

BUTTE COUNTY BEHAVIORAL HEALTH
CULTURAL COMPETENCE PLAN
FISCAL YEAR 2019-2020 UPDATE



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

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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 each 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 Behavioral Health (BCBH) 2018 Cultural Competency 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 BCBH exceeds statewide averages for utilization, there are still 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 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 Latinx staff are only 9.0%, yet 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

¹ Latinx is a gender neutral term

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

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, BCBH 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. BCBH is currently working with County Human Resources to allow for development of an internal (department level) certification process. BCBH 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 BCBH, the department engaged in an Organization Assessment for Cultural Competency in 2018. Different surveys were utilized to seek input from both consumers and staff. The results were reviewed with the Cultural Competency Committee and strategies were identified through the committee for the department to implement through 2021. The results of this survey were also shared with the 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

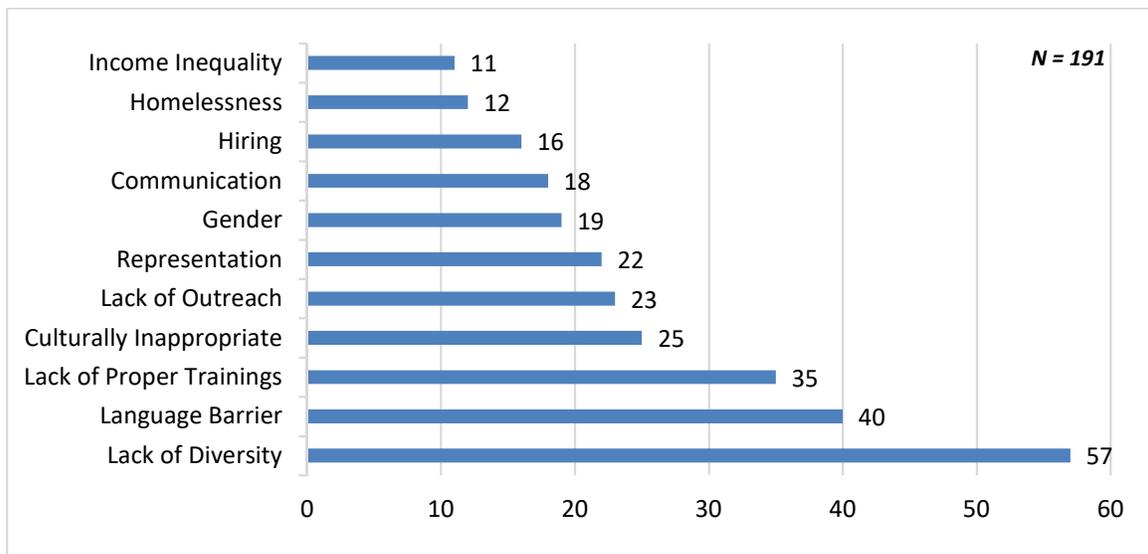
- On average, 42% of staff *don't know* about our agency’s “Leadership Values,” in general.
- On average, 36% of staff *don't know* about our agency’s “Community Outreach,” in general.
- 32% *don't know* if “My agency addresses cultural tensions that arise, both within the organization and within the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



Note: There could be multiple mentions in one comment.

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

BCBH Human Resources department to partner with the Cultural Competency Committee 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 BCBH 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. BCBH 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 Competency Committee Recommendations

The Cultural Competency Committee (CCC) is a subcommittee of the BCBH Quality Improvement Committee (QIC). The Cultural Competency Manager 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 Organization Assessment for Cultural Competency. The CCC chose to focus on the following phrases 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 BCBH system of care.

