



2021 Organizational Assessment - Cultural Competency Staff Survey Results

This survey was offered to the staff of Butte County Behavioral Health and contracted providers in the fall of 2021. There were **210 surveys** taken.

Analysis

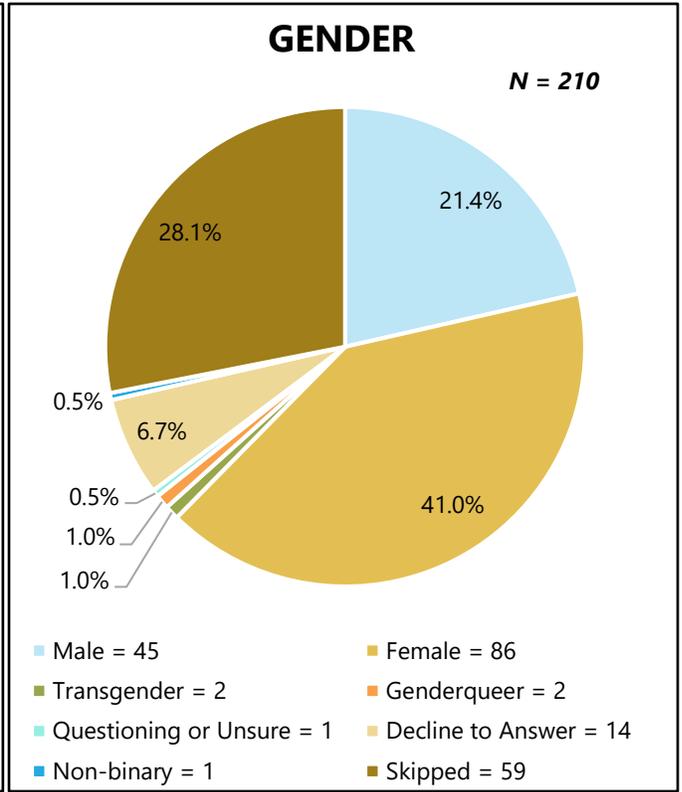
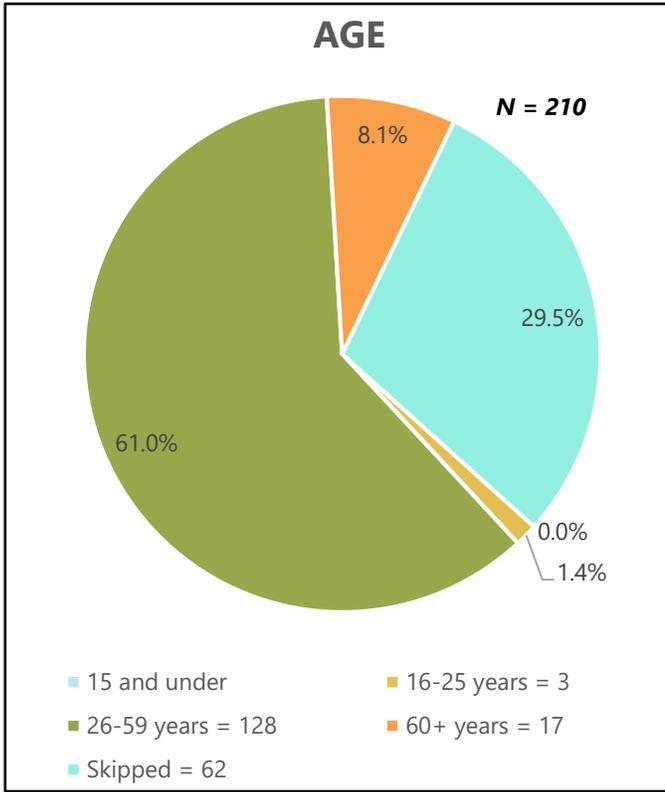
STRENGTHS

- 79.0% *Strongly Agree* or *Agree* that “My agency has policies against discrimination and harassment.”
- 75.2% *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.”
- 74.8% *Strongly Agree* or *Agree* that “Staff is interested in, and supportive of, cultural diversity within my organization.”
- 68.6% *Strongly Agree* or *Agree* that “My agency’s personnel policies reflect a commitment to valuing staff diversity and helping staff enhance their cultural competence.”
- 65.7% *Strongly Agree* or *Agree* with the “My agency’s printed materials (brochures, flyers, pamphlets, etc.) reflect and affirm the various cultural backgrounds of people served.”

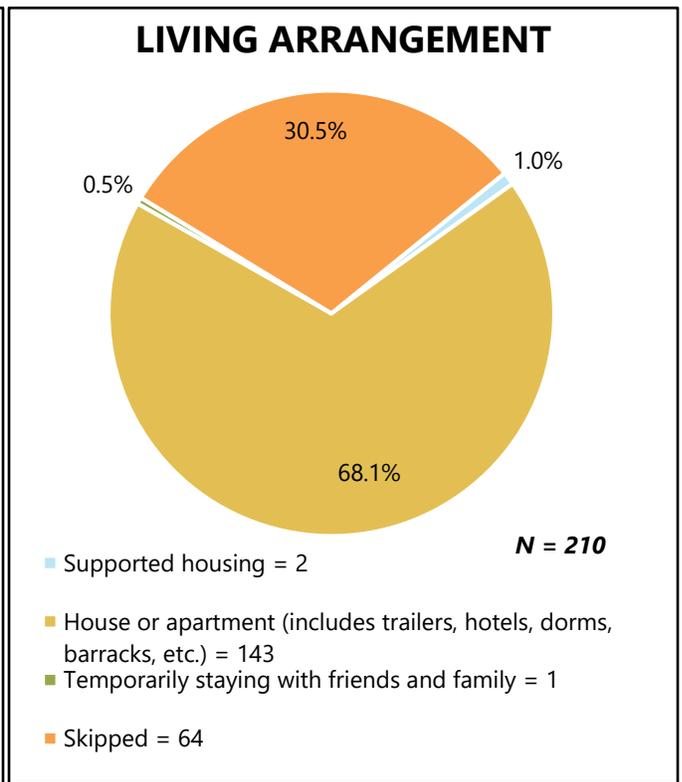
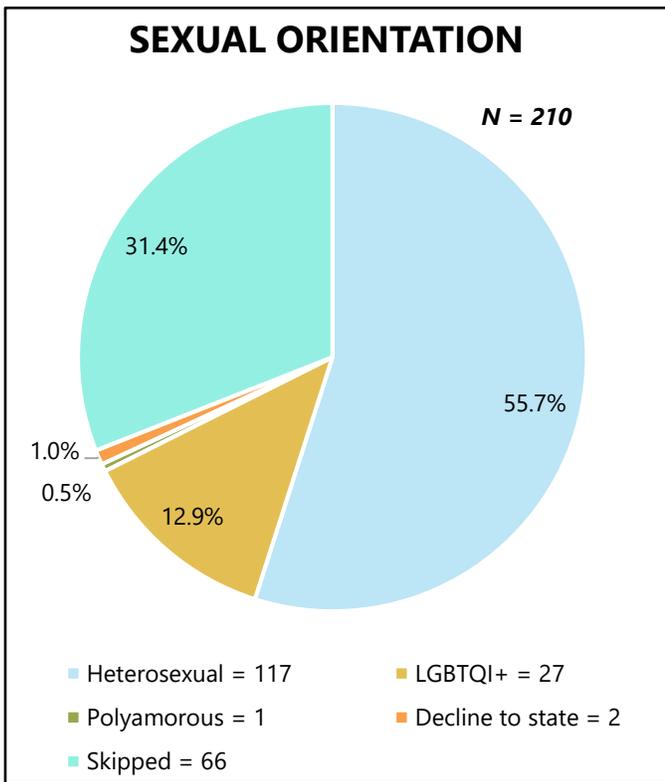
CHALLENGES/OPPORTUNITIES

