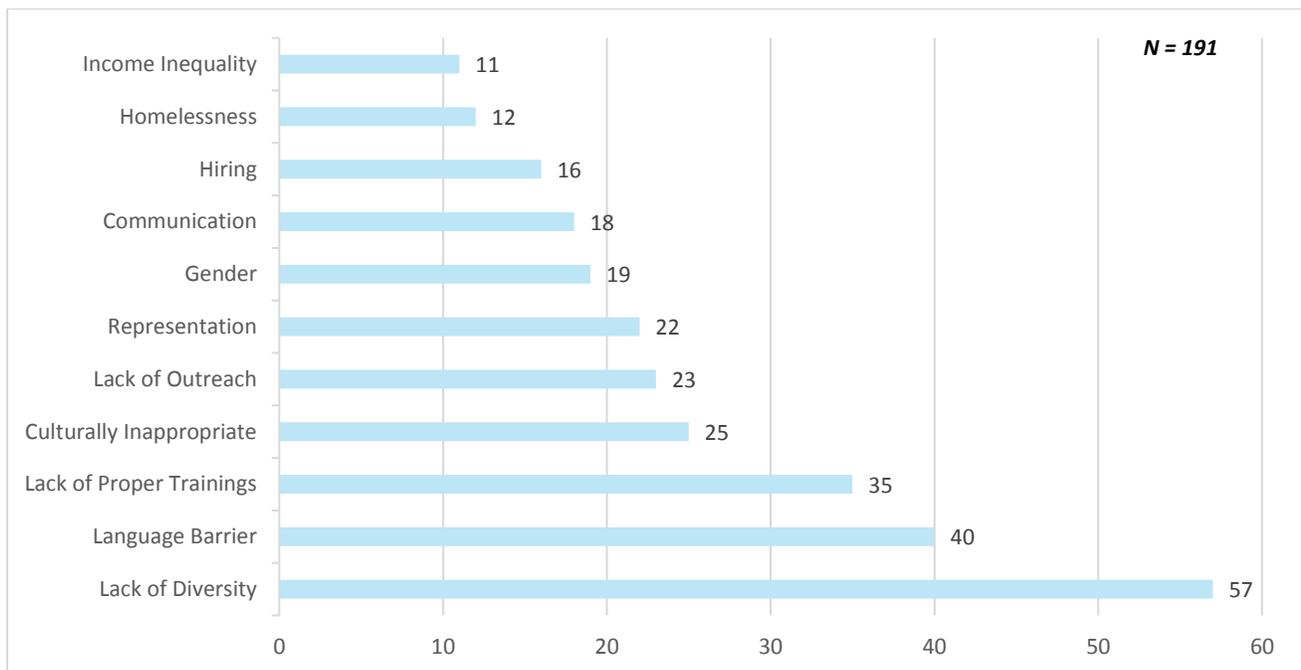


2018 Organizational Cultural Competency Assessment Results - Staff

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

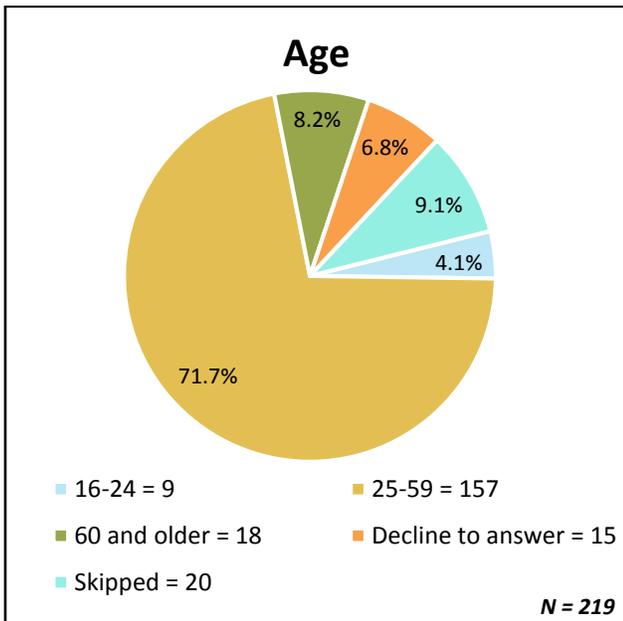
- 92% *strongly agree* or *agree* that “My agency has policies against discrimination and harassment.”
- 88% *strongly agree* or *agree* that “The agency’s vision statement, and policies and procedures reflect a commitment to serving clients/families of different cultural backgrounds.”
- 67% *strongly 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