Strategy/Project	Description	Actions
<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 that is being served.
<i>Increase the competency of the</i>	The choices available for race/ethnicity selection for our staff members are very	Work with BCBH Human Resources department to

Strategy/Project	Description	Actions
<i>procedure used to capture demographics BCBH staff</i>	<p>small, especially when comparing with the options available in Avatar for our consumers.</p> <p>We currently do not collect demographic data related to the LGBTQI+ community.</p>	<p>implement changes that would allow for a larger dictionary of demographics for staff to choose from.</p>
<i>Develop environments at BCBH and contract providers that allow LGBTQI+ staff to feel safe in coming out at work.</i>	<p>Increase numbers of LGBTQI+ staff that are 'out' at work and can therefore provide expertise regarding the LGBTQI+ community to both staff and consumers.</p>	<p>Discuss with staff members how to increase safety level for LGBTQI+ staff members at work.</p> <p>Identify strategies to implement and monitor implementation progress.</p>
<i>Have a process in place to ensure that interpreters are trained and monitored for language competence</i>	<p>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.</p> <p>Translator/Interpreter Service Evaluation is used to monitor individuals on their skills and ability to cooperate with staff and consumers.</p>	<p>The Cultural Competency Manager will initiate an evaluation of how to implement this process.</p>
<i>Provide training and education to department staff about Native American, African American, Hmong, Latinx, LGBTQ+ communities.</i>	<p>Provide access to Cultural Competency Trainings to staff and providers</p>	<p>Grand Rounds trainings are relaunching in 2018 through coordination from the Cultural Competency Committee.</p> <p>Develop workgroup to design and implement cultural competency academy.</p>
<i>Offer training and education to tribal communities about MH, substance abuse, and co-occurring disorders, including outreach.</i>	<p>Offer partnership and training to local tribal communities.</p>	<p>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.</p>

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 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 Cultural Competency Committee and the Leadership Team on a regular basis. The strategies identified above will be implemented through 2021, until the next organization Assessment for Cultural Competency is completed. The following table illustrates the plan for monitoring implementation of strategies to reduce disparities.

	Frequency	Method
<i>Cultural Competency Manager</i>	On-going	
<i>Quality Improvement Committee (QIC)</i>	Quarterly	Cultural Competence Manger will report to the QIC on Committee activities and the status of initiatives and strategies
<i>Cultural Competency Committee</i>	Quarterly	Review strategies to reduce mental health disparities during committee meetings and make recommendations regarding progress on current initiatives
<i>BCBH Executive Team</i>	Quarterly	Cultural Competence Manger will report on Committee activities and the status of initiatives and strategies

Notable Updates

Unprecedented Wildfire Disaster

In November of 2018, nearly 50,000 community members were displaced by the devastating Camp Fire. The population of the cities of Chico and Oroville increased substantially in the months after the fire as displaced residents were forced to relocate. Homeless encampments have emerged in areas they were not visible in before, and many displaced residents find it difficult to obtain and retain suitable housing at affordable cost. Those in unstable or temporary housing, homeless, or at immediate risk of homelessness are especially vulnerable as such circumstances tend to exacerbate mental health issues. The housing shortage that preceded the event was amplified by the Camp Fire. The long-term impact of a fire with such unprecedented devastation is not yet known, but research indicates that there is a predicted spike in mental health issues two to five years after a disaster. Trauma recovery for the Butte County residents will be exponentially challenging and immensely important in the coming years. The Cultural Competency Committee is dedicated to providing guidance and assistance in their recommendations as it relates to healing and cultural implications.

Cultural Competency Committee Activities

In 2018, it was decided that the Committee would benefit from a co-chair that was a community member, and not a BCBH staff member. The Director from the African American Family and Cultural Center was nominated and confirmed as the Committee Co-Chair in 2019. Meetings have continued on a quarterly basis. The addition of the co-chair has been a positive modification, allowing for increased discussion and participation from Committee members. The Co-Chair, the Cultural Competency

Manager and the newly established Language Access Coordinator (LAC) work collaboratively to build the agendas and facilitate the meetings.

This year the Committee found new ways to connect by supporting one another following the events of the Camp Fire. All participants in the CCC have been affected by this disaster 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 during the first Committee meeting following the fire, and expressed that the gathering felt like a safe place to share their experiences.

Committee Accomplishments in 2019

- The CCC added Language Capacity as a standing item to their agenda. The LAC reported out on steps towards addressing enhancing language capacity (see following page for Language Capacity Update).
- The CCC continued to facilitate planning for Grand Rounds Cultural Trainings and was able to provide trainings sponsored by the Hmong Cultural Center, the African American Family and Cultural Center, Promotores and Stonewall Alliance. BCBH was able to implement the recommendation from the CCC to film the trainings and make them available digitally to share.
- Cultural Competency Manager reported out on the Department of Health Care Services Triennial Audit of the agency to the Committee and the members provided discussion surrounding the results.
- The Committee reviewed the departments draft strategic plan for implementing Trauma-Informed Care.