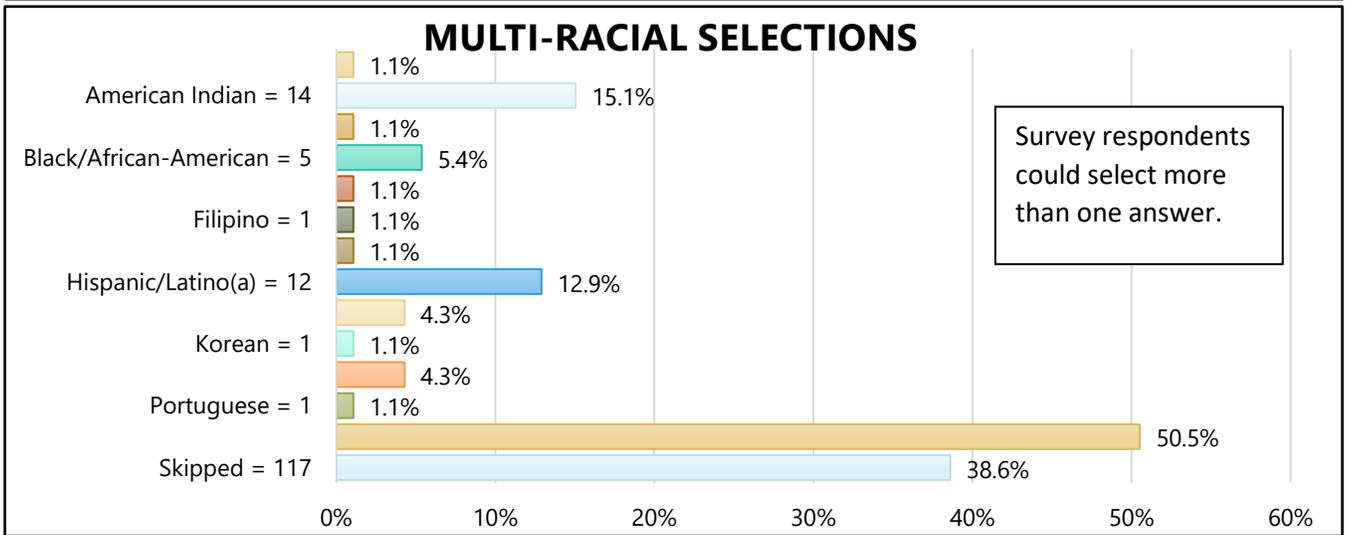
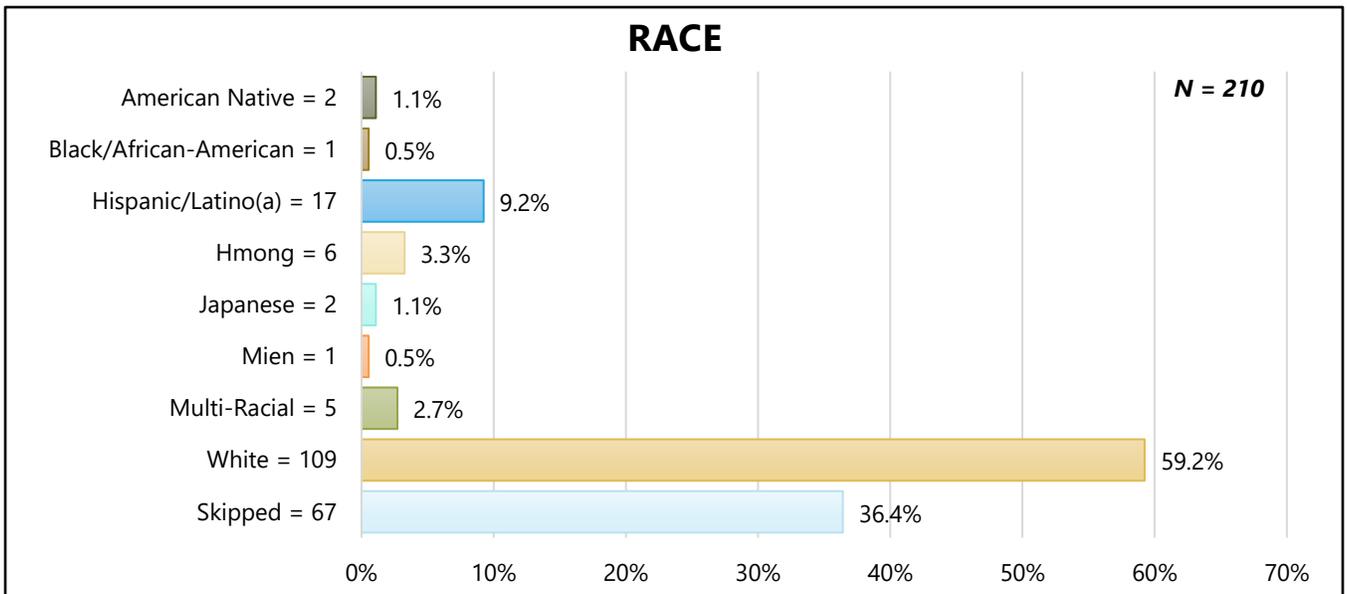
- On average 39.8% of staff *don’t know* about “Leadership Values” concerning board members.
- On average, 31.2% of staff *don’t know* about our agency’s “Leadership Values,” in general.
- On average, 38.8% of staff *don’t know* about our agency’s “Community Outreach,” in general.
- 34.3% of staff *don’t know* if “My agency consults clients and community representatives of different cultural backgrounds in the development of new programs and services affecting their communities.”
- 25.2% *Disagree* or *Strongly Disagree* that “The location, design, and decor of the facility reflect and affirm the cultural backgrounds of people served.”

