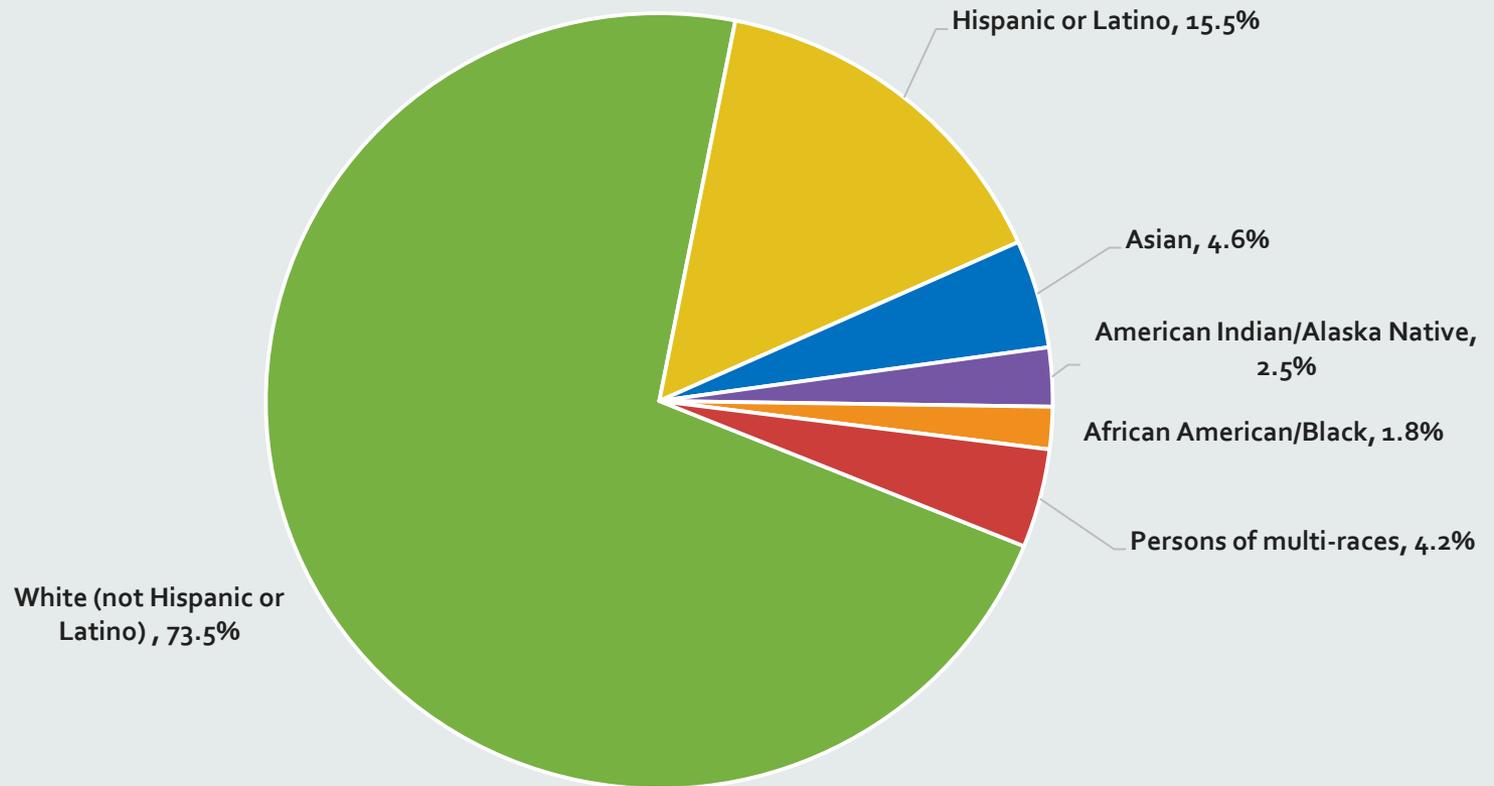
Commitment to Cultural Diversity

Culture: the customary beliefs, social forms, and material traits of a racial, religious, or social group; also : the characteristic features of everyday existence (such as diversions or a way of life) shared by people in a place or time

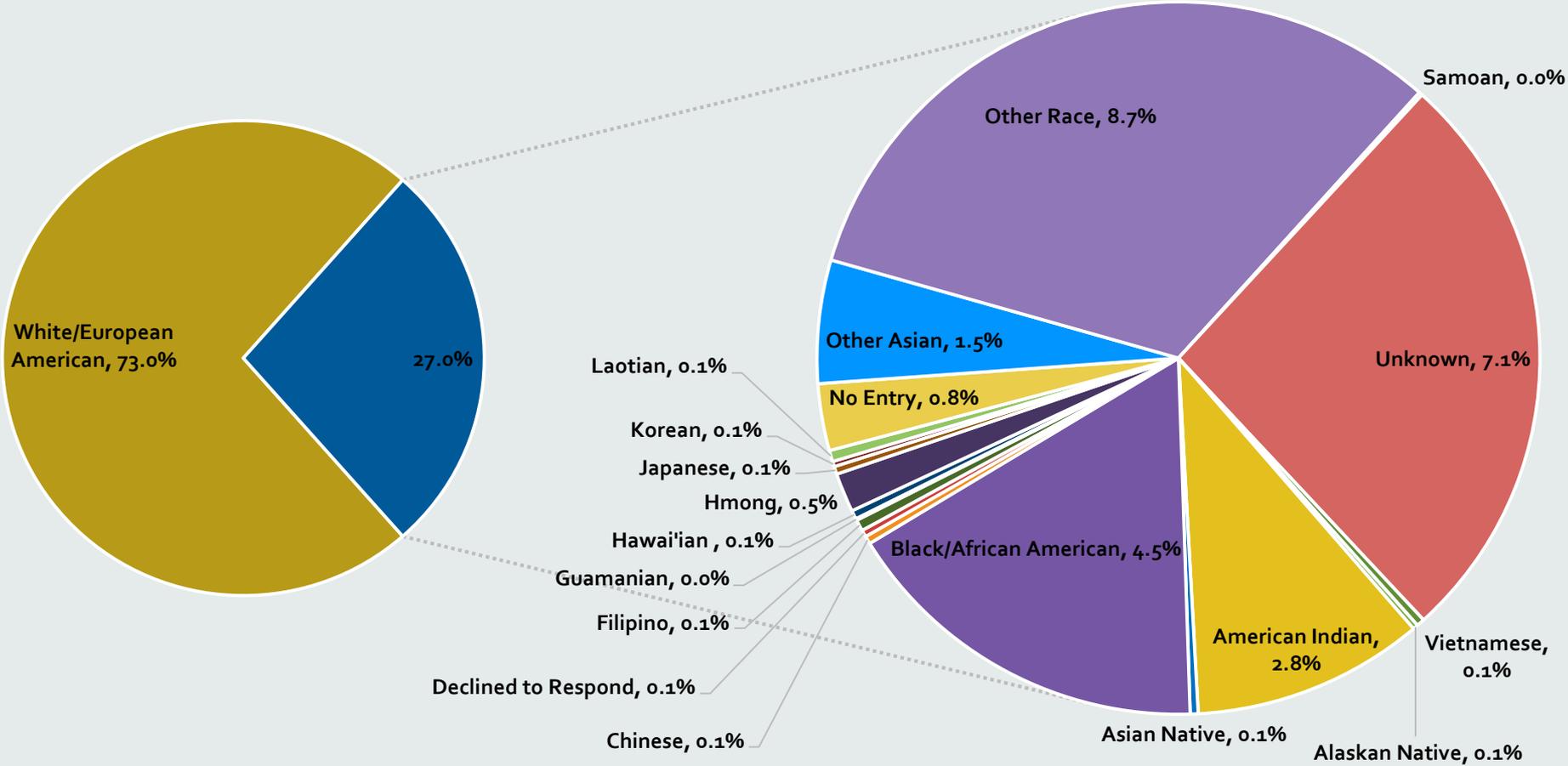
What culture(s) do you identify with?

- Religion
- Race
- Socio-economic status
- Age
- Sexual Orientation
- Ethnicity
- Education
- Family History
- Disability
- Gender
- Nationality
- Generation

Butte County Population by Race/Ethnicity, United States Census Bureau, 2014



Butte County Behavioral Health Consumer Race Distribution for Fiscal Year 2015-2016



Why is Cultural Competency Important?

Health disparity is defined as “a particular type of **health difference** that is closely linked with social, economic, and/or environmental disadvantage.

Health disparities adversely affect **groups of people who have systematically experienced greater obstacles to health** based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other **characteristics historically linked to discrimination or exclusion.**”

Why is Cultural Competency Important?

Influences on overall health include the **availability of and access to:**

- High-quality education
- Nutritious food
- Decent and safe housing
- Affordable, reliable public transportation
- **Culturally sensitive health care providers**
- Health insurance
- Clean water and non-polluted air

Known Mental Health Disparities

- **Veterans** exhibit significantly higher suicide risk compared with the US general population
- **Non-Spanish speaking Latino immigrants**, who are eligible for county mental health services, are struggling to access care because few providers speak their indigenous languages
- **California's lesbian, gay, bisexual, transgender, queer, and/or questioning communities (LGBTQ)** have disproportionately higher rates of poverty, suicide, homelessness, isolation, substance abuse, and trauma associated with violence
- Certain groups, such as **transgender people of color** and **LGBTQ youth**, experience cultural stigma and high rates of suicide

Known Mental Health Disparities

According to Substance Abuse and Mental Health Services Administration (SAMHSA):

- Over 70% of **Black/African American** adolescents with a major depressive episode did not receive treatment for their condition.
- Almost 25% of adolescents with a major depressive episode in the last year were **Hispanic/Latino**.
- **Asian American** adults were less likely to use mental health services than any other racial/ethnic groups.
- In the past year, nearly 1 in 10 **American Indian or Alaska Native** young adults had serious thoughts of suicide.