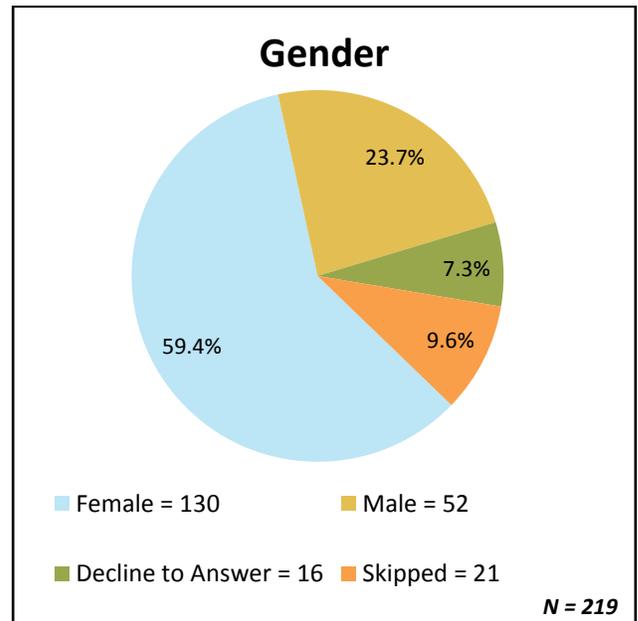
- On average 58% of staff *don’t know* about “Leadership Values” concerning board members.

- 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."