Demographics

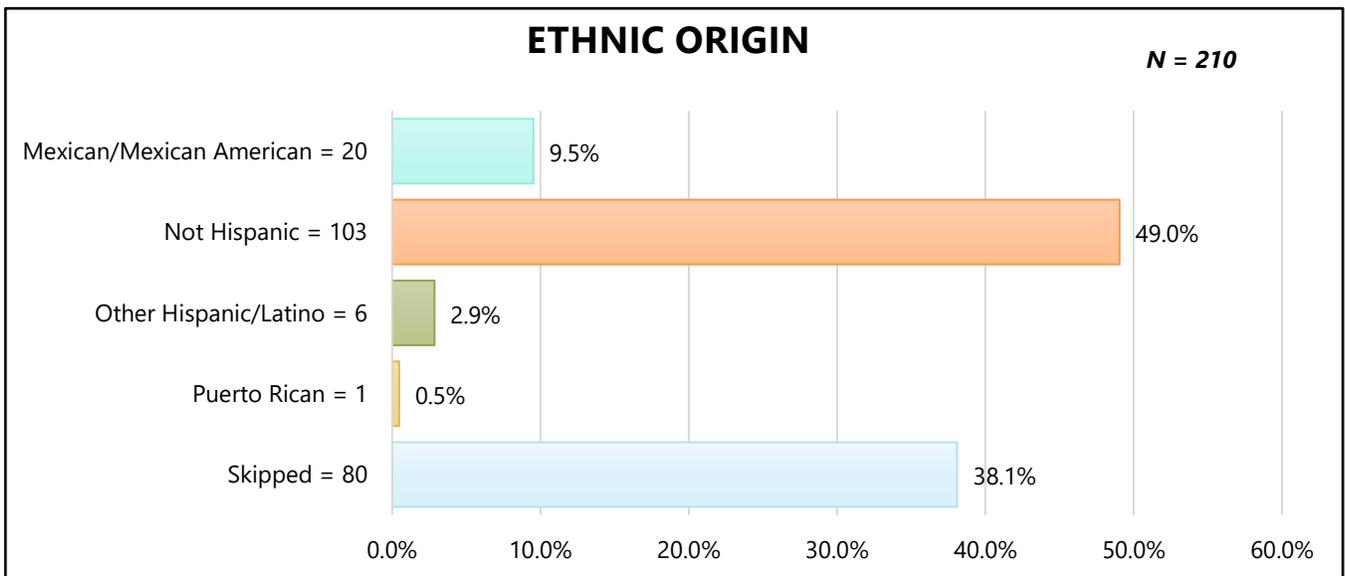


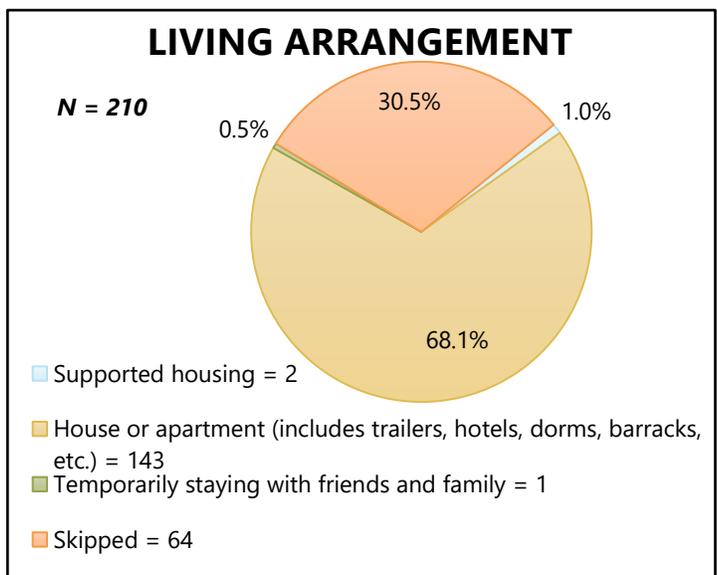
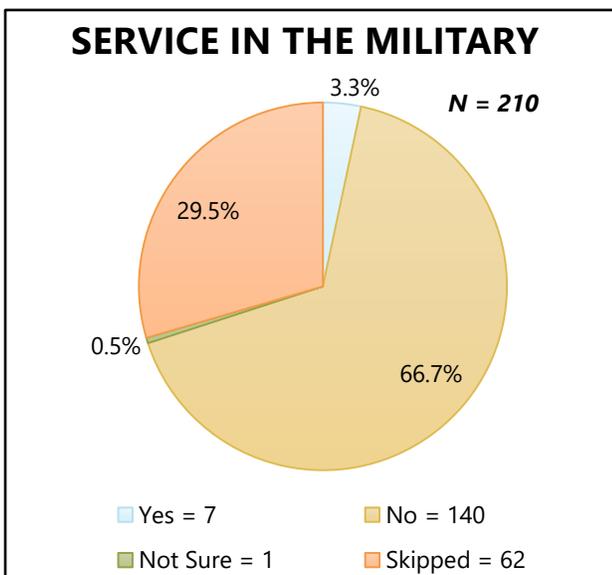
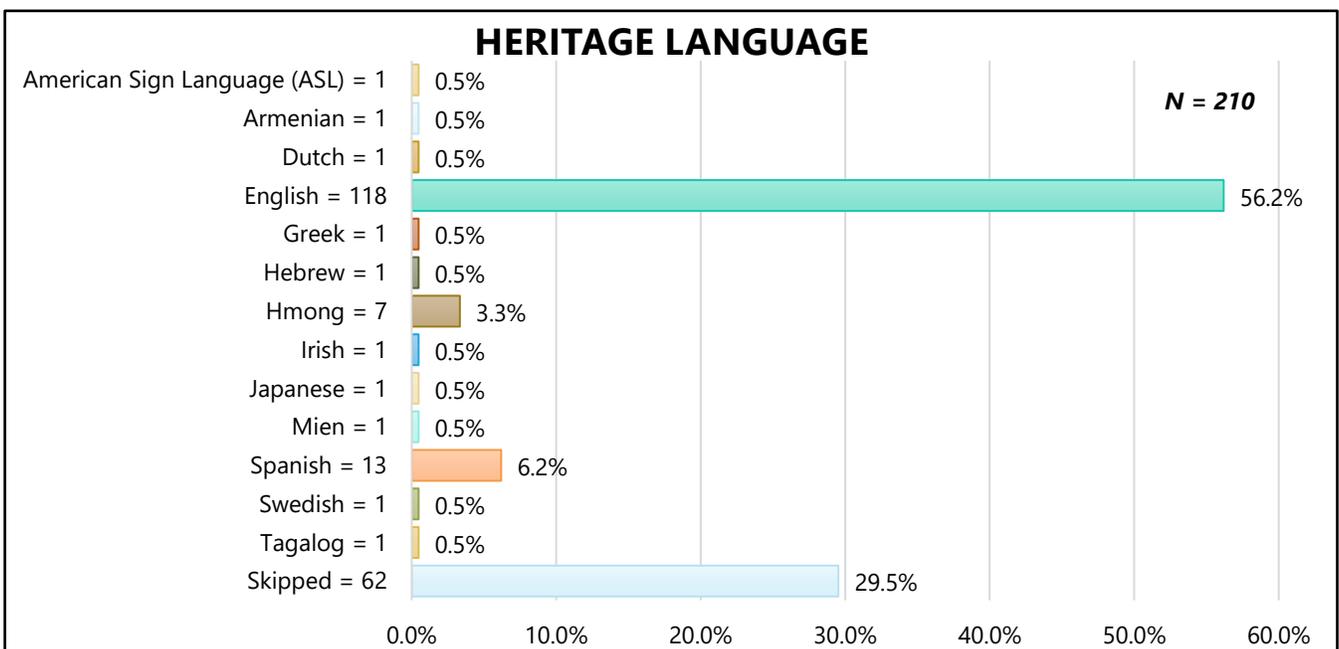
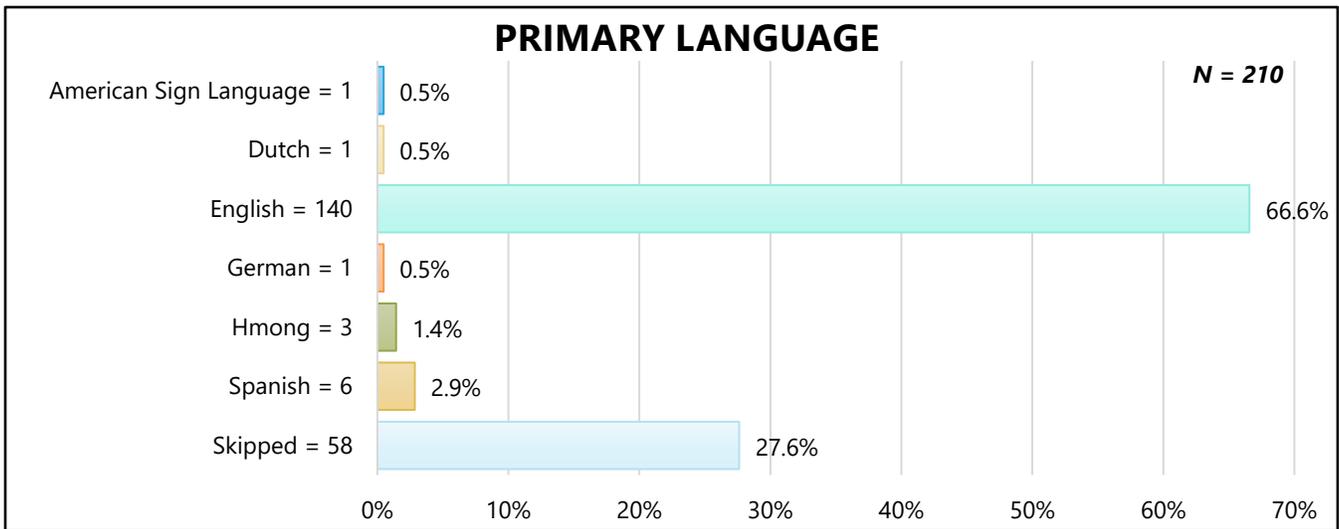
Note: There were no answers for 0-15 years.



