

BUTTE COUNTY BEHAVIORAL HEALTH
CULTURAL COMPETENCE PLAN
FISCAL YEAR 2020-2021 UPDATE



The purpose of this document is to report activities and updates that have occurred since the release of the 2018 Comprehensive Cultural Competence Plan. This document is not meant to replace the contents of the 2018 Comprehensive Plan.

Contents

SUMMARY OF IDENTIFIED DISPARITIES	2
STRATEGIES IDENTIFIED TO REDUCE DISPARITIES.....	5
NOTABLE UPDATES.....	7
PLANNING FOR THE FUTURE	10



Culture—a person’s beliefs, norms, values and language—plays a key role in every aspect of our lives, including our mental health. Cultural competence is a service provider’s ability to recognize and understand the role culture plays in treatment and to adapt to this reality. Unfortunately, research has shown lack of cultural competence in mental health care.

Butte County Department of Behavioral Health values the rich diversity of our organization and aspires always to demonstrate respect for the uniqueness of each individual’s beliefs, values, traditions, and behaviors. We encourage contribution to the establishment of an open, inclusive environment that supports and empowers our employees. Our commitment to diversity includes both the development of a diverse workforce and the delivery of culturally competent care to our clients.

The first step to providing culturally competent care is to embrace our own diversity – to celebrate, enhance, and learn from it. Our diversity is also our strength.



Summary of Identified Disparities

In the Butte County Department of Behavioral Health (BCDBH) 2018 Comprehensive Cultural Competence Plan, disparities were identified throughout the various methods of analysis. These disparities were used to inform strategies to reduce disparities within our system of care to be implemented through 2021.

Criterion 2: Updated Assessment of Service Needs

Client utilization rates do not acknowledge or address that certain cultural groups are potentially at higher risk for behavioral health challenges and therefore will have a higher need for services. While BCDBH exceeds statewide averages for utilization, there is also room to strengthen penetration rates for specific ethnic and cultural groups. Some groups that may have a higher need for services are those who have experienced systematic discrimination, associations with historical trauma, and/or those whose cultural norms and teachings often influence beliefs about the origins and nature of mental illness. Populations who are at-risk for suffering from historical trauma include Native Americans, African Americans, immigrants, and families living in poverty. Stakeholders from these groups substantiate that there are many unmet service needs in their communities, in particular, culture-based services that are congruent with cultural traditions.

Butte County penetration rates for Hispanic/Latinx¹, Asian/Pacific Islander and Native American populations are recognized as the smallest percentages that exceed statewide rates. These are, in fact, cultural groups who have potential for an increased need for services. Hispanic/Latinx report many reasons that prevent individuals from seeking treatment, including lack of information/misunderstanding about mental health, privacy concerns, language barriers, legal status and lack of health insurance². Native Americans have historically experienced trauma through violent colonization and assimilation policies, as well as current barriers to treatment. Asian/Pacific Islanders, our local Hmong population, have experienced trauma from the Vietnam War and its subsequent forced migration.

Butte County 2017 Medi-Cal Penetration Rates Ranked by percentage they exceed statewide average	
White	3.6%
African American	3.6%
Other	2.8%
Hispanic/Latinx	1.9%
Asian/Pacific Islander	1.6%
Native American	.3%

Criterion 6: County's Commitment to Growing a Multicultural Workforce

Our existing staff demographics do not represent our service population, with Caucasian (White) staff at 78.8% compared to our consumer population percentage of 73.0%. The ethnic community that is least represented is the Hispanic/Latinx population where our Hispanic/Latinx staff are only 9.0%, yet

¹ Latinx is a gender neutral term

² <https://www.nami.org/find-support/diverse-communities/latino-mental-health>

Hispanic/Latinx ethnicity is 14.6% of our service population. After closer inspection of the data collection processes that go into identifying staff demographics, it was determined that there is an opportunity to change our process to portray a better reflection of staff demographics. For example, the choices available for race/ethnicity selection for staff are very small, especially when comparing with the options available to our consumers. The Butte County Human Resources Department provides all County departments with methods to collect staff demographic data. Additionally, neither the Department, nor the County, collect information on the numbers of LGBTQI+ staff that are 'out' at work and can therefore provide insight or expertise regarding the LGBTQI+ community to staff and consumers.