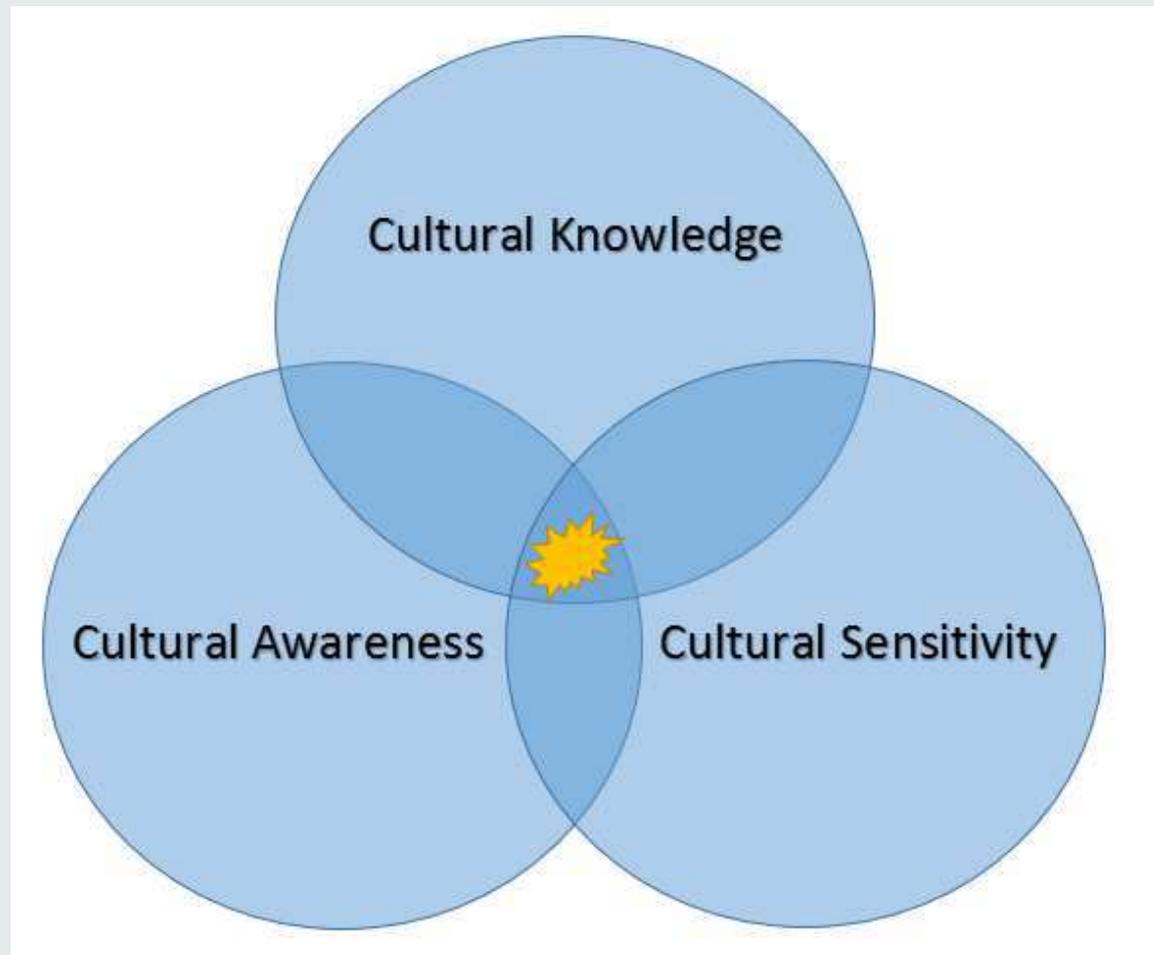
Our Commitment to Cultural Competence

"Developing cultural competence is an ongoing process that begins with cultural awareness and a commitment to understanding the role that culture plays in behavioral health services."

*Substance Abuse and
Mental Health Services
Administration:
Improving Cultural
Competence*

- **Value Diversity:** in order to establish the policies and procedures needed to become culturally competent
- **Have the Capacity for Cultural Self-Assessment:** establish and understand organizational identity in order to develop and implement goals
- **Be Conscious of the Dynamics Inherent When Cultures Interact:** how and where services are provided are critical to service delivery
- **Institutionalize Cultural Knowledge:** all levels of the organization must be culturally aware
- **Adapt Service Delivery Based on Understanding of Cultural Diversity:** programs and services are delivered in a way that reflects the culture and traditions of the people served

Framework for Building Cultural Competence



Cultural Trainings

It is required that all employees attend one cultural competency training per fiscal year

The Department will offer multiple trainings through:

- Relias
- In-person training
- Webinars
- Grand Rounds

Out4MentalHealth
LGBTQ Awareness, Sensitivity, & Competency
Training Hosted by Butte County Behavioral Health
2445 Carmichael Drive, Chico, CA 95925
Tuesday, August 21, 2018 from 10am - 12pm and 1:00 - 3:30pm
BCDBH Staff Register in Relias Learning
Non-BCDBH Staff Register by sending an email to BCDBHTraining@ButteCounty.net
Training Qualifies for 4.5 CEUs

Target Audience: Providers, organizational leadership, MHSA /WET coordinators, human resources staff, clinicians and clinical staff, mental health workers, social workers and case managers

This highly interactive training leads participants through the foundational steps of LGBTQ cultural competence, while creating a learning environment that is safe, fun, and comfortable for attendees who may have varying degrees of knowledge or comfort with this subject matter. This training gives staff members a better understanding of sexual orientation and gender identity, addresses myths and negative stereotypes about LGBTQ individuals, and helps develop core competencies towards reducing LGBTQ mental health disparities.

#Out4MentalHealth is a collaborative program funded by the California Mental Health Services Act (Prop 63) and the Mental Health Services Oversight and Accountability Commission (MHSOAC)

CALIFORNIA LGBTQ HEALTH AND HUMAN SERVICES NETWORK
NorCal MLHA
MHSOAC Mental Health Services Oversight & Accountability Commission

For CEUs, Butte County Department of Behavioral Health is herein referred to as "Provider". This course meets the qualifications for four and a half (4.5) hours of continuing education credit for LMFTs, LCSWs, LPCs, and/or LEPs as required by the California Board of Behavioral Sciences. Butte County Department of Behavioral Health is approved by the California Association of Marriage and Family Therapists, Provider # 134658, to sponsor continuing education for LMFTs, LCSWs, LPCs, and/or LEPs. Provider is approved by the California Consortium of Addiction Programs and Professionals (CCAP), Provider # 5-05-879-1215, for four and a half (4.5) Contact Hours. Provider is approved by the California Board of Registered Nursing, Provider # CEP15072, for four and a half (4.5) Contact Hours. Butte County Department of Behavioral Health maintains responsibility for this program/course and its content. Course completion certificates will be awarded upon completion of the course and the course evaluation within three weeks following the date of the training.

Butte County Cultural Competency Committee is excited to announce the return of

GRAND ROUNDS TRAININGS

Beginning Quarterly in 2018

"The Cultural Competence Committee works to enhance the behavioral health system of care by reducing behavioral healthcare disparities through collaborating with diverse populations and sharing diverse perspectives. This committee takes ownership of promoting cultural understanding and appreciation through education, advisement, and recommendations of culturally sensitive policies and practices to our community. This committee strives to recognize personal and social biases and to consciously build respectful interactions."

UPCOMING TRAININGS

- MARCH 22, 2018
NAMI
- MAY 17, 2018
HONG KONG CULTURAL CENTER
- AUGUST 16, 2018
AFRICAN AMERICAN FAMILY & CULTURAL CENTER
- NOVEMBER 15, 2018
STONEWALL ALLIANCE

Butte County BEHAVIORAL HEALTH
Register for these free trainings via Relias

Community Based Cultural Programs

- Promotores
- Zoosiab- Hmong Cultural Center
- African American Family & Cultural Center
- National Alliance Mental Illness
- Stonewall Alliance
- Passages- Older Adult Outreach
- 6th St Drop-in Center for Homeless Youth
- Wellness Centers:
 - Iversen- Chico
 - The HUB- Paradise
 - Oroville Wellness & Recovery

Oroville & Gridley Livespot

*These programs are supported through Butte County funding from the Mental Health Services Act

Cultural Competence Committee

- The Cultural Competency Committee (CCC) includes various community members, cultural organizations, and BCDBH staff.
- The CCC is designed to include representatives from local racial, ethnic, and cultural groups to ensure an accurate representation of the diversity in Butte County and the client's we serves.

Current Representatives

African American	Homeless Shelter
BCDBH Cultural Competency Coordinator	Latino/a--Spanish Speaker
BCDBH Systems Performance Unit Analyst	LGBTQ+
BCDBH Training Coordinator	Native American
BCDBH Quality Management	Older Adult
Consumer/Wellness Center	Public Health Department
Family Member	Substance Use Disorder
Foster Care Advocate	Veterans Services Officer
Hmong	Youth, Homeless

Translation Services

- Bilingual Staff Pay Differential
- Contracted translators
 - Translator List on the intranet
- Language Line Solutions
- Materials provided in Spanish and Hmong



Thank you

Cultural Competency Committee Meeting Information



Cultural Competence Committee

Thursday, January 18th, 2018

3:30-5pm

"The Cultural Competence Committee works to enhance the behavioral health system of care by reducing behavioral healthcare disparities through collaborating with diverse populations and sharing diverse perspectives. This committee takes ownership of promoting cultural understanding and appreciation through education, advisement, and recommendations of culturally sensitive policies and practices to our community. This committee strives to recognize personal and social biases and to consciously build respectful interactions."