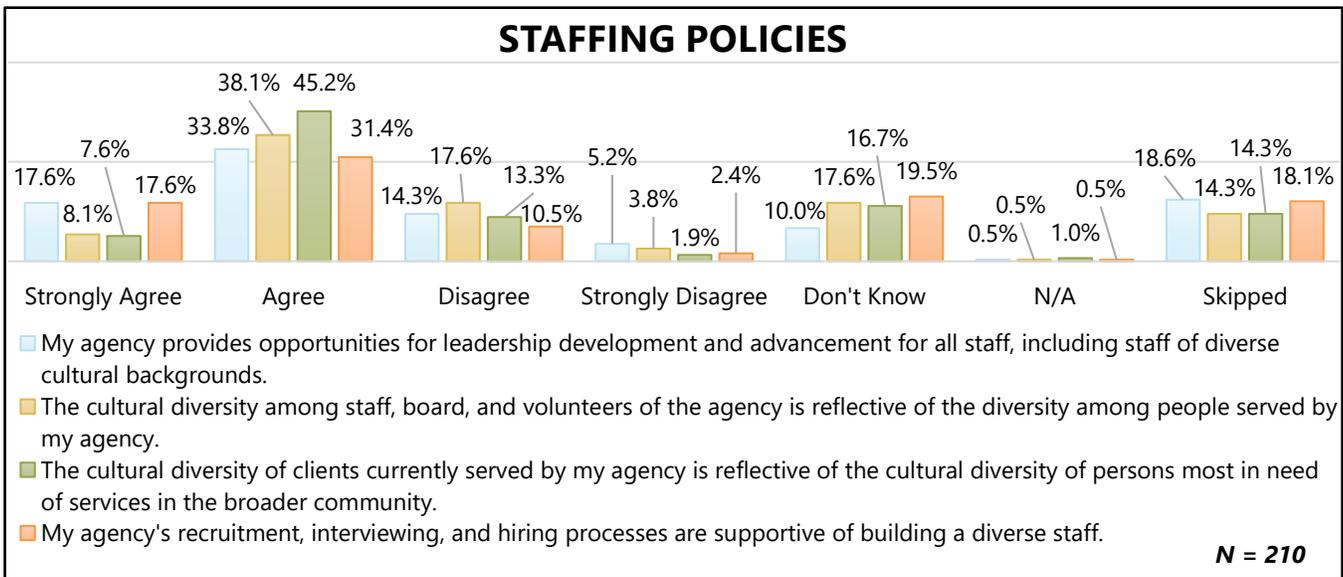
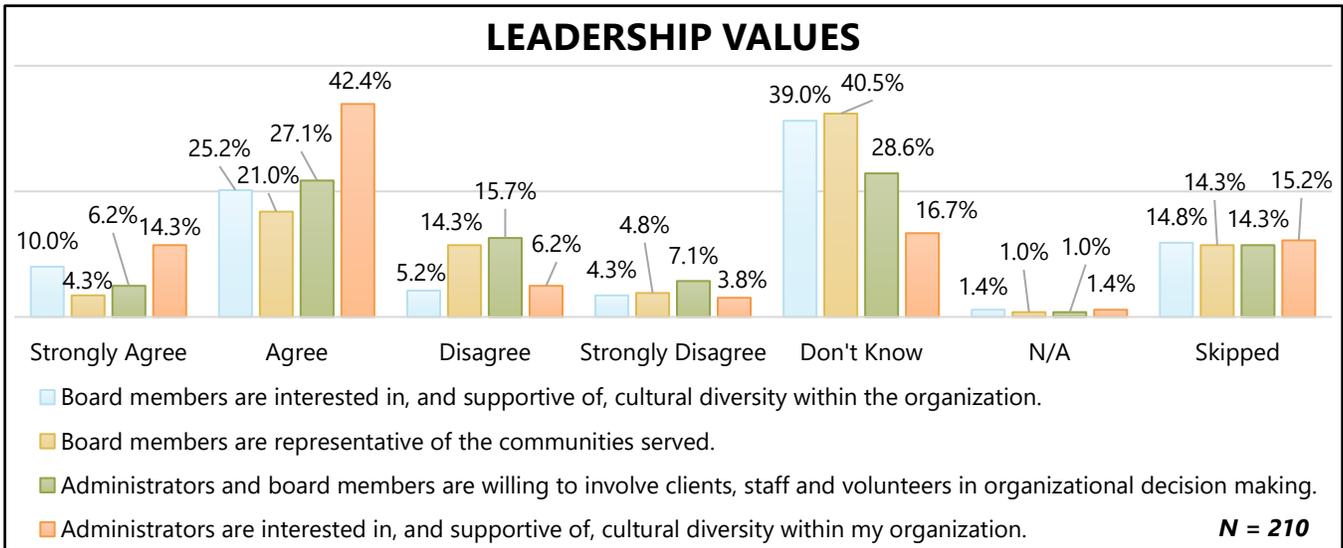
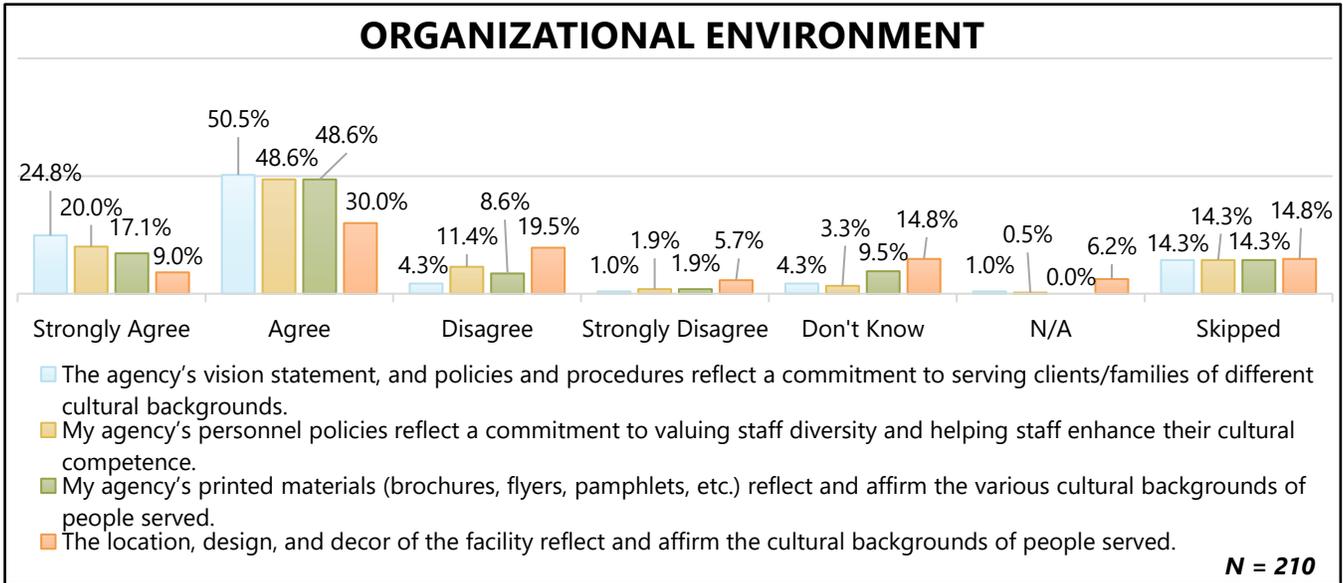