Criterion 7: Language Capacity

Butte County recognizes the Department's need for bilingual language skills or specialized communication skills to improve consumer experience and reduce cultural/linguistic disparities. Thus, BCDBH continues to implement Bilingual Pay Differential, which is intended to be an incentive for bilingual staff to utilize their skills and for departments to leverage resources. This rule requires verification of language and communication skills as defined and administered by the Butte County Human Resources Department. BCDBH is currently working with County Human Resources to allow for the development of an internal (department level) certification process. BCDBH asserts that language certification in health and human services is more complex and requires a more sophisticated certification process than is currently in place for the County. A more sophisticated certification process may dictate an increased need for training and support of individuals who are certified. The enhancement of support and training for our staff was also defined by our leadership team via a Translation Survey, which was part of the Organizational Assessment of 2018. Additionally, the lack of bilingual staff employed by the Department was identified as a disparity.

2018 Organizational Assessment Findings

To further identify opportunities to enhance Cultural Competency at BCDBH, the Department engaged in an Organizational Assessment for Cultural Competency in 2018. Two different surveys were utilized to seek input from both consumers and staff. The results were reviewed with the Cultural Competence Committee (CCC) and strategies were identified through the CCC for the Department to implement through 2021. The results of this survey were also shared with the BCDBH Executive Management Team.

Consumer Survey: There were **322** consumer surveys completed.

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.”

Staff Survey: There were **219** staff surveys completed.

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.”

CHALLENGES/OPPORTUNITIES

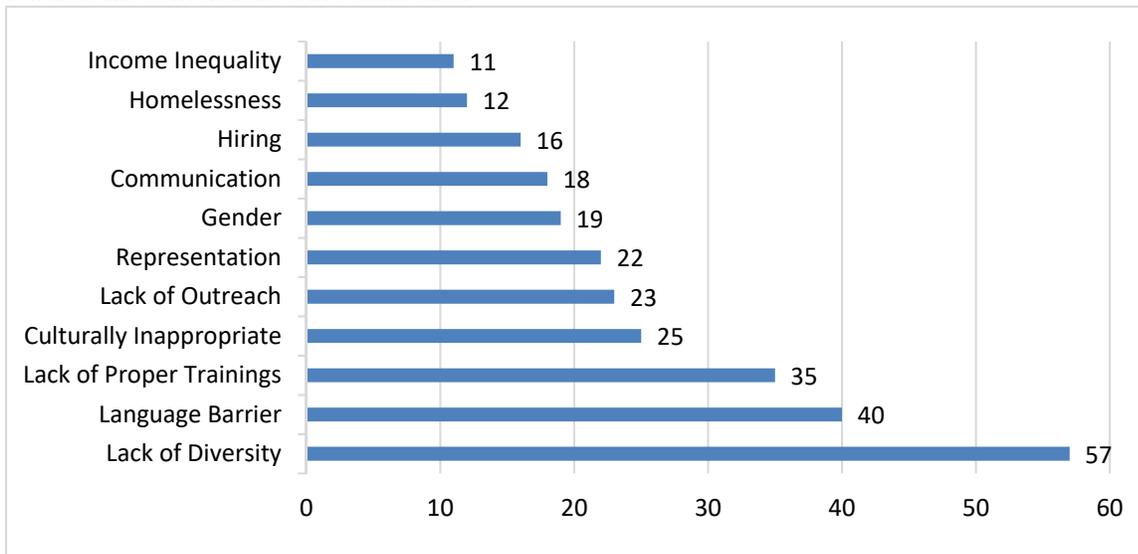
- On average, 42% of staff *don't know* about our agency’s “Leadership Values,” in general.
- On average, 36% of staff *don't know* about our agency’s “Community Outreach,” in general.
- 32% *don't know* if “My agency addresses cultural tensions that arise, both within the organization and within the 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.”

COMMENTS

Additionally, staff were asking to respond to the following prompts:

- List the five most important diversity-related issues currently facing the agency.
- List three steps the agency could take to enhance its cultural competence.

Phrases most mentioned in comments:



N = 191

Strategies Identified to Reduce Disparities

Criterion 2: Updated Assessment of Service Needs

Increase Medi-Cal penetration rates and outreach activities for Hispanic/Latinx, Asian/Pacific Islanders and Native Americans. These are racial, ethnic or cultural groups who have potential for an increased need for services and treatment.

Criterion 6: County's Commitment to Growing a Multicultural Workforce

BCDBH Human Resources department to collaborate with the CCC to implement changes that would allow for a larger dictionary of race and ethnicity for staff to choose from. This will allow for a more accurate analysis of the BCDBH workforce, which will drive future strategies for recruitment practices.

