

# Culturally & Linguistically Appropriate Services Plan

SANTA CRUZ COUNTY BEHAVIORAL HEALTH

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## INTRODUCTION

The State of California requires each County mental health system to have a “Cultural Competence” plan. The criterion and questions (**in bold**) are those set forth by the State. This is an update of previous plans developed by Santa Cruz County Behavioral Health.

Please note that the State uses the term “cultural competence”. Santa Cruz has adopted the term “Culturally and Linguistically Appropriate Services”, or CLAS, taking the lead from SAMHSA.

## CRITERION 1

## **COMMITMENT TO CULTURAL COMPETENCE**

### **I. County Mental Health system commitment to cultural competence**

- A. Policies, procedures, or practices that reflect steps taken to fully incorporate recognition and value of racial, ethnic, and cultural diversity within the County Mental Health System.**

Santa Cruz County had a committee and several ad hoc workgroups, which worked to establish a solid foundation for integrating “Culturally and Linguistically Appropriate Services” (CLAS) principals and standards throughout the County Mental Health System. The Mental Health Director works closely with the Mental Health Services Act (MHSA) Coordinator, and the CLAS Coordinator to ensure that all services/programs continue to integrate the values and standards of providing culturally and linguistically appropriate services throughout the County Mental Health System.

These groups developed and implemented policies, procedures and standards. See the Policies and Procedures included in the attachment of this document.

### **The county shall have the following available on site during the compliance review:**

- B. Copies of the following documents to ensure the commitment to cultural and linguistic competence services are reflected throughout the entire system:**

**Mission Statement;**  
**Statement of Philosophy;**  
**Strategic Plans;**  
**Policy and Procedure Manuals;**  
**Human Resource Training and Recruitment Policies;**  
**Contract Requirements; and**  
**Other Key documents (Counties may choose to include additional documents to show system-wide commitment to cultural and linguistic competence).**

These documents are readily available for the site compliance review, including the Mental Health & Substance Abuse Services strategic plan, and the Mental Health Services Act plan.

### **II. County Recognition, value, and inclusion of racial, ethnic, cultural, and linguistic diversity within the system**

- A. A description not to exceed two pages, of practices and activities that demonstrate community outreach, engagement, and involvement efforts with identified racial, ethnic, cultural and linguistic communities with mental health disparities; including recognition and value of racial ethnic, cultural and linguistic diversity within the system. That may include the solicitation of diverse input to local mental health planning processes and services development.**

The county of Santa Cruz recognizes the value of racial, ethnic, cultural and linguistic diversity within our system. Through the existing programs and new support of MHSA, the County of Santa Cruz is able to do outreach, establish practices, activities, and cultural and linguistically appropriate programs that are tailored to our diverse populations. Our Wellness Centers are prime example of this. The Mariposa Wellness Center is located in Watsonville, which is a largely Latino community. This Wellness Center promotes consumer-operated services to support recovery, and strives to reflect the cultural, ethnic and racial diversity of mental health consumers. The center is a convenient, friendly, easily accessible gathering

place for families and adult consumers to share information, learn about services and get support for engaging in wellness and educational activities. Activities for consumers generally take place in the daytime, while family gatherings most often occur in the early evening, to accommodate work schedules. Programs such as Mariposa are part of a national movement to promote recovery.

Another successful program is the Mental Health Client Action Network (MHCAN), located in Santa Cruz. It is a peer run, self-help, drop-in center where people with psychiatric disabilities can congregate and socialize in a safe place, free from the stigma of mental illness imposed by society. MHCAN helps clients reclaim their dignity through self-help.

The County has Town Hall meetings to give updates about our services, and often have focus groups to solicit input from our stakeholders. For example, during the extensive strategic planning process, we noticed that there was an under-representation of Veterans/Veteran advocates, Transition Age Youth, Older Adults, monolingual Spanish speakers, LGBTQ individuals, and families. We held focus groups for each of these groups.