The Committee continues to be interested in implementing some strategies from *The California Reducing Disparities Project: Strategic Plan to Reduce Mental Health Disparities*, which provides community-driven direction to transform California's public mental health system and reduce disparities in racial, ethnic, and LGBTQI+ communities. It identifies strategies to improve access, services, and outcomes for unserved, underserved, and inappropriately served populations.

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.

Culturally Competent Training Activities

In addition to providing quarterly Grand Rounds Cultural Trainings to all Behavioral Health staff and contracted staff in 2019, our electronic learning system, "Relias", has several cultural training offerings that are available to all staff at all times. There is a tracking system in place that ensures all staff must take at least one hour of culturally competence training.

The Culturally Proficient Professional is a training that was deemed mandatory for all staff members in a leadership position by the Executive Team in 2018. The training description states: *"Many existing culture trainings provide concrete information about different cultural groups, however, this training is focused on you as a family strengthening professional! In this Culturally Proficient Professional training, you will actively engage in self-reflection while recognizing and challenging your ideas, biases, and beliefs about culture. By the end of this training, you will have identified personal strategies to practice*

cultural proficiency when partnering with children, families, and community organizations.” The CCM continued to work with a third party, Strategies2.0, to facilitate these trainings for staff in 2019.

As mentioned, BCBH currently has an initiative to become a Trauma-Informed organization. There have been trainings provided for an introduction to Trauma-Informed Systems to provide the base knowledge and shared language around the subject of Trauma. This training helps our workforce become more culturally sensitive to our peers, as well as the clients we serve by providing a better foundational understanding of their backgrounds and how an individual’s actions can affect another person’s reaction.

Language Capacity

As part of the Organizational Assessment, a Translation Survey was distributed to the BCBH Leadership to serve as a needs assessment for increasing language capacity. Approximately 65% of respondents agreed there is a need for increased bilingual certified providers at their service site locations and that there is a need for more support and training for our already certified staff.

These survey findings resulted in the addition of a Language Access Coordinator (LAC). This role was added to the duties of the BCBH Patient’s Rights Advocate, who is certified bilingual in Spanish and is housed in the Quality Management Division. This allowed for Quality Management to be responsible for conducting and providing oversight of all Bilingual Certification Examinations for Spanish-speaking staff.

Providing Bilingual Certified staff with support, training, and monitoring is also one of the responsibilities of the LAC, who now conducts quarterly Bilingual Certified staff Focus Groups where staff come together to receive technical assistance, training, and support. Staff who may be interested in becoming certified are also invited to attend to hear from their fellow colleagues about the work they do with bilingual BCBH Beneficiaries.

To ensure that LEP Beneficiaries are provided with accurate & accessible translated documents, the LAC has explored contracting with an agency that will provide written translations, as the current certification is only for oral interpretation. An agreement with UC David Translation Services is currently in its final stages of completion and will provide the department with the ability to have written translations in all threshold languages in a timely manner.

Adaptation of Services

BCBH 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 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 culture-specific programs, provided by the county/contractor and/or referral to community-based, culturally-appropriate, non-traditional mental health provider.

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 State Fair Hearings, Notice of Action (NOAs), Performance Improvement Projects, Beneficiary Grievances and Appeals, Cultural Competence Issues, Provider Information and Provider Grievances, Change of Provider Requests, Training, Timeliness of Consumer Access to services, and Crisis Line response. 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
- Training Coordinator

Planning for the Future

In January of 2020, the CCC met to review a draft version of this updated document. The committee approved of the new format of the plan, which allows the reader to efficiently understand the disparities and strategies regarding cultural competency in the department.

The Committee recommended that the department switch priorities to focus on disparities identified in *Criterion 6: County's Commitment to Growing a Multicultural Workforce*. 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 were specifically classified as bilingual or indicate that background work with diversity is preferred. The Committee also discussed broadening the topics of the Grand Rounds training 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.