Criterion 7: Language Capacity

Work with County Human Resources toward implementing an updated certification process. A more sophisticated certification process may dictate an increased need for training and support of individuals who are certified. BCDBH is currently exploring these options and how to best move forward with training and supporting, and therefore potentially recruiting current staff to apply for the bilingual pay differential.

Cultural Competence Committee Recommendations

The CCC is a subcommittee of the BCDBH Quality Improvement Committee (QIC). The Cultural Competence Coordinator updates the QIC on a quarterly basis on the Committee's activities and recommendations. Additional strategies have been identified by the CCC following the analysis of the 2018 Organizational Assessment for Cultural Competence. The CCC chose to focus on the following areas that were used the most in the comments section of the staff survey:

1. Lack of Diversity
2. Language Barrier

3. Lack of Proper Trainings

Overarching Strategies

The following table identifies long-term strategies and the correlating action steps for reducing disparities in the BCDBH system of care.

Strategy/Project	Description	Actions
1. <i>Increase number of bilingual, bicultural staff</i>	Recruit for staff whose heritage language is Hmong or Spanish.	Recruit for Hmong and Spanish speaking staff. Consider including language in job specifications around diverse communities.
	Continue to increase the number of African American, Native American, Latinx, Hmong, LGBTQI+ staff members.	When possible, hire local staff from the community.
2. <i>Increase the competency of the procedure used to capture demographics of BCDBH staff</i>	The choices available for race/ethnicity selection for our staff members are very small, especially when comparing with the options available in Avatar for our consumers.	Work with BCDBH Human Resources department to implement changes that would allow for a larger dictionary of demographics for staff to choose from.
	We currently do not collect demographic data related to the LGBTQI+ community.	
3. <i>Develop environments at BCDBH and contract providers that allow LGBTQI+ staff to feel safe in coming out at work.</i>	Increase numbers of LGBTQI+ staff that are 'out' at work and can therefore provide expertise regarding the LGBTQI+ community to both staff and consumers.	Discuss with staff members how to increase safety level for LGBTQI+ staff members at work.
		Identify strategies to implement and monitor implementation progress.
4. <i>Have a process in place to ensure that interpreters are trained and monitored for language competence</i>	Ensure that staff who are receiving bilingual pay and/or contracted for translated services have been trained in or have experience in the mental health field.	The Cultural Competence Coordinator will initiate an evaluation of how to implement this process.
	Translator/Interpreter Service Evaluation is used to monitor individuals on their skills and ability to cooperate with staff and consumers.	
5. <i>Provide training and education to Department staff about Native American, African American, Hmong, Latinx, LGBTQ+ communities.</i>	Provide access to culturally competent trainings to staff and providers.	Relaunch Grand Rounds training schedule for 2020-2021 through coordination from the CCC.

Strategy/Project	Description	Actions
6. Offer training and education to tribal communities about MH, substance abuse, and co-occurring disorders, including outreach.		Develop workgroup to design and implement cultural competency academy.
	Offer partnership and training to local tribal communities. Update Memorandums of Understanding with Native Health providers to specify inclusion of Culturally specific trainings to the community.	Develop partnership to identify methods of training and outreach regarding co-occurring disorders in the Native American Population. Identify action steps to take regarding training and outreach.

The overall Cultural Competence strategy is to incorporate cultural proficiency within the Department and its programs through specific strategies. These current strategies are continuing to be utilized:

- Training for staff on LGBTQI+ issues, sensitivity and ally training
- Targeted outreach to homeless individuals
- Cultural trainings provided by local community based organizations
- Program Managers to attend Cultural Proficient Professional virtual trainings
- Strengthening support for bilingual/bicultural staff

Planning and monitoring of identified strategies/objectives to reduce mental health disparities. The annual Cultural Competence Plan will be reviewed by the CCC and QIC on a regular basis. The strategies identified above will be implemented through FY 2020-2021, until the next Organizational Assessment for Cultural Competency is completed. The following table illustrates the plan for monitoring implementation of strategies to reduce disparities.