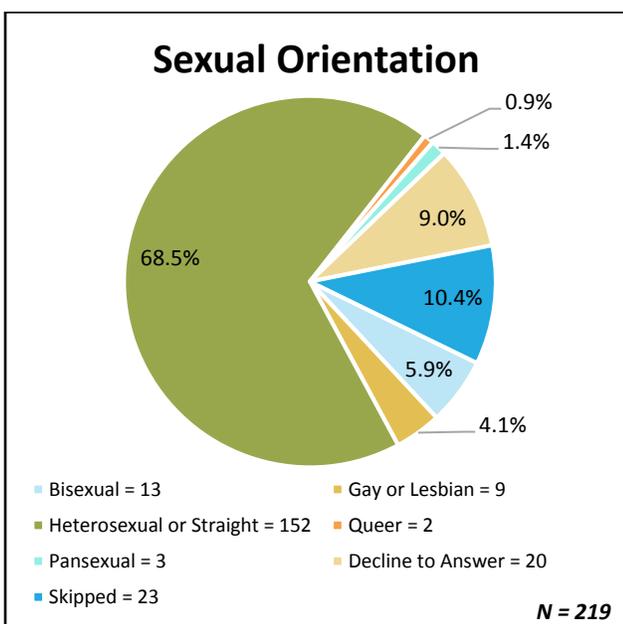
Demographics



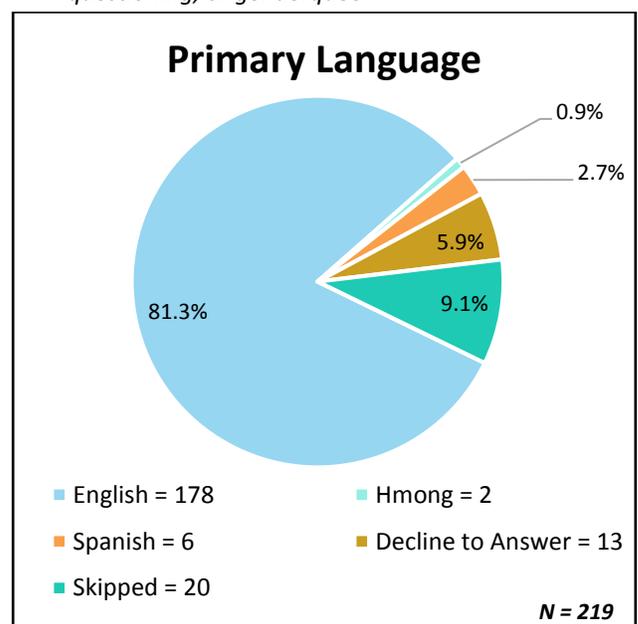
Note: There were no answers for 0-15



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

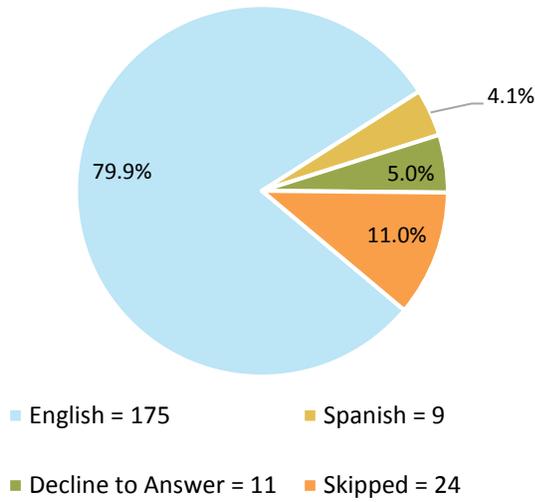


Note: There were no answers for questioning



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

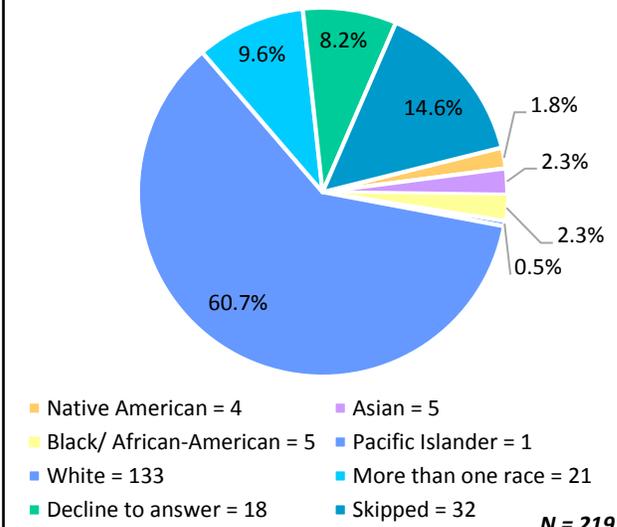
Heritage Language



N = 219

Note: There were no answers for sign language or Hmong