**While only 5 respondents identified as being multi-racial, there were 93 multi-racial selections.*





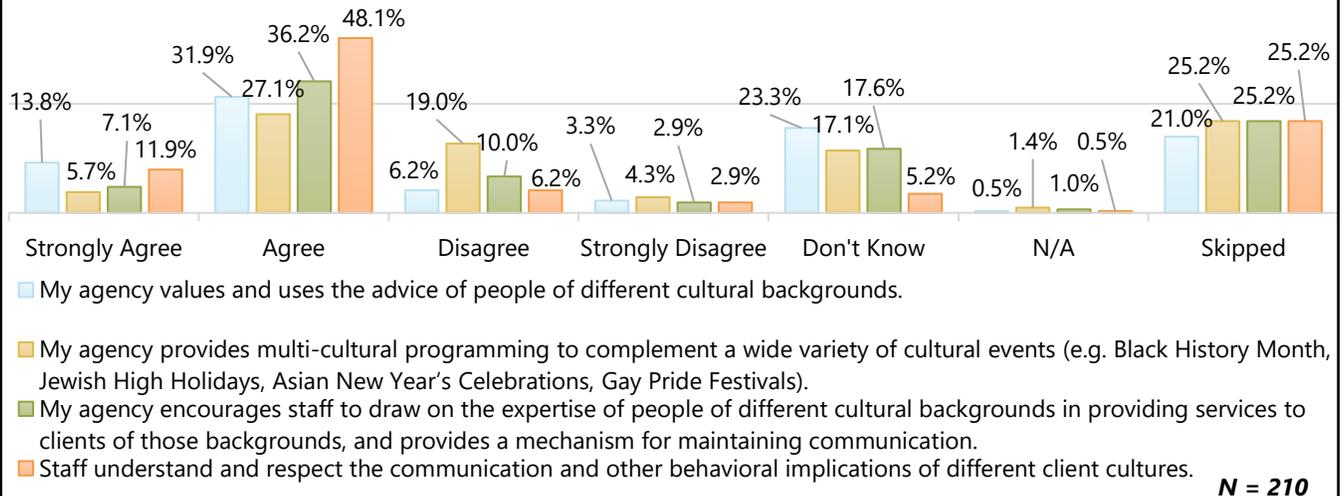
Outcomes



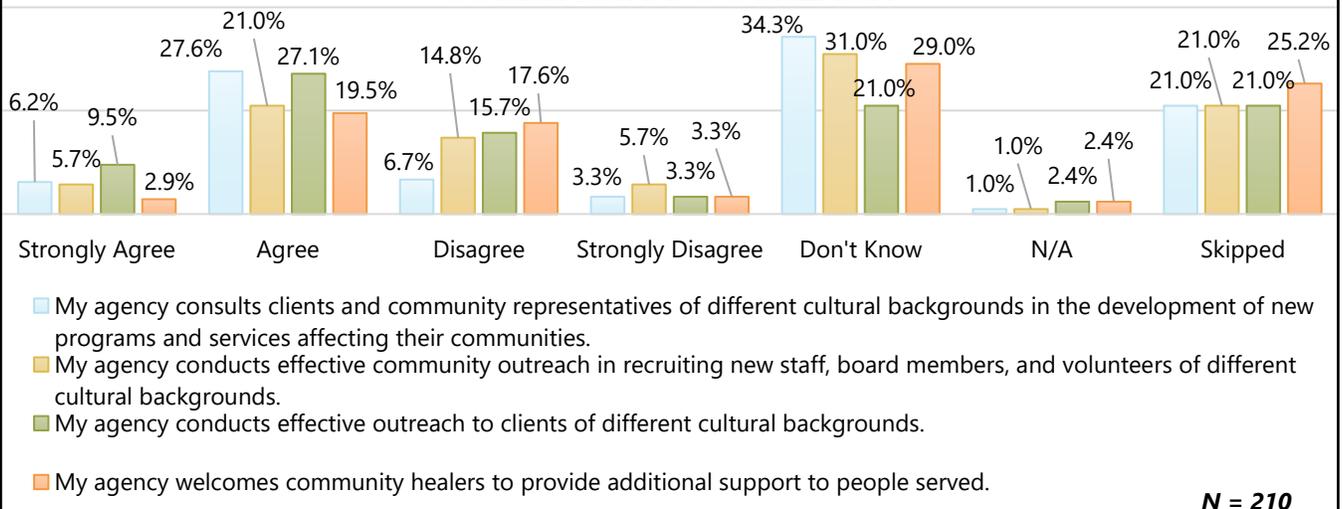
RESPONSE TO DISCRIMINATION AND HARASSMENT



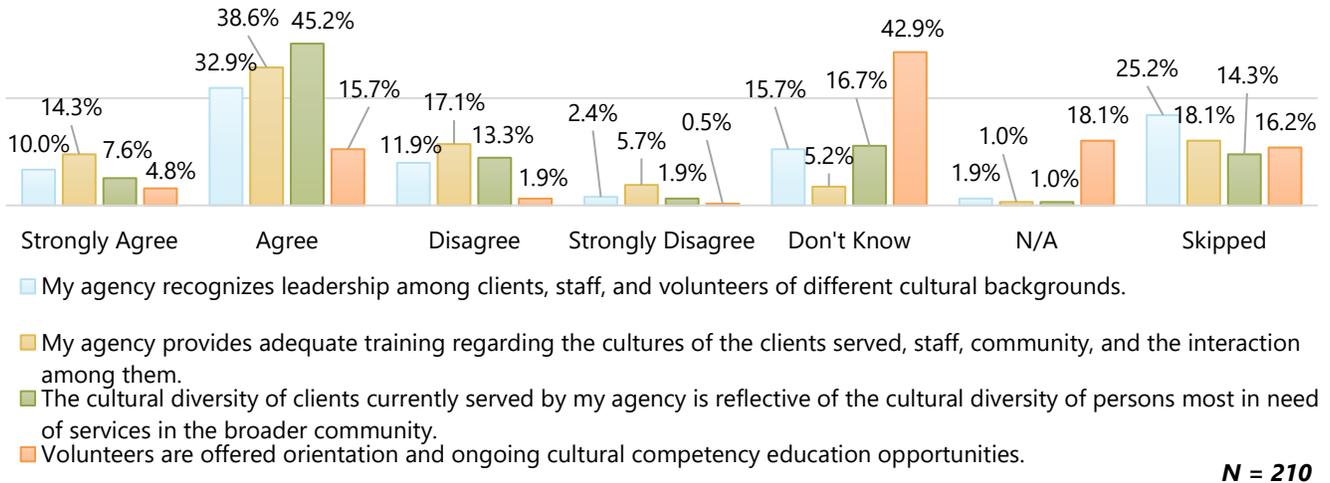
RESPECT, SUPPORT AND UNDERSTANDING FROM THIS AGENCY



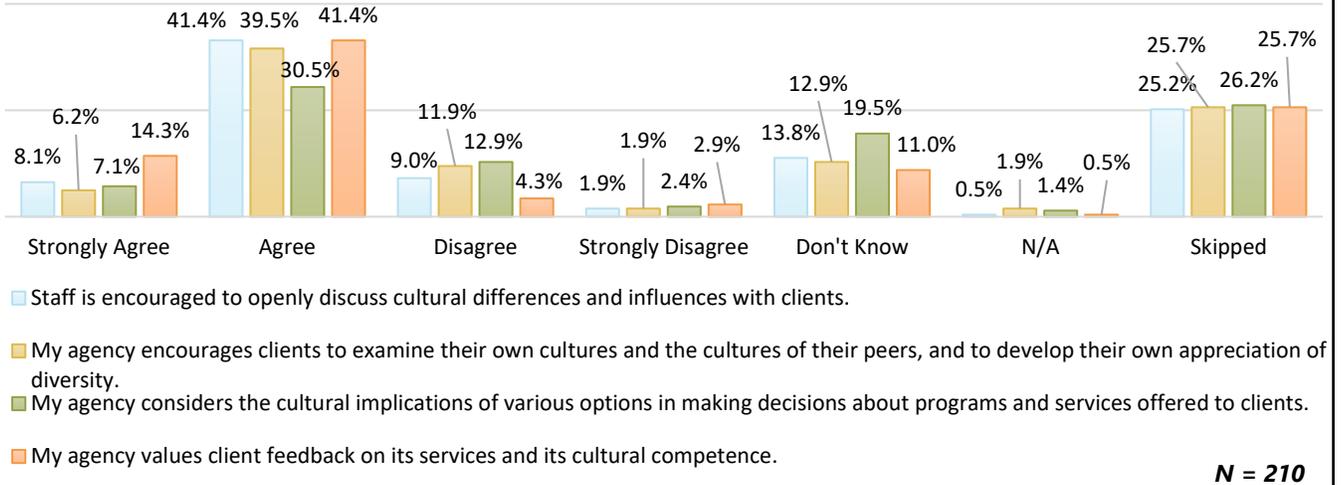
COMMUNITY OUTREACH



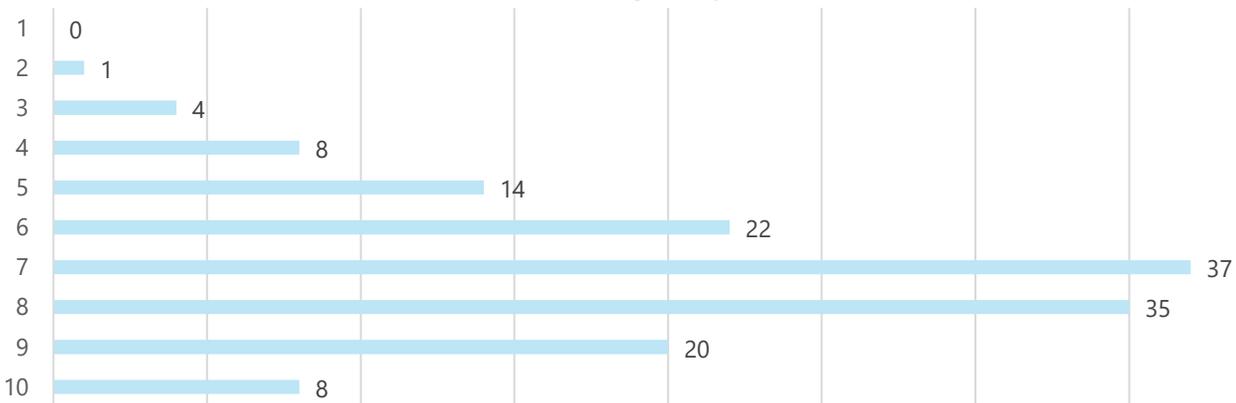
CULTURAL OUTREACH



CLIENT RELATIONSHIP



Overall, on a scale of one to 10 (ten being the highest or most competent), rate the current cultural competence of the agency.