- 1) Welcome/Sign-in
 - a. Introductions
 - b. Announcements
- 2) Grand Rounds Trainings
 - a. Staff request
 - b. CEU's
- 3) Cultural Competency Plan Review



Cultural Competence Committee Meeting Notes— 1/18/18

Mission Statement:

“The Cultural Competence Committee works to enhance the behavioral health system of care by reducing behavioral healthcare disparities through collaborating with diverse populations and sharing diverse perspectives. This committee takes ownership of promoting cultural understanding and appreciation through education, advisement, and recommendations of culturally sensitive policies and practices to our community. This committee strives to recognize personal and social biases and to consciously build respectful interactions.”

Core Values:

Respect	Celebration
Honor	Collaboration
Dignity	Humility
Wellness	

- 1) **Grand Rounds Trainings:** Draft of schedule was given out; NAMI requested to be moved to March instead of February. Bridgette (BCDBH) discussed requirements to offer CEU for each presentation which included presenters' bio and resume, and overview of training with learning objectives. The presentations are usually 2 hours and there was a general agreement that 3 – 5 pm was a good time. Discussions of being able to offer them in different towns; each presenter will decide and consider offering it more than once. Tentative schedule: NAMI – March, Hmong Cultural Center – May, African American Family & Cultural Center – August, and Stonewall Alliance – November.
- 2) **Cultural Competency Plan Review:** Discussion of plan; addressed how Native Americans were not represented in receiving funds due to a grant funded program addressing this need at the time of MHSa plan and now that program no longer exists. Further discussion on this topic will take place.
- 3) **Next Meeting:** April 19th, 2018 from 3:30 – 5 pm.

Overall Goals/Objectives of Committee

- Educate Community
- Link Organizations together and create better connections with each other (Put a link to other organizations on each other's websites)
- Review and provide feedback on grant applications and policies.
- Create a letter of support that can be attached to grant applications that we feel promote access to underserved populations and are culturally sensitive.
- System for information to flow within committee and community
 - a. Newsletter? Facebook? Email Chain?
- Develop Culturally relevant trainings that are specific to Butte County
- Share success stories at committee meetings

Actions

- Start sign-up sheet for organizations to present on their program and/or invite committee to tour facility.



Cultural Competence Committee Meeting Notes— 1/18/18

- Continue recruiting for open positions
 - American Indian representative
 - SUD representative

CULTURAL COMPETENCE COMMITTEE ROSTER



MEMBER NAME	ORGANIZATION	EMAIL	POPULATION	INITIAL
Carmona, Natalia	Northern Valley Catholic Social Services	ncarmona@ncvss.org	Spanish Speaking- Teenage Pregnancy and Parenting	NC
Cavanaugh, Daniel	Torres Shelter	dcavvy@yahoo.com	Homeless Shelter	
Cramer, Celeste	BCDBH	ccramer@buttecounty.net	Research and Evaluation	CC
Drobny, Hollie	BCDBH	hdrobny@buttecounty.net	BCDBH Cultural Competency Coordinator	DM
Duncan, Greg	DESS/Veterans Officer	gduncan@buttecounty.net	Veterans	GD
Glass, Leslie	Patient's Rights-BCDBH QM	lglass@buttecounty.net	Consumer Advocate	
Gonzales, Joyce	North Valley Indian Health	jgonzales@nvih.org	Native American	
Jones, Bobby	African American Family and Cultural Center	bjones@aafcc-oroville.org	African American	
Jorth, Nancy	Youth for Change	njorth@youth4change.org	Youth, Homeless	
Kelem, Tom	Stonewall Alliance	tkelem@stonewallchico.org	LGBTQ	TK
McBride, Rachel	Four Winds of Indian Education	rachel.4winds@gmail.com	Native American	RM
Morgado, Sherry	Public Health	smorgado@buttecounty.net	Public Health	
Peterson, Denise	Iversen Center	dpeterson@buttecounty.net	Consumer/Wellness	

Bertrand, Coara

" "

cbertrand@ncvss.org

" "

CB

Phipps, Colleen	NAMI	cmphipp@csuchico.edu	Family Member	
Simmons, Shannon	Passages	slsimmons@csuchico.edu	Older Adults	
Stofa, Jen	BCDBH	jstofa@buttecounty.net	Substance Use Disorder	
Tribble, Brigitte	BCDBH	btribble@buttecounty.net	Training Coordinator	
Velzquez, Veronica	Northern Valley Catholic Social Services	vvelazquez@nvcss.org	Spanish Speaking	
Yang, Seng	Hmong Cultural Center	ssyang@hmongculturalcenter.net	Hmong	
Zinn, Sesha	BCDBH	szinn@buttecounty.net	Foster Care	

Proposed Additions:

Amara, Irma	Four Winds of Indians Educ. Inc	irma.4winds@gmail.com	American Indian	BA
Reynoso, Lorena	Northern Valley Catholic Social Service	lreynoso@nvcss.org	Promotoras	



Cultural Competence Committee

Thursday, April 19th, 2018

3:30-5pm

"The Cultural Competence Committee works to enhance the behavioral health system of care by reducing behavioral healthcare disparities through collaborating with diverse populations and sharing diverse perspectives. This committee takes ownership of promoting cultural understanding and appreciation through education, advisement, and recommendations of culturally sensitive policies and practices to our community. This committee strives to recognize personal and social biases and to consciously build respectful interactions."

- 1) Welcome/Sign-in
 - a. Introductions/Announcements
 - b. Cultural Competency Champion

- 2) California Institute Behavioral Health Solutions Ethnic Services Manager Training
 - a. Lessons learned

- 3) Strategic Plan to Reducing Mental Health Disparities
 - a. Committee considerations

- 4) MHSA Community Input Update
 - a. Review presentation and survey



Cultural Competence Committee Meeting Notes— 4/19/18

Mission Statement:

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Core Values:

Respect
Honor

Celebration
Collaboration

Dignity
Wellness

Humility

Overall Goals/Objectives of Committee

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- Create a letter of support that can be attached to grant applications that we feel promote access to underserved populations and are culturally sensitive.
- System for information to flow within committee and community
 - a. Newsletter? Facebook? Email Chain?
- Develop Culturally relevant trainings that are specific to Butte County
- Share success stories at committee meetings

Meeting Notes:

- 1) **California Institute Behavioral Health Solutions Ethnic Services Manager Training:** Lessons learned, including report out on the Keynote Speaker, Kenneth Hardy. The committee is considering a co-chair position to help lead and direct the committee. This co-chair should be a community member who is not employed at BCDBH.
- 2) **CPEHN Strategic Plan to Reducing Mental Health Disparities:** Discussion of strategic plan; are there any goals or steps that we want to examine as a committee and enact change in our County through the Plan's recommendations?
- 3) **MHSA Community Input Update:** Reviewed MHSA Annual Update Community Collaboration presentation. This presentation provided budget and program updates for Fiscal Year 2018-2019. The Committee was asked to complete the Feedback Survey at the end of the presentation.
- 4) **Next Meeting:** July 19th, 2018 from 3:30 – 5 pm.

Actions

- Consider co-chair.
- Review Strategic Plan to Reduce Mental Health Disparities and choose an initiative to implement.

CULTURAL COMPETENCE COMMITTEE ROSTER



MEMBER NAME	ORGANIZATION	EMAIL	POPULATION	INITIAL
			Veterans	
Amaro, Irma	Four Winds of Indian Education, Inc.	Irma.4winds@gmail.com	American Indian	
Bertrand, Corla	Northern Valley Catholic Social Services	cbertrand@ncvss.org	Wellness Center, Consumer Advocate	
Carmona, Natalia	Northern Valley Catholic Social Services	ncarmona@ncvss.org	Spanish Speaking, Teenage Pregnancy and Parenting	
Cavanaugh, Daniel	Torres Shelter	dcavvy@yahoo.com	Consumer Homelessness	
Cramer, Celeste	BCDBH	ccramer@buttecounty.net	Research and Evaluation	
Drobny, Holli	BCDBH	hdrobny@buttecounty.net	Cultural Competency Coordinator	
Gonzales, Joyce	North Valley Indian Health	jgonzales@nvih.org	Native American	
Jones, Bobby	African American Family and Cultural Center	bjones@aafcc-oroville.org	African American	
Jorth, Nancy	Youth for Change	njorth@youth4change.org	Youth, Homeless	
Kelem, Tom	Stonewall Alliance	tkelem@stonewallchico.org	LGBTQ	
McBride, Rachel	Four Winds of Indian Education	rachel.4winds@gmail.com	Native American	

Morgado, Sherry	Public Health	smorgado@buttecounty.net	Public Health	
Peterson, Denise	Iversen Center	dpeterson@buttecounty.net	Wellness Center, Consumer Advocate	
Phipps, Colleen	NAMI	cmhipps@csuchico.edu	Family Member	
Reynoso, Lorena	Northern Valley Catholic Social Services	lreynoso@nvcss.org	Spanish Speaking, Promotores	
Simmons, Shannon	Passages	slsimmons@csuchico.edu	Older Adults	
Stofa, Jen	BCDBH	jstofa@buttecounty.net	Substance Use Disorder	
Tribble, Brigitte	BCDBH	btribble@buttecounty.net	Training Coordinator	
Velquez, Veronica	Northern Valley Catholic Social Services	vvelazquez@nvcss.org	Spanish Speaking, Promotores	
Wilson, Bianca	Patient's Rights-BCDBH QM	bwilson@buttecounty.net	Spanish Speaking, Patient's Rights Advocate	
Yang, Seng	Hmong Cultural Center	ssyang@hmongculturalcenter.net	Hmong	
Zinn, Sessa	BCDBH	szinn@buttecounty.net	Foster Care Advocate	

Proposed Additions:



Cultural Competence Committee

Thursday, July 19th, 2018

3:30-5pm

"The Cultural Competence Committee works to enhance the behavioral health system of care by reducing behavioral healthcare disparities through collaborating with diverse populations and sharing diverse perspectives. This committee takes ownership of promoting cultural understanding and appreciation through education, advisement, and recommendations of culturally sensitive policies and practices to our community. This committee strives to recognize personal and social biases and to consciously build respectful interactions."