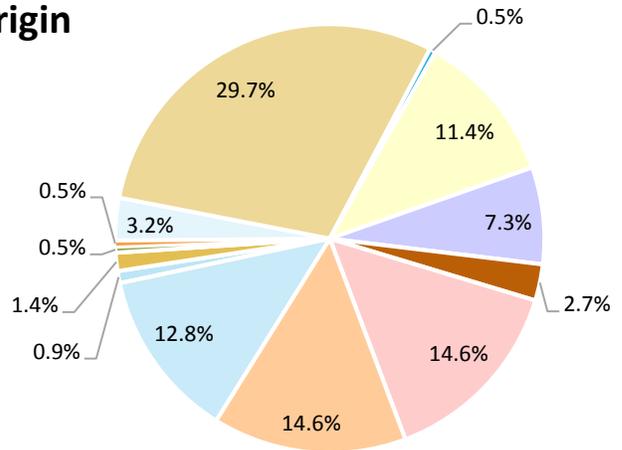
Race



N = 219

Ethnic Origin

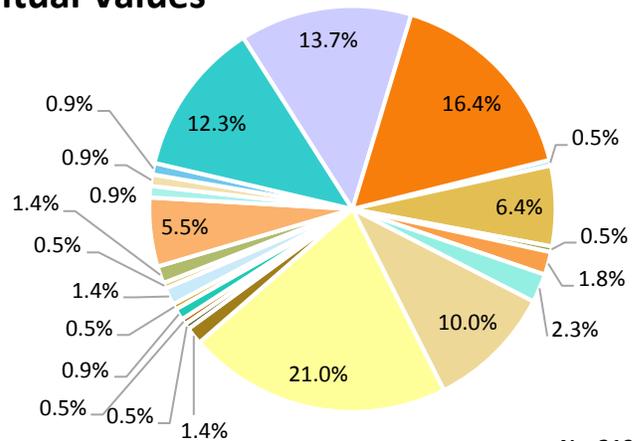
- African = 2
- Asian Indian/ South Asian = 3
- Caribbean = 1
- Central American = 1
- Eastern European = 7
- European = 65
- Japanese = 1
- Mexican/ Mexican-American/ Chicano = 25
- Other Non-Hispanic/ Latino = 16
- Other Hispanic/ Latino = 6
- More than one ethnicity = 32
- Decline to Answer = 32
-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