N = 210 Skipped = 61

AVERAGE = 7.03, MOST COMMON = 7

ALL COMMENTS

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

Language Traditions Beliefs Religions Stereotyping
Same as every agency in United States: white supremacy, gender ID, economic equity.
Fair equal housing
Low population.
I am hard pressed to say one.
-Advocating for those who feel like they are being discriminated against and helping them work through these issues and get the care/housing/services that they need. -Having a point person for each cultural group to ask about cultural norms and advocacy. -Community resources are needed to house these individuals who may be more of a target for violence or abuse on the streets.
-Diversity and bilingual staff in all levels of decision-making that effect minorities -Limit resources to support diversity related issues. -outreach and diversity education and participation of events -Culturally sensitive.
1. Finding the funding to pay people who are not white for their time, energy, talent, emotional labor, etc. so we can bring them on to our programs, staff, board, and more 2. Finding staff & board to hire who are not white (we are trying, and taking lots of steps to do this) 3. Reaching clientele who are not white (we are getting better, but it's tricky.) 4. Finding program facilitation volunteers who speak languages other than English so they can be offered to the public 5. Moving to a different building that is more accessible to people with disabilities
Illiterate patients not being fully aware of the pandemic
-Plight of the homeless and the chronically poor, -understanding why some racial/ethnic groups may not be trusting of govt. institutions, -overcoming language barriers,

-having staff that is representative of the populations served, -understand and educating regularly about various cultures and ethnicities.
I'm not educated enough on this topic to list any issues.
minimal diversity with clients in Substance Use Disorder (SUD) Unknown outreach to communities under SUD of capture diversity. No bi-lingual groups offered for SUD due to no bi-lingual SUD counselor or clinician under SUD.
I am an administrative staff, not clinical, not applicable to my position.
Most staff are of Caucasian race. There are very few entry level positions (that do not require a college degree) available as an open door to those who may not be privileged enough to afford a college education.
-Adequate support for LGBTQ population; -offering programs to youth that benefit those that are not high-functioning; -addressing Native American needs; -overcoming mental health-related stigmas in treating Mexican/Latino/Hispanic population; -providing access to services in more remote areas of county - i.e., most services offered in Chico, but limited public transportation make it difficult for clients outside of that area to connect with those services.
Lack of motivation to learn about the diversity of the populations served.
not sufficient knowledge of certain cultural backgrounds
The agency is very incompetent understanding the lifestyle of the MIGRANT/SEASONAL AGRICULTURAL WORKERS. Basic services have been denied to this population due to a lack of cultural competency of personnel managing those services.
Stigma Access Education Political polarization COVID
-Recruitment and retention of culturally diverse staff;

<ul style="list-style-type: none"> -Outreach to serve underserved and culturally diverse clients; -Programs geared at underserved and culturally diverse clients; -Diversity in leadership positions
<p>The people at the top think they are doing what's best for diversity, but they themselves are in the dominant group. However, they don't take feedback or suggestions on alternatives well. They get offended if they are informed something doesn't work well because they have good intentions in their eyes. Or just because something for the big group we make suggestions to make it fit better for the group and they don't understand why it's necessary. So, they reject the options provided. Our manager, don't know what it means to go through some of the struggles of minorities and less income.</p>
<ul style="list-style-type: none"> -Participating in training but having no other interaction with the concept of diversity and how it effects the work place. -Not being informed of what is being done to support diversity outside of the trainings
<ul style="list-style-type: none"> - Gender identities - corporate governance - harassment policies - evolving job benefits - LGBTQ+
<ul style="list-style-type: none"> -Lack of diversity-focused groups. -No Spanish-speaking clinical staff. -No male clinical staff. -Failure to continue therapeutic rehabilitation garden for Hmong wellness clients.
<ul style="list-style-type: none"> -Lack of diversity without inclusion -Unconscious bias -Lack of communication -Generational differences
<ul style="list-style-type: none"> -Outreach -Education opportunities -Creating time for staff to dedicate to attending education -Intentional conversations around cultural issues in staff meetings -Clearer training on how to effectively address cultural experience with clients
<ul style="list-style-type: none"> -Racial inequities -Lack of multicultural representation in workforce
<ul style="list-style-type: none"> -Profiling -Different stands on COVID-19
<p>1. outreach efforts focused on underserved populations</p>

<p>2. education and training related to working with different cultures</p> <p>3. bringing awareness to our own biases.</p> <p>4. need trainings on how to talk with clients about how their culture/beliefs impact their mental health</p> <p>5. more diversity amongst staff at all levels.</p>
<ol style="list-style-type: none"> 1. Majority white staff and board 2. Lack of diverse perspectives 3. Few people with disabilities in positions of power/leadership 4. No Black people employed on staff or board
<ul style="list-style-type: none"> -Lack of input from culturally diverse community -Limited networking with other orgs that have high populations of diverse clientele -Capacity(staff) to expand to enable more culturally diverse programming
<ul style="list-style-type: none"> - No Hmong counselors - Hardly any POC clinicians - Little to no POC representation in Admin and that's all you get for free, you're going to have to pay me more if you want me to do your job for you...
<ul style="list-style-type: none"> -Lack of languages spoken -Lack of access to cultural information -Lack of diversity in staffing
<p>Hmong, poverty, religion, stigma, vacant positions</p>
<p>We have no LGBTQAI+ representation Services for youth are very slim in crisis How do we outreach to the culturally diverse community</p>
<p>I cannot think of five specific diversity-related issues that currently plague our facility I am just aware that there can always be improvements made to adequately assist our clients the best of our ability</p>
<p>Homelessness and service access/investment COVID issues Constant changing political environment Constant staff changes Low morale due to too high of workload</p>
<p>Medication info from pharmacy is only in English. D/C Aftercare/summary only in English. 5150 forms only in English. 5250 forms only in English Firearms prohibition form in English only</p>
<ol style="list-style-type: none"> 1)grand rounds trainings are available, but not given priority - one per year is not enough, and 2) more depth to these trainings would be nice.

3) Active recruitment of, and providing a welcoming environment for Black clinicians and staff is needed, with a process for Black clients to receive services from Black clinicians, if they choose.
Diversity in leadership positions is lacking
I am not aware of any
Outreach to diverse communities to recruit
First and Fourth Amendment Rights being disrespected by county's adherence to DHCS mandates. Service and outreach support for marginalized and minority populations.
-Promote cultural diversities in the agency buildings -Offer career advancement to bilingual staff -Participate in cultural events to promote cultural diversities -Provide outreach to diverse communities -Invite and promote diversity at the administrator level, board member, and volunteers.
1. lack of awareness of own agency demographics and cultural/gender/sexual identity 2. lack of knowledge of competence and capability of staff to work with clients of diverse backgrounds 3. lack of unified training approach to cultural diversity, etc. 4. inconsistent outreach efforts to diverse populations 5. lack of consistent data and metrics regarding outreach and access/linkage to needed services to appropriately address barriers.
More CC training overall for staff is needed. Implement system/tracking of harassment incidents. Define the role of interpreter, translator, heritage speaker.
Homelessness and how it affects mental health; Poverty and its impact on relationships; Disability and its role in striving; Drug addiction and its related culture; Religion and its impact on medical choices;
Training. Outreach. Staffing diversity. Community based engagement. Lack of resources
LGBTQ friendly not addressed, keeping your religion to yourself please, we have hardly any