- 1) Welcome/Sign-in
 - a. Introductions/Announcements

- 2) Grand Rounds Trainings
 - a. African American Family & Cultural Center (AUG 16)

- 3) Strategic Plan to Reducing Mental Health Disparities
 - a. Committee considerations?

- 4) Review Triennial Protocol



Cultural Competence Committee Meeting Notes— 7/19/18

Mission Statement:

“The Cultural Competence Committee works to enhance the behavioral health system of care by reducing behavioral healthcare disparities through collaborating with diverse populations and sharing diverse perspectives. This committee takes ownership of promoting cultural understanding and appreciation through education, advisement, and recommendations of culturally sensitive policies and practices to our community. This committee strives to recognize personal and social biases and to consciously build respectful interactions.”

Core Values:

Respect
Honor

Celebration
Collaboration

Dignity
Wellness

Humility

Overall Goals/Objectives of Committee

- Educate Community
- Link Organizations together and create better connections with each other (Put a link to other organizations on each other's websites)
- Review and provide feedback on grant applications and policies.
- Create a letter of support that can be attached to grant applications that we feel promote access to underserved populations and are culturally sensitive.
- System for information to flow within committee and community
 - Newsletter? Facebook? Email Chain?
- Develop Culturally relevant trainings that are specific to Butte County
- Share success stories at committee meetings

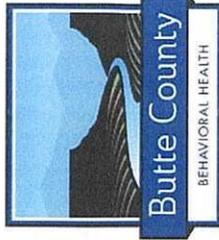
Meeting Notes:

- 1) **Intros/Announcements:** Kris from Stonewall Alliance shared success story about crisis services excelling in LGBT*QI services, Family Fun Day at Hmong Cultural Center announced for Aug. 12.
- 2) **Grand Rounds Trainings:** African American Family & Cultural Center training moved from Aug. 16 -> Aug. 23, ideas then generated for future trainings including: Cultural Poverty Training (Stonewall), Scheduling Butte College Student Equity Program Speakers for training while in town (Public Health), Working with previously incarcerated individuals (Bianca), Cultural Proficient Professional testimonies shared and proposed for internal and public training, Training for ACES and Attachment in our DNA proposed, Public Health cultural program training proposed for co-op.
- 3) **Strategic Plan to Reducing Mental Health Disparities:** Displayed and talked-over packet, majority had not read yet.
- 4) **Review Triennial Protocol:** Reviewed audit protocols.
- 5) **Next Meeting:** October 18th, 2018 3:30 – 5 PM

Actions

- Contact Kris (Stonewall) for co-chair position
- Resend link to MHD Strategic Plan PDF

CULTURAL COMPETENCE COMMITTEE ROSTER



MEMBER NAME	ORGANIZATION	EMAIL	POPULATION	INITIAL
			Veterans	
	Stonewall Alliance		LGBTQ	
Amaro, Irma	Four Winds of Indian Education, Inc.	Irma.4winds@gmail.com	American Indian	IA
Bertrand, Corla	Northern Valley Catholic Social Services	cbertrand@ncvss.org	Wellness Center, Consumer Advocate	CB
Rodriguez, Brisa Carmona, Natalia	Northern Valley Catholic Social Services	ncarmona@ncvss.org	Spanish Speaking, Teenage Pregnancy and Parenting	Brisa Rodriguez
Cavanaugh, Daniel	Torres Shelter	dcavvy@yahoo.com	Consumer Homelessness	
Cramer, Celeste	BCDBH	ccramer@buttecounty.net	Research and Evaluation	CC
Drobny, Holli	BCDBH	hdrobny@buttecounty.net	Cultural Competency Coordinator	HD
Jong, Tesi Gonzales, Joyce	North Valley Indian Health	tesij.jong@nvi.h.org jgonzales@nvi.h.org	Native American	
Jones, Bobby	African American Family and Cultural Center	bjones@aafcc-oroville.org	African American	
Jorth, Nancy	Youth for Change	njorth@youth4change.org	Youth, Homeless	
Kennedy, Ryan	BCDBH	rkennedy@buttecounty.net	MHSA Administration	RK

McBride, Rachel	Four Winds of Indian Education	rachel.4winds@gmail.com	Native American
<i>Wendy Kaplan</i> Morgado, Sherry	Public Health	smorgado@buttecounty.net <i>wkaplan</i>	Public Health
Peterson, Denise	Iversen Center	dpeterson@buttecounty.net	Wellness Center, Consumer Advocate
Phipps, Colleen	NAMI	cmphipps@csuchico.edu	Family Member
<i>YOUNG KES</i> Reynoso, Lorena	Northern Valley Catholic Social Services	lreynoso@nvcss.org	Spanish Speaking, Promotores
Simmons, Shannon	Passages	slsimmons@csuchico.edu	Older Adults
Stofa, Jen	BCDBH	jstofa@buttecounty.net	Substance Use Disorder
Tribble, Brigitte	BCDBH	btribble@buttecounty.net	Training Coordinator
Velzquez, Veronica	Northern Valley Catholic Social Services	welazquez@nvcss.org	Spanish Speaking, Promotores
Wilson, Bianca	Patient's Rights-BCDBH QM	bwilson@buttecounty.net	Spanish Speaking, Patient's Rights Advocate
Yang, Seng	Hmong Cultural Center	ssyang@hmongculturalcenter.net	Hmong
Zinn, Sessa	BCDBH	szinn@buttecounty.net	Foster Care Advocate

Proposed Additions:

<i>Kris Kidd</i>	<i>Stonewall</i>	<i>kekidd@stonewallchico.org</i>	<i>LGBTQ+</i>
<i>Marli Tourville</i>	<i>- intern</i>		
<i>Lori Brown</i>	<i>Stonewall</i>	<i>lbrown@stonewallchico.org</i>	<i>LGBTQ+ for</i>



Cultural Competence Committee

Wednesday, January 9th, 2019

10:30am - 12:00pm

"The Cultural Competence Committee works to enhance the behavioral health system of care by reducing behavioral healthcare disparities through collaborating with diverse populations and sharing diverse perspectives. This committee takes ownership of promoting cultural understanding and appreciation through education, advisement, and recommendations of culturally sensitive policies and practices to our community. This committee strives to recognize personal and social biases and to consciously build respectful interactions."

- 1) Welcome/Sign-in
 - a. Introductions/Announcements
- 2) Organizational Assessment Results and Feedback
 - a. Consumer
 - b. Staff
- 3) Cultural Competence Plan
- 4) Grand Rounds Trainings for 2019
 - a. Latino Cultural Training date (was November)
- 5) Co-Chair discussion
- 6) MHSA Community Input Meetings



Cultural Competence Committee Meeting Notes— 1/9/19

Mission Statement:

“The Cultural Competence Committee works to enhance the behavioral health system of care by reducing behavioral healthcare disparities through collaborating with diverse populations and sharing diverse perspectives. This committee takes ownership of promoting cultural understanding and appreciation through education, advisement, and recommendations of culturally sensitive policies and practices to our community. This committee strives to recognize personal and social biases and to consciously build respectful interactions.”

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- Educate Community
- Link Organizations together and create better connections with each other (Put a link to other organizations on each other's websites)
- Review and provide feedback on grant applications and policies.
- Create a letter of support that can be attached to grant applications that we feel promote access to underserved populations and are culturally sensitive.
- System for information to flow within committee and community
 - Newsletter? Facebook? Email Chain?
- Develop Culturally relevant trainings that are specific to Butte County
- Share success stories at committee meetings

Meeting Notes:

- 1) **Intros/Announcements:** Everyone introduced themselves, no announcements made.
- 2) **Organizational Assessment Survey Results:**

- a. **Consumer overview:** Bobby mentioned the 30% of consumers that weren't bothered less by their symptoms. Ryan will drill-down to give deeper analysis of what consumers they are. Next was discussion on the comments that said the surveys don't do anything, brought up by Bridgette. Holli suggested implementing a way to show consumers how we use these surveys and what they do. Next Holli shared news on her new position on the executive team for the cultural competence north of Yuba/Sutter and that this committee can help implement new guidelines through that and also overviewed Criterion 3 of the plan and the possibility of strategies that can be added to that. Next was discussion of general customer service at service locations. Colleen commented that the last 20 years have been bad in this field and that lobbies of service locations can be “intimidating.” Others commented that they are stressful. Celeste commented to have a better environment by decorating correctly with inviting pictures instead of informing posters. Others also commented to have a better ambiance with music and the color of paint. It was suggested by several committee members that BCDBH increase customer service training for front-line staff to address consumer feedback of feeling mistreated in waiting areas of clinics.