N = 219

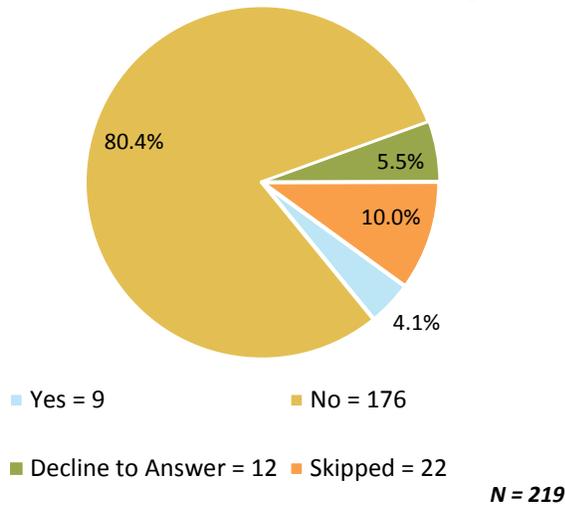
Spiritual Values

- 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

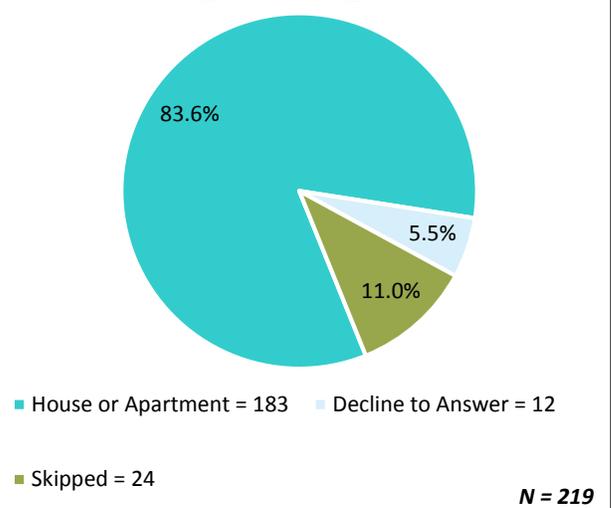


N = 219

Service in the Military

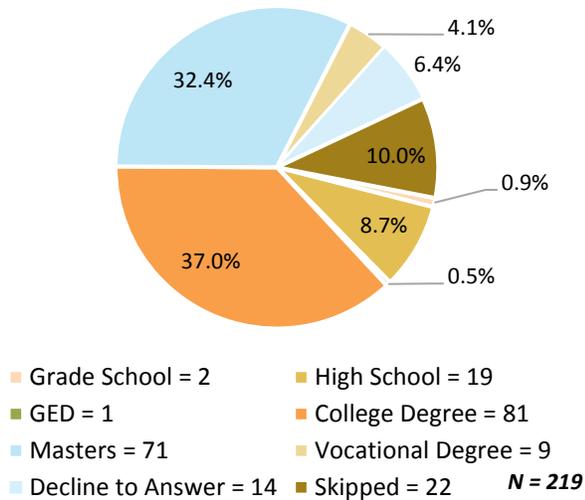


Living Arrangement

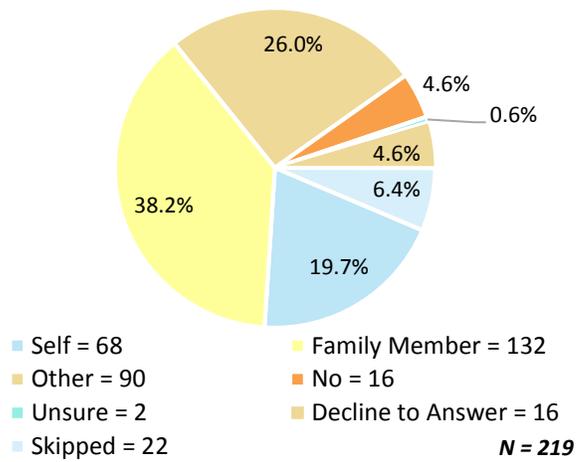


Note: There were no answers for foster family, homeless, and supportive living

Education

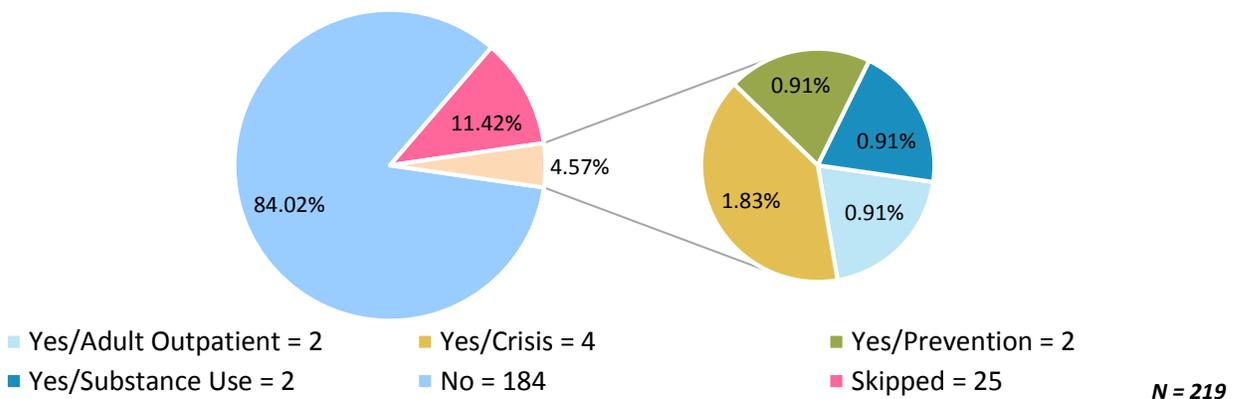


Lived Experience w/ Mental Illness



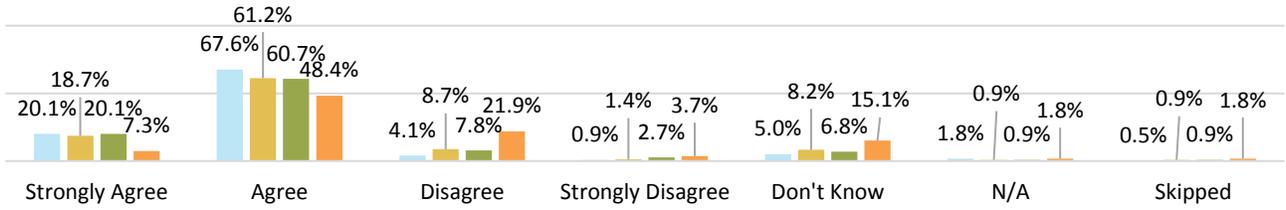
Note: Respondents can choose more than one