**B. A narrative description, not to exceed two pages, addressing the county's current relationship with engagement with, and involvement of racial, ethnic, cultural and linguistically diverse clients, family members, advisory committees, local mental health boards and commissions, and community organizations in the mental health system's planning process for services.**

Santa Cruz County staff and contract providers engage with the diverse clients and family members in the community. We provide Prevention & Early Intervention programs to persons across the lifespan, including culturally and linguistically appropriate services to preschoolers, teenagers, adults, older adults and parents. The Behavioral Health Director attends the Local Mental Health Board monthly, and other staff and managers attend upon request. County staff participate in a variety of boards and commissions, such as the Santa Cruz Community Foundation Diversity Partnership Advisory Board, the Queer Youth Task Force, and Justice Council. We have close partnerships with law enforcement, county jail, juvenile hall, probation, child welfare, schools, health clinics, local shelter facilities, food pantry service providers and community based agencies. Santa Cruz County is geographically small, and staff are able to have close working relationships with a variety of service providers, which enhances our ability to engage and coordinate services for consumers in a variety of locations.

**C. A narrative, not to exceed two pages, discussing how the county is working on skills development and strengthening of community organization involved in providing essential services.**

All proposed education, training and workforce development programs and activities contribute to developing and maintaining a culturally appropriate workforce, to include individuals with client and family member experience who can provide client- and family-driven services that promote wellness, recovery, and resiliency, leading to measurable, values-driven outcomes.

The MHSA has been instrumental in helping our county organization to provide monthly trainings, workshops, and presentations to strengthen the public mental health system, organizations and community agencies involved in providing these essential services. The

trainings are offered to County Mental Health staff, our contract agencies, community partners, student interns, consumers and families. This effort has been accomplished through various training topics, such as:

- Cultural & Linguistic Appropriate Services trainings, such as
  - LGBTQ panel presentation
  - Gang Dynamics training
  - VA training
  - Embracing Diversity training
  - Communicating Effectively through an Interpreter
  - “La Cultura Cura” Transformational Healing Model
  
- Clinical trainings, such as:
  - Obsessive Compulsive Disorder (OCD)
  - Didactic Behavioral Therapy (DBT)
  - Cognitive Behavioral Therapy (CBT)
  - Motivational Interviewing (MI)
  - Eye Movement Desensitization Reprocessing (EMDR)
  - Diagnostic and Statistical Manual (DSM IV, V)
  - Mindfulness-Based Stress Reduction
  - Wellness, Recovery and Resiliency
  - AMSR (Assessing and Managing Suicide Risk)
  - Illness Management Recovery
  
- Community Training, such as;
  - MHFA (Mental Health first Aid)
  - NAMI (peer to Peer, Family to Family)
  - TIS (Trauma Informed systems)
  - CSI (Career Summer Institute)
  - “La Cultura Cura” Transformational Healing Model (Cara y Corazón, Jóven Noble, Xinachtli)

**D. Share lessons learned on efforts made on the items A, B, and C above.**

We have learned to listen to concerns, and to continually educate our staff and community. Our “We Are Serious about Mental Health & Recovery” monthly newsletter is used to inform every one of services, and current events. Trainings at the county and the community help education stakeholders; these trainings range from “Mental Health 101” to highly clinical oriented trainings, and include consumer and family presentations.

**E. Identify county technical assistance needs.**

None identified at this time.

**III. Each county has a designated Cultural Competence/Ethnic Services Manager (CC/ESM) person responsible for cultural competence**

**A. Evidence that the County Mental Health System has a designated CC/ESM who is responsible for cultural competence and who promotes the development of appropriate mental health services that will meet the diverse needs of the county's racial, ethnic, cultural, and linguistic populations.**

The County of Santa Cruz has designated a person who is identified as the CLAS Coordinator. The CLAS Coordinator collaborates with other department staff and assigned managers to assure that the appropriate mental health services, staff development trainings are provided so that the diverse needs of the county's racial, ethnic, cultural, and linguistic populations are being met. However, the responsibility for ensuring the provision of culturally and linguistically appropriate services is not the sole responsibility of one person. We believe that these standards need to be infused throughout our division, and therefore is the responsibility of every staff person.

**B. Written description of the cultural competence responsibilities of the designated CC/ESM.**

The CLAS coordinator develops and implements policy, in accordance with State Regulations, and evaluates the competencies of staff in providing culturally competent services. The CLAS coordinator provides community outreach and advocacy; makes recommendations to Core Management for increasing access to services. The CLAS coordinator is a vital member of the quality assurance committee.