Cultural Competence Committee Meeting Notes— 1/9/19

- b. **Staff overview:** Bianca addressed the comments from the survey on bilingual pay and diversity in hiring, commenting that she has conducted several test-calls to BCDBH crisis services and having someone on staff that can speak the caller's language is a polar difference in the outcome of the call. Equality in the diversity of staff compared to consumers was next brought up by Holli. Discussion on how diverse Butte County is and how to implement that in the hiring process. Seng brought up the lack of education in staff about culture and discerned that it must be stepped up. Advertising outside of our community to bring in more diversity to BH and service providers was then brought up by Lori. Celeste pointed out that the housing cost could be a major deterring factor for this currently. Bridgette pointed out the lack of clinicians that have been vacant for some time in regard to staffing problems. Reaching out to Chico State students for extra help and internships was brought up to combat the staffing issue. Booths and presentations to classrooms were suggested. Outreach to the Native American community to fill in the lack of diversity for that population was next brought up by Holli and prompted Irma for discussion. Irma discussed the first choice for their community was Indian Health, but partnering with them for employment advocacy and services was suggested. Also, the discouraging problem of not being able to have duplicate services was next brought up and discussed by Irma as well. Holli suggested a focus-group be set-up for not only the upcoming community meetings but for staff trainings and cultural development. In-person trainings was recommended by Ryan to be a highly mentioned comment in the staff survey.
- 3) **Grand Rounds Trainings:** Holli brought these trainings up next and suggested more frequent occurrences if possible. Hmong cultural center offered an upcoming event to be considered one. Seng talked next about their grant award from the reducing disparities act to develop strategies to be used statewide. Holli expanded on that after. Next, Lori (Stonewall) offered to do the 4th quarter grand round training and Bobby (AAFCC) offered to do the 2nd quarter.
- 4) **Co-Chair:** Bobby and Tessa were in discussion for the position, next, and Bobby offered to do it. He was then applauded which affirmed him to be appointed. Meeting adjourned after.
- 5) **Post Camp-Fire Recovery:** Bianca acknowledged the healing our community is undergoing and asked that members take care of themselves and to honor the needs of our community as all recover from recent disaster. Other group members shared also.
- 6) **Next Meeting:** April, 2019 10:30 – 12 PM

Actions

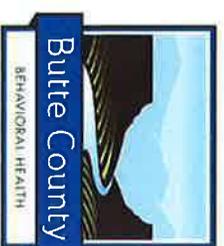
- Holli, Bianca, and Bobby will take part in conference call prior to next CCC Meeting to discuss co-chair role and form action steps.
- Holli, Bianca, and Executive Team members will meet with Native American Counsel next week on 01/17/19 to continue reviewing & discussing Native American Innovation proposal and will bring results & information to next CCC Meeting.



Cultural Competence Committee Meeting Notes— 1/9/19

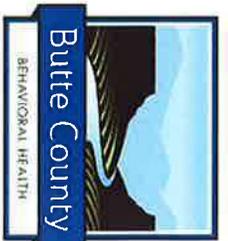
- Holli to follow-up with Hmong Cultural Center re: date of 1st quarter Grand Rounds training and send information out to group.
- Holli to follow-up with CCC members during next meeting about whether having specific focus-group for not only the upcoming community meetings but for staff trainings and cultural development will be appropriate.
- Ryan conduct further analysis of 30% consumers who responded not feeling improvement in symptoms on consumer survey and bring this information to next meeting.

CULTURAL COMPETENCE COMMITTEE ROSTER



MEMBER NAME	ORGANIZATION	EMAIL	POPULATION	INITIAL
Kidd, Kris	Stonewall Alliance	kekidd@stonewallchico.org	LGBTQ	
McBride, Rachel	Four Winds of Indian Education	rachel.4winds@gmail.com	Native American	
Peterson, Denise	Iversen Center	dpeterson@buttecounty.net	Wellness Center, Consumer Advocate	DDP
Phipps, Colleen	NAMI	cmphipp@csuchico.edu	Family Member	CP
Reynoso, Lorena	Northern Valley Catholic Social Services	lreynoso@nvcss.org	Spanish Speaking, Promotores	
Simmons, Shannon	Passages	sjsimmons@csuchico.edu	Older Adults	
Stofa, Jen	BCDBH	jstofa@buttecounty.net	Substance Use Disorder	
Tribble, Brigitte	BCDBH	btribble@buttecounty.net	Training Coordinator	BT
Velzquez, Veronica	Northern Valley Catholic Social Services	vvelazquez@nvcss.org	Spanish Speaking, Promotores	
Wilson, Bianca	Patient's Rights-BCDBH QM	bwilson@buttecounty.net	Spanish Speaking, Patient's Rights Advocate	BMW
Yang, Seng	Hmong Cultural Center	ssyang@hmongculturalcenter.net	Hmong	SY
Zinn, Sesha	BCDBH	szinn@buttecounty.net	Foster Care Advocate	

Proposed Additions:



CULTURAL COMPETENCE COMMITTEE ROSTER

MEMBER NAME	ORGANIZATION	EMAIL	POPULATION	INITIAL
Amaro, Irma	Public Health Four Winds of Indian Education, Inc.	Irma.4winds@gmail.com	Public Health Veterans American Indian	ASE
Bertrand, Corla	Northern Valley Catholic Social Services	cbertrand@ncvss.org	Wellness Center, Consumer Advocate	
Brown, Lori	Stonewall Alliance	labrown2@stonewallchico.org	LGBTQ	YAE
Carrmona, Natalia	Northern Valley Catholic Social Services	ncarrmona@ncvss.org	Spanish Speaking, Teenage Pregnancy and Parenting	
Cavanaugh, Daniel	Torres Shelter	dcavvy@yahoo.com	Consumer Homelessness	
Cramer, Celeste	BCDBH	ccramer@buttecounty.net	Research and Evaluation	CE
Drobny, Hollie	BCDBH	hdrobny@buttecounty.net	Cultural Competency Coordinator	
<i>UPDATE</i> Gonzales, Joyce	North Valley Indian Health	<i>tesilorenzano14.org</i> jgonzales@nvih.org	Native American	<i>YJ</i>
Jones, Bobby	African American Family and Cultural Center	bjones@aafcc-oroille.org	African American	<i>YB</i>
Jorth, Nancy	Youth for Change	njorth@youth4change.org	Youth, Homeless	
Kennedy, Ryan	BCDBH	rkennedy@buttecounty.net	MHSA Administration	PK

Annual Behavioral Health Staff Trainings

Training Event	Description of Training	How Long & Often	Attendance by Function	# of Attendees and Total	Date of Training	Name of Presenter(s)
Health Equity & Cultural Agility Training	- Laying the Foundation, Understanding Self - Implicit Bias - History, institutionalized discrimination; past and present perspective - Health Equity scenarios and tools	Six & 1/4 hours, once	*Direct Services - County *Direct Services - Contractors *Administration Total Attendees	0 0 2 2	5/26/2017	Julian Newman
LGBTQ+ Stonewall Alliance Cultural Sensitivity Training	LGBT*Q Terms and Definitions; Suicide Prevention & Support; Being and Ally and a Resource to Trans* People.	Two hours, once	*Direct Services - County *Direct Services - Contractors *Administration Total Attendees	11 0 0 11	11/30/2017	Maya Rand
Creating LGBTQ-Affirming Services	- Define terms, identities, and concepts associated with LGBTQ communities - Utilize culturally appropriate language and behavior for working with LGBTQ populations - Describe social determinants of health, disparities, health care access, legal, and policy issues that impact LGBTQ youth communities - Develop culturally competent best practices for working with LGBTQ and gender nonconforming youth and families	Three hours, once	*Direct Services - County *Direct Services - Contractors *Administration Total Attendees	24 0 2 26	1/11/2018	Willy Wilkinson, MPH
Military Cultural Awareness	- Become more informed of Military Cultural Aspects, the differences and similarity of the different branches, and the reality of being a member of the military. - Understand how military life physical and mental stressors impact those in active duty and how the effects on veterans.	Three hours	*Direct Services - County *Direct Services - Contractors	10 0	3/6/2018	Curtis Ketsenburg,

Training Event	Description of Training	How Long & Often	Attendance by Function	# of Attendees and Total	Date of Training	Name of Presenter(s)
Awareness and Clinical Implications	- Learn how to better evaluate clients with a military background and provide culturally informed assessments and treatment plans. - Improve communication with clients with military backgrounds and reduce the stigma and barriers of treatment.	Hours, twice	*Administration Total Attendees	1 11	3/6/2018	CPT, MS
Military Cultural Awareness and Clinical Implications	- Become more informed of Military Cultural Aspects, the differences and similarity of the different branches, and the reality of being a member of the military. - Understand how military life physical and mental stressors impact those in active duty and how the effects on veterans. - Learn how to better evaluate clients with a military background and provide culturally informed assessments and treatment plans. - Improve communication with clients with military backgrounds and reduce the stigma and barriers of treatment.	Three hours, twice	*Direct Services - County *Direct Services - Contractors *Administration Total Attendees	7 1 2 10	3/7/2018	Curtis Ketsenburg, CPT, MS
Trans GNC Week Training: Medical, Mental & Social Health	Legal, Medical, Social, and Clinical Considerations - will focus on: the social context of privilege, heteronormativity, and heterosexism, and their subsequent impact on gender and sexual minority people; obstacles to accessing competent healthcare; hormone treatments, medical protocols and informed consent; the mental health role in transitioning; writing letters; legal and social support; and resources.		*Direct Services - County *Direct Services - Contractors *Administration Total Attendees	4 4	4/6/2018	Javi Pinedo; Heidi Wittenberg; Thomas Satterwhite; Mang Chen; Aydin Olson-Kennedy; Rev. Dr. Katy Valentine; Alex Volzer; KC Covington
Hmong Cultural Center - "Recognizing Mental Health Issues in the Hmong Elder Community"	- Hmong History Historical Trauma Mental Health Zoosiab Program - Video: Through The Camera Lens: Hmong Story By Galen Beery - Providing Culturally Appropriate Services	Two hours, once	*Direct Services - County *Direct Services - Contractors *Administration Total Attendees	18 15 0 33	5/17/2018	Seng Yang & Yia Xiong