	Frequency	Method
<i>Cultural Competence Coordinator</i>	On-going	Coordinate/facilitate the CCC including recruiting additional community stakeholders to increase oversight and input into Cultural Competence Plans & initiatives
<i>Quality Improvement Committee (QIC)</i>	Quarterly	Cultural Competence Coordinator will report to the QIC on Committee activities and the status of initiatives and strategies
<i>Cultural Competence Committee (CCC)</i>	Monthly	Review strategies to reduce mental health disparities in our service delivery/access to care and make recommendations regarding progress on current initiatives

Notable Updates

COVID-19 and Continued Wildfires in Butte County

On March 19, 2020, California issued an [Executive Order \(PDF\)](#) and [Public Health Order \(PDF\)](#) that directed all Californians to shelter-in-place, except to participate in essential job duties or to shop for essential needs due to the threat of COVID-19. Medical treatment, including behavioral health needs, is

considered an essential need. BCDBH began providing services to clients over the phone or through video, when appropriate. Crisis and Inpatient services continued to operate as usual, with added illness prevention precautions.

Per the Executive Order, the CCC transitioned from being held in person to a virtual platform, i.e. Zoom. Since April 2020, all Committee meetings have been held virtually via Zoom and will continue until BCDBH receives orders to resume in-person meetings with the necessary safety precautions. Community input meetings, which included QIC, are also facilitated via Zoom to gather input on Cultural Competency related initiatives and Cultural Competence Plan updates.

Due to the change in venue, the Cultural Competence Coordinator and the Committee Co-Chair initiated a Committee survey in July 2020 to determine how often Committee members wished to meet in this new virtual platform. Of the 21 survey respondents, 10 responded that they wished to meet on a monthly basis versus every other month as had been previously established. While not ideal, the virtual Committee meetings have been successful with an average of about 28 community members/stakeholders participating at each Committee meeting.

Ensuring access to services for underserved communities has been at the forefront of the Committee's discussion. In July 2020, the CCC in collaboration with Butte County Public Health and the Hispanic Resource Council of Northern California developed the Latinx-Hispanic COVID-19 Task Force to help address the spike in COVID-19 cases observed in the Latinx/Hispanic communities of Butte County.

On August 17th 2020, Butte County and other surrounding Counties experienced what is known as the North Complex Fires which affected our community significantly while many community members are still healing from the traumatic effects of the 2018 Camp Fire. The Camp Fire was the deadliest and most destructive wildfire in California's history, with 85 deaths and approximately 18,000 structures destroyed. The North Complex Fire is currently the sixth-largest fire recorded in California's modern history, and is also the deadliest fire in the 2020 California wildfire season with 15 deaths as of Oct 27, 2020.

All participants in the CCC have been affected by the pandemic and wildfires either personally or professionally as the community works towards healing and addressing the trauma encumbered by those we serve. The Committee members were very attentive to one another and the community during virtual Committee meetings following the shelter-in-place order, and expressed that the gathering felt like a safe place to share their experiences, share resources, and collaborate on addressing the needs of our most vulnerable community members.

Cultural Competence Committee Activities

This year the Committee found new ways to connect with one another as meetings were held in a virtual platform. The focus of our Committee meetings in the last 8 months has been around addressing the needs of our most vulnerable & underserved populations, ensuring access to needed services and resources in the community. Committee members also highlighted the importance in resuming the previously established Grand Rounds Cultural Trainings. On September 18th 2020, a Cultural Trainings survey was conducted to determine which Committee representatives/agencies were able to provide virtual Cultural Trainings to the community. There were 18 responses received from this survey. Of the 18 responses received, 10 agencies indicated that they were able to provide a virtual Cultural Training. Those agencies then participated in the development of a training schedule for the remainder of the 2020-2021 Fiscal Year:

Grand Rounds Cultural Trainings Fiscal Year 2020-2021		
MONTH	TRAINER	TOPIC
November	NorCal Center for the Deaf & Hard of Hearing	Deaf Sensitivity Training
December	**None due to holidays	N/A
January	Promotores	Hispanic/Latinx Community
February	Hmong Cultural Center	Hmong Culture: Zoosiab Program & Hmong Elders services
March	Iversen Center & North Valley Talk Line	Peer Support Services
April	Stonewall Alliance Center	LGBTQI+
May	African American Family & Cultural Center	TBD
June	Feather River Tribal Health	Native American Health

Other Committee Accomplishments in 2020

- The CCC added new members to the Committee including front-line staff, peer specialists, and community providers from the youth system of care.
- The CCC continued to facilitate the planning for Grand Rounds Cultural Trainings and will provide trainings sponsored by NorCal Services for the Deaf and Hard of Hearing, Hmong Cultural Center, the African American Family and Cultural Center, Promotores and Stonewall Alliance. BCDBH was able to implement the recommendation from the CCC to film the trainings and make them available digitally to share.
- Compared to prior year, the CCC participation by Community partners has increased significantly despite the change to virtual platform.