black staff or clients, very little diversity displayed in lobbies and in building decorations.
Low staff numbers which strongly impacts the amount of staff diversity Lack of multiple treatment approaches; minimal flexibility in approach Low group offerings that provide diverse opportunities Low cultural diversity offerings in the most impoverished areas of the county. Most services are offered in Chico
1 language currently we have employees who cannot translate to their first language because they are part time. 2. General lack of training and the grand rounds that are presented we are unable to attend due to the lack of coverage. 3. Leadership is generally full of like-minded individuals that are often good friends or family members with little diversity.
Are there any queer people or POC in charge of anything? Not that I am aware of.
Equity Socialization
Pamphlets, documents, and/or brochures that are primarily only written in English with the exception of a few in Spanish. The complications and long wait time it takes to communicate with clients through Language Line.
Staffing Cultural Competency Education to all staff
Awareness, training, insufficient diverse applicants
Lack of recognition of diverse holidays/observances, lack of staff diversity and representation, not enough ongoing training, no initiatives, no outreach/education.
1. Minimal diversity in leadership/administrative roles 2. Poor communication 3. High employee turnover 4. Resistance to change 5. Poor employee engagement
staff diversity
The unhoused, housing inequality, COVID discouraging ed groups or cultural based events, and lack of resources - staffing and time for these efforts.
1. Nepotism 2. not enough staff to provide consistent client care

<p>3. Have heard that some staff feel they have been treated unfairly because they are black.</p> <p>4. Treating homeless individuals</p> <p>5. Treating individuals struggling with substance abuse</p>
<p>Difficulty finding clinical staff of various ethnic backgrounds.</p>
<p>1) lack of communication (print, social media, posters, flyers, etc.) to the community of the agency's desire to serve diverse groups and value of those groups</p> <p>2) lack of diverse staff (underinvestment in the diverse staff they have)</p> <p>3) lack of agency prioritization of cross-cultural trainings and lack of communication by admin, PMs, and sups to staff that fostering diversity of personnel and of cultural awareness is a core BCDBH value</p> <p>4) (my perceived) lack of efforts by admin/PMs/sups to outreach to staff from other cultural backgrounds to ensure practices (from office layout to larger issues of policy) are culturally sensitive.</p> <p>5) I would love to see a reframe of the attitude and approach we have to serving clients who are non-English speaking and need to use the language line, and an accompanying actual training on appropriate use of the language line and what to keep in mind while using it would be helpful.</p>
<p>Availability of staff.</p> <p>Socio-economic issues of clients.</p> <p>Inherent prejudice.</p> <p>Unavailability of interpreters.</p> <p>Overwhelming critical issues taking priority.</p>
<p>I think things generally are handled excellently regarding diversity. The only possible improvement would be to potentially have more multilingual staff members.</p>
<p>I don't know of five. But I have heard from staff and clients alike that the primary focus on diversity tends to center around the Hmong and Hispanic cultures. Not necessarily the homeless culture, the black culture, or middle eastern cultures.</p>
<p>New to the Agency</p>
<p>Almost everyone I work with is white</p> <p>I do not hear cultural diversity conversations</p> <p>Chico is a diverse community but not working for</p>

<p>the county, I count on one hand how many culturally diverse people I work with</p>
<p>COVID-19 health disparities, COVID-19 vaccine disagreements, homelessness, greater representation for Hmong, Blacks, and Latinx peoples in Butte County, impact of trauma</p>
<p>Staffing, Acknowledgment/valuing diversity, valuing experience, advancement limitations, closed communication</p>
<p>No cultural diversity within administrative staff/upper management.</p> <p>Lack of local community resources for diverse groups.</p> <p>Insufficient culturally competent staff to meet the needs of clients.</p> <p>Lack of outreach to reduce mental health stigma within diverse groups.</p>
<p>Language barriers affecting access to care for our non-English speaking patients, understanding cultural norms of other ethnicities, more diversity within staff</p>
<ol style="list-style-type: none"> 1. Racist language and action used by clients 2. Culturally aware recruiting, interviewing, and promotional process 3. Better functionality of EHR when working with trans, non-binary clients who have different gender identity than what's listed in Medi-Cal. 4. More diversity with people in supervisory and managerial positions. 5. The length of time it takes to address bias motivated actions.
<p>Language written</p> <p>Language spoken</p> <p>representation</p> <p>cultural competency</p>
<p>lack of communication from top down, staffing turn-over rate, challenges with implementing diversity, too many opinions and changes happening</p>
<p>Not enough people of color and/or LBGQTIA in leadership roles.</p>
<p>Non-diverse leadership team.</p>
<p>Law enforcement involvement with mental health</p> <p>Homeless individuals are stereotyped</p> <p>Houseless individuals are "just looking for housing" and are "not in crisis"</p> <p>elderly persons are often victims of ageism</p> <p>People with substance use issues are often seen as "problems"</p>

COVID-19
 Accessibility
 Adaptability
 Bilingual staff
 Bias

Not enough information regarding Veteran services. Believing we need to treat the mental issue or the substance abuse issue first and not thinking of how to treat them concurrently. Not enough bilingual staff authorized to translate in Crisis Services. Not enough bilingual staff to work with clients through outpatient services. Not enough known information regarding how to assist a client in getting connected to services if they are undocumented.

1. Stereotypes and prejudice
 2. People from minority groups feel like they are treated unfairly

Staff diversity
 Career ladders/advancement opportunity for a diverse workforce
 Lacking collaboration/connectivity with community partners that outreach/serve different groups in the community
 Lack of incentive or opportunity to attend culturally relevant trainings

Bon diverse staff
 No groups on cultural competence
 No information regarding cultural competence

“LIST THREE STEPS THE AGENCY COULD TAKE TO ENHANCE IT’S CULTURAL COMPETENCE.”

1. Multilingual staff
 2. Show you understand the different religions
 3. Get to know people of a different language or religion.

1. Continue (or begin) to dialogue with all diversity subject.
 2. Observe and put to use successful competencies.

Increase housing programs
 In house training

Additional training on a broader range of cultures. Point person for each culture to help in making decisions for our clients.
 Possibly community volunteers who can assist with language barriers (sign language) and understanding cultural differences.

Promote cultural aware and celebrating cultural events
 recruit diversity staff in all levels of the organization (board, staff, administrators, etc.)

1. Take an agency wide in-depth, capacity-building anti-racist training from a professional program
 2. Divest some money from our existing programs in order to have enough to fund the diverse programming we want to be able to do

Continue cultural competency grand rounds, get more input from staff/clients regarding cultural differences and how we can make changes to improve our cultural competency.

Educate, seek staff diversity when possible, provide more outreach to populations less likely to seek services.

I'm not educated enough on this topic to know what steps should be taken.

Encouraging other clinicians, counselors to educate in Substance Use Disorders
 Register to support bi-lingual groups under SUD.

Administration could more transparently engage with staff regarding client needs based on front-line staff's experience working with clients; recommend addressing how specific programs address cultural needs; outline how feedback gathered from staff and clients was considered in the development and implementation of programs and services.

Give opportunity for staff to participate by educating the agency of cultural insights.
 free education for staff.

Provide training to all staff in Diversity, Equity and Inclusion Awareness;
 Provide training to all staff in Unconscious/Implicit Bias Awareness;
 Provide mentoring/support for BIPOC staff.

Our agency does not see competence as a goal as it implies you can become competent and no longer need to continue with the learning, we say cultural responsiveness is the goal.

Hiring of culturally diverse staff who has life long experience of their community (not just the one hour required cultural competency training a year).
 Have staff who have experience (themselves or see it day to day, are actually working with this clients) create policies. Not the managers, supervisors who think they know what's needed, but have no actual background in knowing. Even with the best intentions it doesn't work well.