Training Event	Description of Training	How Long & Often	Attendance by Function	# of Attendees and Total	Date of Training	Name of Presenter(s)
LGBTQ+ Ally Training	<ul style="list-style-type: none"> -Explain how gender identity and sexual orientation are different but intersecting categories. -Describe the meaning of intersectionality and how it pertains to LGBTQ youth experiences. Discuss the best practices of being an active ally or advocate to LGBTQ youth, while developing an understanding of the challenges they face on various levels: Interpersonal, intrapersonal, institutional, community, and political/social. -Encounter language that might be new to them and develop a framework for understanding the contextual, evolving, dynamic, and often personal nature of the vocabulary we use to describe identity. -Locate many resources for supporting LGBTQ youth and know the audience for each resource (youth, to parents/guardians/family members, peers, and other professionals – teachers, social workers, counselors, medical professionals). 	Two hours, once	<ul style="list-style-type: none"> *Direct Services - County *Direct Services - Contractors *Administration Total Attendees 	<ul style="list-style-type: none"> 11 7 4 22 	8/2/2018	Jeremy T. Goldbach, PhD, LMSW & Shannon L. Dunlap, PhD(c), MSW
How To Support LGBTQ Youth	<ul style="list-style-type: none"> -Describe the services offered by LGBTQ youth-supportive online formats and how youth can access them. -Discuss the challenges facing LGBTQ youth in their home, school and other environments. -Explain the risk factors and warning signs of suicide and how to respond to a youth who is at risk for suicide. -Describe how to respond to a youth who is at risk for suicide and connect them to appropriate resources. -Explain how to create supportive environments for all youth that promote resiliency and decrease the risk for suicide. 	Two hours, once	<ul style="list-style-type: none"> *Direct Services - County *Direct Services - Contractors *Administration Total Attendees 	<ul style="list-style-type: none"> 12 8 1 21 	8/2/2018	Jeremy T. Goldbach, PhD, LMSW & Shannon L. Dunlap, PhD(c), MSW
LGBTQ Awareness, Sensitivity & Competency Training	<ul style="list-style-type: none"> -Increased awareness and knowledge about sexual orientations, such as: lesbian, gay, bisexual individuals, including sexual orientation myths and misconceptions. -Increased awareness and knowledge about gender and gender identities, such as transgender, genderqueer, non-binary and other gender non-conforming identities, including myths and misconceptions. -Increased awareness and knowledge about how to create a welcoming environment for LGBTQ clients and family members. 	Five hours, once	<ul style="list-style-type: none"> *Direct Services - County *Direct Services - Contractors *Administration Total Attendees 	<ul style="list-style-type: none"> 13 15 4 32 	8/21/2018	Poshi Walker, MSW
AAFCC - "Cultural Awareness In The African American	<ul style="list-style-type: none"> - Gain a better understanding to provide services within the African-American community. - Develop tools and strategies to overcome service barriers. - Remove ethnocentricity within service providers. 	Two hours	<ul style="list-style-type: none"> *Direct Services - County *Direct Services - Contractors 	<ul style="list-style-type: none"> 10 1 	8/23/2018	Minister Coleman, Ricky Hodges, &

Training Event	Description of Training	How Long & Often	Attendance by Function	# of Attendees and Total	Date of Training	Name of Presenter(s)
American Community From A Mental Health Perspective"	- Enhance cultural awareness. - Reduce stigma providing service to African-American communities. - Understand triggers and stressors amongst African-Americans.	hours, once	*Administration Total Attendees	18 29	8/29/2018	Nicky Hodges, & Shellyatta Johnson
The Culturally Proficient Professional	Many existing culture trainings provide concrete information about different cultural groups, however, this training is focused on you as a family strengthening professional! In this Culturally Proficient Professional training, you will actively engage in self-reflection while recognizing and challenging your ideas, biases, and beliefs about culture. By the end of this training, you will have identified personal strategies to practice cultural proficiency when partnering with children, families, and community organizations.	Two hours, once	*Direct Services - County *Direct Services - Contractors *Administration Total Attendees	3 0 1 4	8/31/2018	Senta Burton
The Culturally Proficient Professional	Many existing culture trainings provide concrete information about different cultural groups, however, this training is focused on you as a family strengthening professional! In this Culturally Proficient Professional training, you will actively engage in self-reflection while recognizing and challenging your ideas, biases, and beliefs about culture. By the end of this training, you will have identified personal strategies to practice cultural proficiency when partnering with children, families, and community organizations.	Two hours, once	*Direct Services - County *Direct Services - Contractors *Administration Total Attendees	3 0 4 7	10/5/2018	Senta Burton

Training Event	Description of Training	How Long & Often	Attendance by Function	# of Attendees and Total	Date of Training	Name of Presenter(s)
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Determining Language Preference Form

Determining Language Preference



This is a tool to use in determining language being spoken and/or read. To use, simply hand this sheet to the individual and note the language they indicate.

馬克這一個盒子如果你讀或者說華語。

Chinese

Mark this box if you read or speak English.

English

Kos lub voj no yog koj paub twm thiab hais lus Hmoob.

Hmong

もしあなたが日本語を読むか、あるいは話すなら、この箱を特徴づけなさい。

Japanese

만일 당신이 한국어를 읽거나, 말하면 이 박스를 채접해라.

Korean

ການເຮັດເຄື່ອງຫມາຍ ໃສ່ຊ່ອງນີ້ ຖ້າຫາກວ່າທ່ານ
ອານຫລ ເວົ້າ ລາວ

Laotian

Marque esta caja si usted lee o habla español.

Spanish

ทำเครื่องหมาย ช่องนี้ หากคุณ อ่านหรือ พูด
ภาษาไทย

Thai

Dimv naaiv box gongv hnangr mein doq mien, aengx gongv mien waac.

Mien

Translator List

**Butte County Department of Behavioral Health
FY 2018-2019 Translator/Interpreter List**

Please try to use the **BOLDED and underlined** translators primarily as they are under contract.

TRANSLATOR INTERPRETER	PHONE/EMAIL	AVAILABILITY	NOTES
American Sign Language (ASL)			
<u>NorCal Service for Deaf & Hard of Hearing</u>	(916) 349-7525 ssnapp@norcalcenter.org	24/7	Use request form; Spoken English to ASL, vice versa
Alternative Language			
<u>Language Line</u>	(800)752-6096	24/7	Phone translation services Multiple languages
TDD/TTY Telephone Service*	(800) 735-2929 (800) 735-2922 (voice call)	24/7	Statewide access
Hmong			
<u>Hmong Cultural Center Seng Yang</u>	(530) 534-7474 info@hmongculturalcenter.com	24/7	Translate documents/Hmong to English/English to Hmong
Laotian			
Seng Gaine Saechao	(530) 990-2186 (530) 534-0229	Weekends only	
Ye Xiong	(530) 282-3006 Yexiong1435@yahoo.com	By Appointment	Chico, Gridley, Oroville preferred
Mien			
Seng Gaine Saechao	(530) 990-2186 (530) 534-0229	Weekends only	
<u>Khae Shelly Tern</u>	(530) 282-3515 (530) 532-5890	Mon-Fri 3 pm – 5 pm	Oroville preferred; Can do evenings
Punjabi, Hindi, Urdu			
Kirpal Singh Arman	(530) 742-4220 kirpalsarman@gmail.com	By Appointment	
Spanish			
<u>Alicia Cuevas</u>	(530) 534-0514 (530) 370-3369 5acuevas@att.net	Mon.-Sun Oroville, Chico, Paradise, Gridley	Written, Verbal and Reading translation
<u>Martha Martinez</u>	(530) 228-9762 marthaedithmtz@hotmail.com	By Appointment (Evenings/ Weekends)	Translates English to Spanish
<u>Washington Quezada</u>	(530) 624-3496 (cell) (530) 343-6640 wquezada@chiphousing.org	24/7	Chico preferred; Document Translation

*TDD/TTY: Assistance for Hearing Impaired Individuals via Telephone
Send questions or comments to DBH-ASDContracts@buttecounty.net (530)891-2851 Updated 10/19/18

Bilingual Certified Staff List

Bilingual Certified Staff (October 2018)