Previously Employed as Peer Advocate



Outcomes

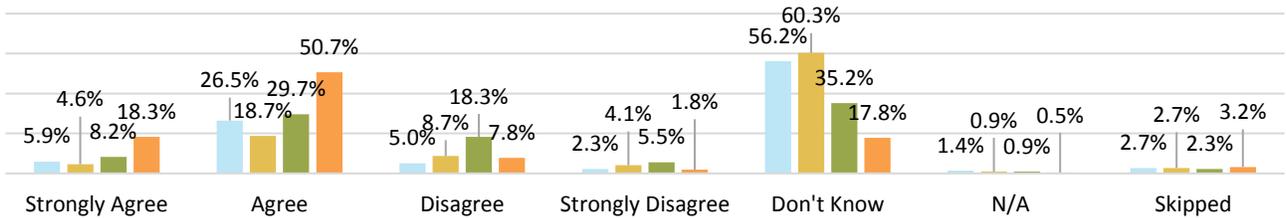
Organizational Environment



- 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

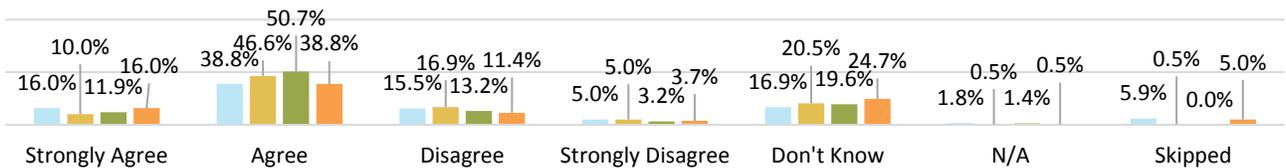
Leadership Values



- 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

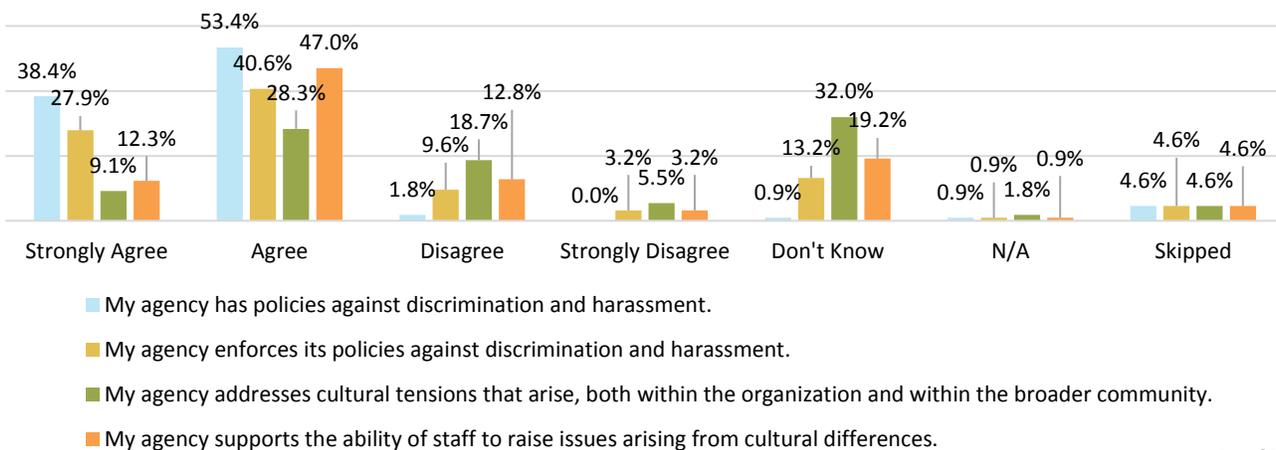
Staffing Policies



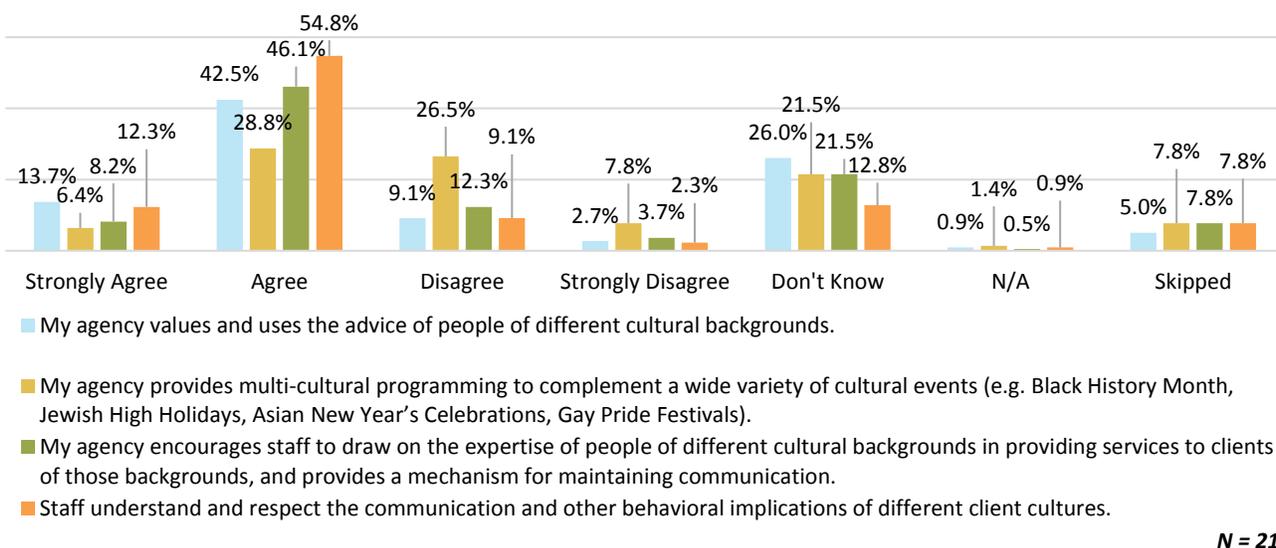
- My agency provides opportunities for leadership development and advancement for all staff, including staff of diverse cultural backgrounds.
- The cultural diversity among staff, board, and volunteers of the agency is reflective of the diversity among people served by my agency.
- The cultural diversity 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



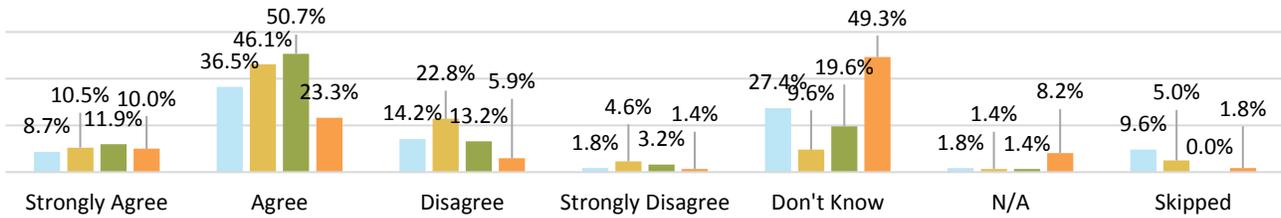
Respect, Support, and Understanding from this Agency