<p>I think it would be really neat to have clients and or staff who are willing to share their culture with others. This will bring the trainings to life, if we get to see those that we work with explaining more about their culture and belief system so that we can learn, understand and develop respect for others and their cultures.</p>	<ul style="list-style-type: none"> -Utilize Peer work and strongly endorse it -Focused cultural outreach -More Peers for families -Peers with different backgrounds
<ul style="list-style-type: none"> - Understanding of situations that occur and how times have changed since before and or the previous situation of the transformation of topics. -Being open minded and having staff understand the stressors of the additional staff 	<ul style="list-style-type: none"> -Be aware and present for any and all ways we may offend our clients. -Make a more conscious effort to learn about our local communities' diversity. -Lastly understand the generalized demographics that we offer run into issues with as to make an effort to better understand and address the issues we face with that demographic
<p>Agency-wide distribution of staff to meet diversity needs appropriately at each clinic.</p>	<ul style="list-style-type: none"> -Do more outreach services like add more case managers to work with all clients -Put more emphasis on valuing training for staff. Right now, it is not valued or given time to get done. -Work on investing in the building lobby and offices. They need to be updated to be more comfortable and inviting to clients.
<ul style="list-style-type: none"> -More than 1 cultural competency training per year open discussions of other cultures -More representation 	<p>translate forms</p>
<ul style="list-style-type: none"> -Hold regularly scheduled trainings, -Support staff with how to create space in calendars to attend, -Hire more diverse staff 	<p>Strive to create multi-cultural leadership</p>
<p>Expanded trainings on culture that are mandatory vs voluntary.</p>	<p>I am not aware of any</p>
<p>More culture awareness education for our local community.</p>	<ul style="list-style-type: none"> -Stand for the county's independence with freedom of health -advocate for exemptions of staff who are physically healthy -negotiate with state-elected officials that they do get paid to dictate how people care for themselves.
<ol style="list-style-type: none"> 1. More trainings that are focused on how to put to practice what we learn 2. trainings on outreach efforts into our community and how to focus those efforts on all the diverse individuals in our community 3. more acceptance and encouragement of discussions around culture and differences. 	<ul style="list-style-type: none"> - monthly celebration each cultural diversity (food, training, educations, activities, recognition/acknowledgement, etc.) -Actively recruit diverse staff - encourage/offer career advancement to diverse staff and encourage to participate in the decision-making process.
<ol style="list-style-type: none"> 1. More anti-oppression and cultural competence trainings for staff and org's board 2. Pay more POC leaders for guidance and input on programs/services 3. Build stronger community relationships for culturally specific outreach 	<ol style="list-style-type: none"> 1. develop more concrete strategies to embrace diversity and inclusion 2. develop and implement consistently a more robust training plan for the items targeted in this survey 3. provide ongoing supervision and follow up to ensure adherence to these standards.
<ul style="list-style-type: none"> -Collaborate with other organizations more -More training and discussion -Intentional planning with and about diverse cultures 	<p>Create and implement tracking system to address instances when staff are faced with discrimination either by other staff or clients.</p> <p>Innovation projects: Specific training and evidence-based treatment modalities to address needs to LGBTQ+ individuals; Translation services.</p>
<ul style="list-style-type: none"> -Pay a commensurate wage compared to other counties in order to stop losing POC's and experienced staff. -Hire more POC's <p>and that's all you get for free, you're going to have to pay me more if you want me to do your job for you...</p>	<p>Stop viewing LGBTQ as the main, and in some cases the only cultural competence issue;</p> <p>Host meals from other cultures;</p> <p>Decorate with other cultures in mind;</p>
<p>Topics to address socio-economic differences.</p> <p>Build relationship with the Hmong community and bridges to services</p>	

More training. Outreach. Staffing diversity.
Promote Heritage months Celebrate Diversity
Our lobbies are not gender/ alternative affirming friendly. There is little display of welcoming diversity anywhere in our buildings.
More support for south county programs More Hispanic and African American focused programs More wrap around offerings for impoverished communities
Increase the access to translation certification for all employees. Increase cultural competency trainings and or provide time for staff to attend and participate in them.
Continued trainings
The agency isn't necessarily doing anything wrong, however, they aren't doing anything really right. I have seen some small posters about our Native American and Latinx community, but that's it. I haven't seen and Queer/LGBTQ+ related anything.
participation provide time to staff to promote cultural competence and to use the time to explore and to learn about other cultures to enhance equity.
Create pamphlets/documents/brochures for clients in multiple languages, not just English.
Consult culturally diverse line staff in program decisions and development
Training, Maintain diverse staff
-Recognize the diversity and acknowledge/observe various backgrounds of staff and clients -offer training/education around these -create an affirming environment not just once of tolerance.
1. Reduce employee turnover. 2. Celebrate traditional holidays, festival and food of other cultures. 3. Bridge the culture gap with good communication. Increase cultural literacy, awareness, and acceptance
employment of diverse staff More training Less bias
Honestly, I find us to be a diverse group who cares, but lacks resources. That we are underpaid is representative of how both us and our clients are not appreciated by the greater system.

1. Create a safe work environment where staff are more likely to report microaggressions so it can be addressed 2. Continue with yearly trainings & grand rounds. 3. more team building activities to build connections within teams and programs.
I think the agency is doing a great job relating to cultural competence.
Not to be too political. Respect each human being, which treat others just like you want to be treated.
1) communication from our leaders (admin especially but also PMs and sups) that cultural diversity and cross cultural education and understanding are important and a core BCDBH value 2) Trainings that take a "deeper dive" into the cultural practices, histories of, immigration experiences of the main cultural groups BCDBH serves (often the cross cultural events/trainings I've attended at partnering agencies like the African American or Hmong cultural center seem pretty surface level). 3) Hire more staff, with an emphasis on those representing cultures other than the dominant one in our area. Also, I don't feel like we can really ask our staff to have the time or energy to genuinely engage in cross-cultural learning with the staffing levels we have.
Recruitment of interpreters. Realistic education opportunities. Prioritizing issues and setting timeline goals.
1. Incorporate more cultures into the cultural competency curriculum, not just a couple. 2. I think an important thing to note would be to recognize that not all black cultures are the same, but the small amount of material I have seen on this subject portrayed all black culture to be the same. 3. I think another important step would be to avoid painting white culture as a bad thing, not all white people are white supremacists or racists. I've never seen any material from my agency discussing trauma that Irish immigrants experienced for example, it is conceivable that a person of a minority culture moved here and doesn't know these things, and could expect racism.
New to the Agency
Hire more people of color Recognize the employees of color Recognize it needs to change

Hold more trainings, expand outreach, provide more time/acknowledgement in the work place of the importance of diversity
Self-Awareness, unconscious bias, status quo communication
Retain more culturally diverse staff. Provide or contract with agencies that can provide culturally competent outreach to help reduce stigma in diverse populations.
-Provide more cultural competency training/lecture series -surveying Hmong patient population regarding access to care and happiness with care received -hire more staff of various ethnicities
1. Additional cultural comp training - one standard across department that is provided annual specifically for DBH. Something that could be dynamic that evolves and changes year to year based on our understanding of what it means to be culturally competent. 2. Increased Peer Support across the department. 3. Targeted outreach to hire diverse candidates into leadership positions.
clearer process for using forms in other languages training for staff
-Provide or offer diversity education regularly -Focus on retention and keeping quality staff -Paying attention to words and there effects on others
-The agency could better respond to current events that affect marginalized communities and people of diverse backgrounds; for example, during the el Paso shooting, which targeted Mexican-Americans, staff of color felt the negative impact of this event. When events like this occur, it would be helpful if administration sent out an email acknowledging the event and offering space for people affected to process the event and support staff in taking time to self-care. Going on business as usual has been

shown to have negative impacts on people's mental health. -Also, the agency could benefit from leadership mentorship programs for people of color. -Actively recruit for leadership positions in spaces where people who care about social justice and racial equity frequent (for example, gender or ethnic studies email listservs at Universities or LBGTQIA+ and cultural resources centers).
Spend money on real cultural trainings, and not just have us do an annual Relias Training to meet a quota.
Open communication between SUD services and Mental Health Find a way to secure more affordable housing Work with agencies for elderly populations to treat both mental illness and cognitive decline
Cultural humility Education Treatment options
Celebrate VA holidays more. Hire more Veterans. Celebrate multicultural holidays more often in the work place. Hire more bilingual staff.
1. Hire diverse staff for management 2. Encourage staff to speak out when they recognize intolerance whether or not they are the targets.
-More training, incentivized via policy and/or some means of positive reinforcement. -More diverse hiring practices and promotion opportunities -Increased collaboration with Promotores, AAFCC, Hmong Cultural Center, Stonewall, etc.
Groups Trainings More diverse staff