Sorted by staff name

Last Name	First Name	Language	Classification	Office Name
Anaya	Norma	SPANISH	BH Worker	PHF - Inpatient Unit
Bonner	Graciela	ASL	Medical Records Tech, Sr	Paradise Youth Counseling Center
Calderon	Angel	SPANISH	BH Counselor II	Gridley Adult & Youth Counseling Center
Cervantes	Aurora	SPANISH	BH Counselor II	Mobile Crisis
Chavez-Lee	Liberty	HMONG	Medical Records Tech	Stepping Stones - Oroville
Coronel	Griselda	SPANISH	Accountant	Administrative Support Division
Flores	Nicolas	SPANISH	BH Clinician I	Chico Youth Counseling Center
Gomez	Roberto	SPANISH	BH Worker	PHF - Inpatient Unit
Hernandez	Cristina	SPANISH	BH Clinician I	Chico Youth Counseling Center
Hernandez	Maria de Jesus	SPANISH	BH Clinician I	Chico Youth Counseling Center
Hinojosa	Ivette	SPANISH	BH Counselor I	Paradise Youth Counseling Center
Lee	Daone	HMONG	Psychiatric Technician	PHF - Inpatient Unit
Lopez	Victor	SPANISH	BH Counselor II	Chico Adult Services
Lopez Leon	Geisha	SPANISH	BH Clinician I	Oroville Youth Counseling Center
Martinez	Jennifer	SPANISH	Medical Records Tech	Chico Adult Services
Martinez	Pablo	SPANISH	BH Counselor II	Chico Youth Counseling Center
Medina	Jesus	SPANISH	BH Counselor II	Chico Youth Counseling Center
Moua	Amy	HMONG	Medical Records Tech	Oroville Youth Counseling Center
Muniz	Emilio	SPANISH	BH Counselor II	SEARCH - Chico
Price	Stephanie	SPANISH	BH Counselor I	Crisis Services
Ramirez	Jesus	SPANISH	BH Clinician II	Gridley Adult & Youth Counseling Center
Saechao	Kae	MIEN	BH Counselor I	Oroville Youth Counseling Center
Sotero	Amaya	SPANISH	BH Counselor II	Gridley Adult & Youth Counseling Center
Thao	Alena	HMONG	BH Clinician I	Chico Youth Counseling Center
Thao	Chang	HMONG	BH Clinician II	PHF - Inpatient Unit
Thao-Lee	Chia	HMONG	Supervisor, BH Clinician	Oroville Youth Counseling Center
Torres-Carrillo	Minerva	SPANISH	BH Clinician I	Chico Youth Counseling Center
Towner Caro	Karin	SPANISH	Supervisor, BH Clinician	Chico Adult Services
Vang	Chao	HMONG	BH Counselor II	Oroville Adult Services
Vang	Kia	HMONG	BH Clinician II	Oroville Youth Counseling Center
Vang	Pai	HMONG	BH Clinician I	Oroville Adult Services
Vang	Teng	HMONG	BH Counselor II	Oroville Youth Counseling Center
Vang Thao	Valerie	HMONG	BH Clinician I	Oroville Adult Services
Vargas	Eric	SPANISH	BH Clinician I	Gridley Adult & Youth Counseling Center
Weinrich	Debra	SPANISH	BH Clinician II	Chico Adult Services
Wilson	Bianca	SPANISH	BH Clinician III	Quality Management
Xiong	Chou	HMONG	BH Clinician I	Chico Adult Services
Xiong	Sue	HMONG	BH Clinician I	TRIAGE AND REFERRAL
Yang	Dale	HMONG	BH Clinician I	Oroville Adult Services
Yang	Dia	HMONG	BH Clinician I	Chico Adult Services

TOTAL STAFF: 40

BCDBH Policy and Procedures

**BUTTE COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
POLICY/PROCEDURE**

Subject: Cultural Competence

Section: Education and Training
Sub-Section:

Effective Date: 12/03/2015
Review Date: 12/14/2018

POLICY: It is the policy of Butte County Department of Behavioral Health to comply with California Code of Regulations (CCR) Title 9 § 3200, 100, cultural competence by incorporating and working to achieve the items listed below, into all aspects of policy-making, program design, administration and service delivery.

The following are the goals for cultural competence:

1. Equal access to services;
2. Treatment interventions and outreach;
3. Reduction of disparities in services;
4. Understanding of the diverse belief system concerning behavioral health and illness;
5. Understanding the impact of historical bias, racism and other discriminations have on behavioral health;
6. Improvement of services and supports unique to individuals' racial/ethnic, cultural and linguistic populations
7. Development and implementation of strategies to promote equal opportunities for administrators, service providers and others involved in service delivery who share the diverse racial/ethnic and linguistic characteristics of individuals being served.

Procedure:

- I. It is required that all employees attend one cultural competency training per fiscal year.
 - a. The Department will offer multiple trainings through electronic learning management system, Relias, in person training, webinars, Grand Rounds and other modalities to accommodate staff needs and work schedules.
 - b. Attendance of the trainings will be tracked and monitored in Relias to ensure meeting requirements.

BCDBH-068

Effective Date: 12/03/2015

Review Date: 12/14/2018

- II. To monitor this requirement, The Executive Committee, Managers, and Supervisors will be provided with a report quarterly showing which staff have attended and completed a cultural competency training.
 - a. Managers and Supervisors will work with staff that have not attended a training in that past quarter to identify an upcoming training to attend.
 - b. Any staff that does not meet the requirement within the fiscal year will be followed up with appropriate personnel action that may result in disciplinary action.

- III. BCDBH Contract Providers will be required to demonstrate that all of their staff have attend an annual cultural competency training within the fiscal year July 1st and June 30th.
 - a. The Contract Providers will submit documentation to BCDBH attesting that all staff have attended an annual cultural competency training prior to the end of the contract date (June 30th, annually).
 - b. The documentation will include: full roster of staff, classification, cultural competency training attended (topic), date attended, and a justification with corrective action if staff were not able to attend within the fiscal year.

- IV. Translators and interpreters that contract with BCDBH will also be required to attend an annual cultural competency training within the fiscal year.
 - a. Translators and interpreters will provide a copy of a training certificate and/or verification of the training attended/completed.

Authority: California Code of Regulations (CCR) Title 9 § 3200, 100

<u>Jeremy Wilson, MPPA</u>	<u>10/13/2015</u>	<u>Compliance Committee</u>	<u>12/22/2016</u>
Author	Date	Compliance/Leadership	Date
<u>Mary Jauregui</u>	<u>12/14/2016</u>	<u>Dorian Kittrell</u>	<u>12/22/2016</u>
Reviewed for Content/ Form	Date	BCDBH Director	Date

**BUTTE COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
POLICY/PROCEDURE**

Subject: A T & T Language Line Services and Translation Policy

Section: Specialty Mental Health and SUD
Sub-Section: BCDBH All

Effective Date: 04/23/2014
Review Date: 04/23/2018

POLICY: Butte County Department of Behavioral health (BCDBH) provides free access to translation services as required in State Regulations: 42 CFR 438.10 (c 4-5) (d 1-2), CCR Title 9 Ch. 11 Sec. 1810.405 (C-D) 1810.410 (c, 3) (E 1-2), Ca. W&I Div. 4 Part 1 Chap. 3 Sec. 4080 e (1) (T).

RATIONALE: To provide free alternative service accessibility for limited or non-English speaking consumers, and for hearing and/or speech impaired consumers.

PROCEDURE:

I. In Person

- A. BCDBH employs bilingual staff that can provide direct services in our area threshold language of Spanish. Staff may also be available to provide translation, or some service in additional languages, depending on staff availability.
- B. When a non-English speaking consumer can be served by our BCDBH bilingual speaking staff, this will be the first option utilized. Each site will have a list posted of language capabilities of staff members and the schedule of availability of services offered in each language provided by bilingual staff.
- C. For hearing or speech impaired consumers, the American Sign Language, or the Nor Cal Services for the Deaf and Hard of Hearing will be contacted 24-7 to assist in sign translation (See Attachment A).
- D. In addition BCDBH has a list of contract interpreters who may be utilized to provide services in the consumer's language (See Attachment A).
- E. If BCDBH staff or a contracted interpreter is not available, to provide interpreting, the AT&T Language Line services is a free alternative service.

This service is provided by phone and may be utilized to interpret during appointments. (See Attachment B)

II. Over the Phone Telephone Communication

- A. If an individual calls a BCDBH clinic and an interpreter is required during that call, BCDBH will first try to identify the language being spoken, and then locate BCDBH staff on site that may be available to provide language services over the phone. If staff is not available then call the free AT&T Language Line for alternative translation assistance into services (See Attachment B).
- B. American Telephone and Telegraph (AT&T) Language Line Services provides the consumer free over-the-phone interpretation.
 - 1. As an alternative to the AT&T line, BCDBH can also use Language Line Solutions, another free to consumer alternative language translation services with phone and internet translation capabilities.
 - 2. For hearing and speech impaired consumers, BCDBH has access to the statewide TDD/TYY Telephone Service, and to NorCal Services for the Deaf & Hard of Hearing, which is also free to the consumer. Please see attachment A for current available translating services.
- C. If staff is not available then call the free AT&T Language Line for alternative translation assistance into services (See Attachment B). For Sign Language and TDD/TTY Consumers see Attachment A for free phone or on-line interpreter service contact information.

Authority: 42 CFR 438.10 (C 4-5) (D 1-2), CCR Title 9 Ch. 11, Sec. 1810.405 (C-D), and 1810.410 (C, 3) (E, 1-2), W & I Division 4, Part 1, Chapter 3, Section 4080 e (1) (T).