Community Outreach



Cultural Outreach



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

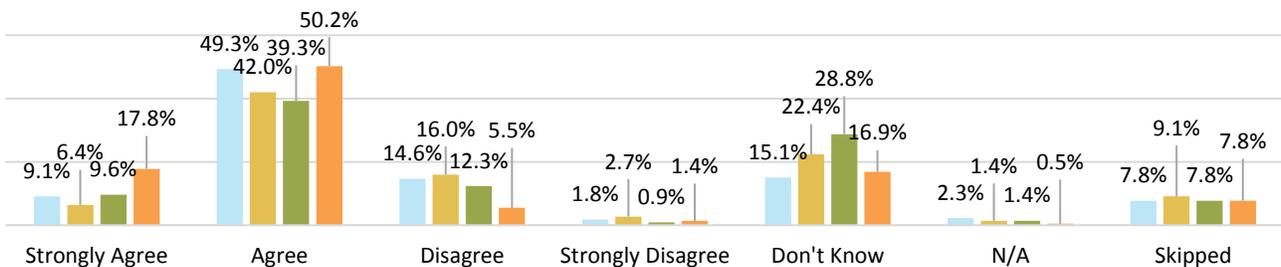
■ My agency provides adequate training regarding the cultures of the clients served, staff, community, and the interaction among them.

■ 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.

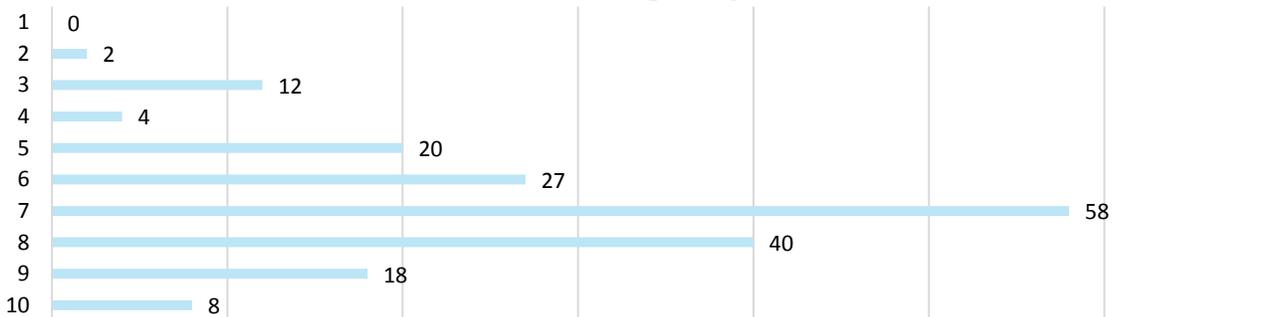
■ My agency encourages clients to examine their own cultures and the cultures of their peers, and to develop their own appreciation of diversity.

■ 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</p>
<p>Age difference education home life financial situation language barrier</p>	<p>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>
<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>lack of diversity lack of cultural among workers</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>Cultural Difference Beliefs</p>
<p>1- Willingness to understand each other or each other ideas. Being open, both sides. 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. 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>Understanding differences in culture, and how they go. Being open to knowing more about different cultures.</p>
<p>4- Representation. The diversity of our communities, should be represented on top positions, as well as through agency.</p>	<p>not enough diversity</p>
<p>5- Values. Different peoples, cultures, put</p>	<p>Language barriers to services.</p>
	<p>political polarization, undocumented individuals, the culture of substance abuse, LGBTQ issues, racial issues,</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>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
<p>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.</p>
<p>Hispanic mono-lingual Chico residents attempt to secure services at GOP!</p>
<p>homeless religion</p>
<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. Step up more in person cultural competence training with testing. Holiday's and celebrations have strong white Christian focuses. It would be nice to hear more about how clients are being represented with the staff that works directly with them. 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 Awareness of differing family systems/practices 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 Lack of in person cultural trainings Lack of program specific cultural trainings</p>
<p>Certification/training of bilingual staff, recruitment of bilingual staff, increased cultural comp training for all staff.</p>
<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
<p>Lifestyle acceptance, harassment, communication, disabilities and consistency.</p>
<p>staffing Hmong representation,</p>
<p>Sexual identity issues The disconnect between homeless and housed people</p>
<p>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.</p>
<p>Lack of respect, Gender imbalance, Poor/inconsistent communication, Ethnic and cultural difference</p>
<p>mental illness, homelessness, transgender, faith communities, Hmong</p>
<p>not enough forms in Spanish</p>
<p>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.</p>
<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 clts; 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