The Committee continues to be an integral part of the Annual Community Input process for all MHSA Program Expenditures and Plan Updates. This entails reviewing the plan and providing feedback on programs and new Innovation concepts.

Training Activities

In addition to the 2020-2021 relaunch of Grand Rounds Cultural trainings on a monthly basis, the CCC has advocated for the addition of Cultural Trainings options within our electronic learning system, “Relias”, including topics such as *Implicit Bias* and *Addressing Systemic Racism in Behavioral Health Settings*. Within Relias, there is a tracking system in place that ensures all staff complete a minimum of one hour of Cultural training every fiscal year. The Committee is considering advocating for an increase of Cultural training requirement from one hour per year to 6 hours per year, to be updated in BCDBH Policy 68 Cultural Competence.

Language Capacity

BCDBH is completing the roll out of VoIP (Voice over phone system) in all agency clinics and has successfully addressed initial challenges within that system to third party calls with the use of Language Line Solutions to ensure ease of accessibility for Limited English Proficient beneficiaries and community members.

On February 5 2020, the Cultural Competence Coordinator and the Assistant Director of Clinical Services met with the BCDBH Human Resources Manager and discussed recruitment efforts for bilingual/bicultural staff. It was decided at this meeting that BCDBH Human Resources would add a specific tagline to all Department recruitments that would indicate, “Bilingual Spanish/Hmong preferred” as a way to entice more bilingual/bicultural applicants to apply for open positions within the Department.

Adaptation of Services

BCDBH continues to make a concerted effort to provide community based services specifically designed for unserved and underserved populations. These programs are embedded in locations comfortable to diverse cultural populations. Efforts to increase the level of multicultural staff members will continue.

The completed Network Adequacy Tool (NACT) is evidence that the County has available, as appropriate, alternatives and options that accommodate individual preference, or cultural and linguistic preferences, demonstrated by the provision of culturally-specific programs, provided by the County/Contractor and/or referral to community-based, culturally-appropriate, non-traditional mental health providers. The Department continues to be compliant with all NACT regulatory requirements.

Quality Improvement Committee

The Quality Improvement Committee (QIC) is responsible for monitoring, assessing, and improving client care and service. The QIC recommends policy changes, reviews and evaluates the results of Quality Improvement (QI) activities, institutes needed QI actions, and ensures follow-up of QI processes. The licensed QI Coordinator is responsible for the clinical oversight of the QI process. The QIC meets monthly to monitor Performance Improvement Projects, Beneficiary Grievances and Appeals, Cultural Competence Issues, Contracted Provider Information and Contracted Provider Grievances, Training, Timeliness of Consumer Access to services, Crisis Line response amongst various other areas of oversight. The following Department of Behavioral Health Committees and sub-groups report at the Quality Improvement Committee:

- Cultural Competence
- Quality Management Chart Review Committee
- Compliance Committee
- Authorization/Access
- Systems Performance, Research and Evaluation
- Organizational Providers
- Patient’s Rights Advocacy
- Grievance Committee
- Training Coordinator

Planning for the Future

In December of 2020, the CCC met to review a draft version of this updated Cultural Competence Plan. The CCC approved of the plan update along with the review & oversight of QIC.

The CCC reinforced that building diversity within the workforce is an integral part of strengthening cultural proficiency. The Committee recommended introducing positions within the Department that are specifically classified as bilingual or indicate that background work with diversity is preferred. The Committee also discussed broadening the topics of the Grand Rounds trainings to include presentations

on cultural implications of poverty, homelessness, and disabilities. A goal for the Committee is to implement and provide a cultural training on Veteran's and their behavioral health needs.

The Department will continue to pursue strategies to combat disparities in the current system of care and is committed to continuous progress on the scale towards cultural proficiency to guarantee the best outcomes for the community. This includes a renewed focus on cohesiveness and connection within a virtual meeting space to maintain participation while adhering to COVID-19 safety mandates. The Department is collaborating with Community stakeholders via the CCCC to generate an appropriately updated Organizational Assessment for both agency staff and beneficiaries. The intent of this updated assessment is to adequately identify disparities currently affecting our Community members that are the most underserved and at risk. The Committee will review the previous assessment template to ensure that questions reflect the current needs of our Community.