<u>P Bjerke, LMFT</u>	<u>04/23/2014</u>	<u>Compliance</u>	<u>12/14/2015</u>
Author	Date	Compliance/Leadership	Date

<u>B McGuire, MPA</u>	<u>12/10/2015</u>	<u>Dorian Kittrell</u>	<u>12/14/2015</u>
Reviewed for Content/Form	Date	BCDBH Director	Date

ATTACHMENT A

Butte County Department of Behavioral Health FY 2015-2016 Translator/Interpreter List

*TDD/TTY: Assistance for Hearing Impaired Individuals via Telephone Send questions or comments to lgoodliffe@buttecounty.net (530)879-3827 Updated 7/2/15

Please try to use the **BOLDED and underlined** translators primarily as they are under contract
TRANSLATOR
INTERPRETER

	PHONE/EMAIL	AVAILABILITY	NOTES
American Sign Language (ASL)			
NorCal Service for Deaf & Hard of Hearing	(916) 349-7525 ssnapp@norcalcenter.org	24/7	Use request form; Spoken English to ASL, vice versa
Alternative Language			
Language Line	(800)752-6096	24/7	Phone translation services Multiple languages Statewide access
TDD/TTY Telephone Service*	(800) 735-2929 (800) 735-2922 (voice call)	24/7	
Hmong			
Hmong Cultural Center Seng Yang	(530) 534-7474 info@hmongculturalcenter.com	24/7	Translate documents/Hmong to English/English to Hmong
Laotian			
Seng Gaine Saecha	(530) 990-2186 (530) 534-0229	Tue-Fri 8 am -12 pm	
Khae Shelly Tern			
Ye Xiong	(530) 282-3515 (530) 532-5890 (530) 282-3006 Yexiong1435@yahoo.com	Mon-Fri 3 pm – 5 pm By Appointment	Oroville preferred; Can do evenings Chico, Gridley, Oroville preferred
Mien			
Seng Gaine Saechao	(530) 990-2186 (530) 534-0229	Tue-Fri 8 am -12 pm	
Khae Shelly Tern			
	(530) 282-3515 (530) 532-5890	Mon-Fri 3 pm – 5 pm	Oroville preferred; Can do evenings
Punjabi, Hindi, Urdu			
Kirpal Singh Arman	(530) 742-4220 kirpalsarman@gmail.com	By Appointment	

Spanish

Alicia Cuevas	(530) 534-0514 (530) 370-3369 5acuevas@att.net	Mon.-Sun Oroville, Chico, Paradise, Gridley	Written, Verbal and Reading translation
Joe Avila	(530) 566-7183 530joe@gmail.com	24/7	Translates English to Spanish
Martha Martinez	(530) 228-9762 marthaedithmtz@hotmail. com	By Appointment	Translates English to Spanish
Washington Quezada	(530) 624-3496 (cell) (530) 343-6640 wquezada@chiphousing. org	24/7	Chico preferred; Translation

ATTACHMENT B**DIRECTIONS FOR ACCESSING THE AT&T LANGUAGE LINE**

When receiving a call from a client who speaks a language in which you are not fluent:

- First, **identify the language being spoken**. If you are unsure, ask the client to identify his/her language. If the client is unable to understand this request, make an educated guess based on your perceptions.
- Next, quickly **check if there are any staff on site who speak the identified language of the client calling** (each site should have an exclusive list posted of each staff person and their ethnic, cultural, and linguistic attributes as well as their regularly scheduled days and hours). In the circumstance that no staff is available who speak the given language, proceed to the next step below.

To connect to the AT&T language line, **press the flash button*** to place the non-English speaker on hold:

- **Dial Routine: 1-800-874-9426 / Emergency: 1-800-523-1786**
- **Give Information:**
 - Language needed (as determined)
 - Client I. D. Number 201723
 - Organization name Butte County Department of Behavioral Health
 - Personal Code Your employee ID #
- **Add** non-English speaker to the line by depressing the flash button*
- **Wait** for the AT&T Language Line operator to add the Interpreter onto the line. (Sometimes the AT&T Language Line operator may be able to help to further assist you with language identification if necessary).
- **Brief** the interpreter. Quickly summarize what you wish to accomplish and give any special instructions.
- **Say “end of call”** to the interpreter when the call is completed.

***Not all phones are the same!** Please be familiar with how to transfer calls and connect three-way callers on the phone you are using.

HELPFUL HINTS:

- Be familiar with this process, staff linguistic capabilities, phone mechanisms, etc., to ensure that the caller receives services in his/her language as quickly and smoothly as possible.
- To facilitate interpretation, avoid using slang, jargon, acronyms, or technical terms that may not interpret well into another language.
- You can also use Language Line services to place outgoing calls to non-English speaking clients, to set up appointments, convey important treatment information, etc. Please note to primarily use bilingual staff or interpreters in non-emergency situations in order to increase cost efficiency.
- If you would like to listen to a demonstration on how the system works, please call 1-800-821-0301 or visit their web site at: <http://www.att.com/languageLine>

**BUTTE COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
POLICY/PROCEDURE**

Subject: Americans with Disabilities Act Compliance

**Section: Administration
Sub-Section: DBH All**

**Effective Date: 04/29/2014
Review Date: 04/29/2016**

POLICY:

Butte County Department of Behavioral Health (BCDBH) will comply with the Americans with Disabilities Act (ADA) as passed by Congress on July 26, 1990.

RATIONALE:

Through compliance with the ADA of 1990, BCDBH will meet the needs of individuals with disabilities in the areas of employment, public accommodations, local government services and telecommunications.

PROCEDURE:

I. Physical Barriers

A. Buildings and/or office space owned/leased for conducting County business shall meet the provisions of Title II of the Americans with Disabilities Act. All barriers will be abated that deny the benefits of services, programs, and/or activities of the County of Butte to individuals with those disabilities as defined within the ADA. Abatement efforts shall conform to the minimum requirements of the accessibility guidelines outlined in the "Federal Register" Part 3, 28 CFR Part 36.

II. Language Barriers

A. Language interpretation for non-English speaking members of the public will be provided in one of two ways: (please see policy 089A AT&T Language Line Services and Translation Policy)

1. Contract with AT&T Language Line Services for over the phone interpretation services.
2. Contract with individuals for, on-site, face-to-face language interpretation in Spanish, Hmong, Mien, Laotian and Thai, etc.

B. Language interpretation for hearing-impaired members of the public will be provided in one of two ways:

1. Use the California Relay Service by dialing 800 735-2929 for TDD to Voice and/or 800 735-2922 for Voice to TDD.
2. Contract with individuals for face-to-face sign interpretation.

III. Work barriers

A. All work area and telecommunication barriers will be abated that preclude any individual with those disabilities as defined within the ADA from being employed by the BCDBH.

Authority: BCDBH Director; Title II ADA, 28 CFR Part 36 and Federal Register Part 3

<u>M. Sivesind</u>	<u>08/12/1998</u>	<u>Compliance/Leadership</u>	<u>06/02/2014</u>
Author	Date	Compliance/Leadership	Date
<u>Pam Bjerke, LMFT</u>	<u>04/29/2014</u>	<u>Dorian Kittrell, LMFT</u>	<u>06/12/2014</u>
Reviewed for Content/Form	Date	Dorian Kittrell, LMFT, Director	Date

Language Line Solutions Instructions



TIPS FOR WORKING WITH TELEPHONE INTERPRETERS

BEFORE YOU START:

- Identify the target language using language identification form (in-person) or by requesting assistance from Language Line Solutions representative.

- Watch a live demonstration:

<https://youtu.be/LQoCRen--M4>

- Explore the vendor's website:

www.language.com

- Know how to use your conference call or three-way calling features
- If your meeting is longer than 30 minutes, try to schedule an in-person interpreter

If you have line quality problems before reaching an interpreter, ask the representative to stay on the line to check for sound quality.

If you have problems connecting to an interpreter, call Language Line Solutions Customer Service:

1-800-752-6096

PLACING THE CALL:

Call: [1-800-523-1786]
(Client ID/Access Code: 201723)

The number and Client ID should not be shared with outside entities.

AN INTERPRETATION MAY NOT BE GOING SMOOTHLY IF:

- The interpretation is too long or too short compared to the length of the material being interpreted;
- The interpreter repeatedly asks for clarification;
- It sounds like the interpreter is having a side conversation with the Limited English Proficient (LEP) individual;
- The LEP caller corrects or appears to disagree with the interpreter;
- The LEP caller begins to speak in halting and incorrect English;
- The interpreter or the LEP caller is becoming increasingly impatient;
- It sounds like the interpreter is using many English terms to convey the meaning of your conversation; or
- The interpreter does not conduct himself or herself in a professional manner.

AT THE START OF THE CALL:

Record the interpreter's ID number, introduce yourself and the interpreter, and define the role of the interpreter in the conversation. Be sure to let all parties know that they may be asked to stop, rephrase, or clarify throughout the call.

- ✓ **Talk directly to the LEP individual**, not the interpreter. For example, "What is your name?" and not "Please ask the caller for their name."
- ✓ If the LEP individual is willing to share, **obtain the caller's phone number** in case of accidental disconnection.
- ✓ **Pause after one or two sentences** to allow for interpretation
- ✓ **Ask one question at a time.**
- ✓ **Speak clearly** at a normal pace and refrain from technical language.

If you think something is wrong with the interpretation, feel free to ask the LEP individual:

"Would you mind repeating back to me what I said, so that I can make sure I am communicating clearly?"

If you believe that your communication with the LEP individual has been compromised by the quality of interpretation, END THE CALL.

Call the telephone interpretation service to obtain a new interpreter. Once you have successfully completed your call with a new interpreter, please provide feedback as noted.

Say **"END OF CALL"** to the interpreter when the call is completed.

PROVIDING FEEDBACK: If you encounter technical problems or have questions, contact your section's Language Access Point of Contact: Bianca Wilson, LMFT - BCDBH QM (530) 879-3931.