Other responsibilities:

- Coordinating monthly CLAS trainings
- Yearly CLAS Plan update
- Attend Quality Improvement meetings
- Cultural Humility group
- Trauma Informed Systems Core leadership team
- EQRO audit meetings
- CLAS policies and procedures updates

**IV. Identify budget resources targeted for culturally competent activities**

**A. Evidence of a budget dedicated to cultural competence activities.**

The county has a budget to pay for translation and interpretation needs of non-threshold language needs. There is also a dedicated budget for workshops, community meetings, trainings, and staff development needs as they relate to cultural competence and assuring that cultural competence standards are adhered to throughout the county organization. The county also pays a differential for bilingual staff that provide bilingual services. The county has designated funding to support community meetings, public forums, focus group meetings, which may require translation and/or interpretation services.

**B. A discussion of funding allocations included in the identified budget above in Section A., also including, but not limited to, the following:**

**1. Interpreter and translation services;**

The county has a designated budget to cover costs for translation and interpretation needs of non-threshold language needs. The county pays a differential hourly rate for bilingual staff who are required to provide bilingual services to their monolingual Spanish-speaking clients. Santa Cruz County provides funding to support community meetings, public forums, focus group meetings, which may require translation and/or interpretation services in the threshold language.

## **2. Reduction of racial, ethnic, cultural, and linguistic mental health disparities;**

The Santa Cruz County planning process confirmed that there is a disparity in access and service delivery to the Latino community and to persons speaking the threshold language (Spanish). As such, increasing access to services for Latinos was established as an overall goal for the Mental Health Services Act. The County of Santa Cruz penetration rate is slightly higher than the state average. However, we realize that these numbers are extremely low. Each CSS work plan includes an increased focus on addressing disparities.

One particularly successful strategy to address disparities in access among underserved populations includes the decision to locate Santa Cruz County's second Wellness Center program in the heart of downtown Watsonville, a community which houses many Anglo/Caucasian consumers as well as a large number of underserved Latino consumers and their families.

The County of Santa Cruz has utilized county Workforce Education & Training funds to develop a Mental Health brochure, in English and Spanish, which is used to provide awareness, education and direction for consumers, family members of diverse racial, ethnic, cultural, and linguistic populations in the county.

Santa Cruz County Behavioral Health, Prevention & Early Intervention (PEI) Plan also focuses on addressing the existing disparities in every project. For example, we are offering a culturally based family strengthening and community mobilization model which based on the philosophy of "Culture Heals / (La Cultura Cura)" Within this cultural model there are several curriculums, such as: "Cara y Corazón" (a family strengthening curriculum); "Jóven Noble" (a young men's rite of passage, and reconnecting model to help young men stay connected to their family and cultural values); as well as "Xinachtli", which is also a rite of passage curriculum for girls that provides acknowledgement, guidance and support in maintaining healthy boundaries, positive self-esteem, and community involvement. This approach assists parents and other members of the extended family to raise and educate their children from a positive bicultural base.

## **3. Outreach to racial and ethnic county-identified target populations;**

The funding for this comes primarily from the Community Services and Supports and the Prevention & Early Intervention components of the Mental Health Service Act.

The Community Services and Supports plan and funds are organized around 4 population groups defined by age: children, transition age youth (16-25), adults, and older adults. We consider the needs of individuals who are currently unserved by the mental health system and the needs of those who are under-served or inappropriately served in each of the four groups. The logic model of the planning process was that a structured needs assessment based on data and community perception/prioritization guided a series of proposals for program developments and new strategies or services. Increasing access to services to Latinos was established as an overarching goal for the plan.

Our outreach efforts in the PEI (Prevention Early Intervention) Plan are focused on engaging persons prior to the development of serious mental illness or serious emotional disturbances, or in the case of early intervention, to alleviate the need for additional mental health treatment and/or to transition to extended mental health services. Each project in this plan also addresses disparities in access to services by including a focus on the needs of Latino children/families, as well as lesbian, gay, bisexual, transsexual, and questioning (LGBT) youth and their families.

Examples of our outreach efforts include (but are not limited to) the following:

- Veteran Advocate to engage, support and link to services in the community
- High school outreach to inform, educate, and dispel myths about mental illness, and encourage students to consider careers in the mental health field
- Establishment of a mental health brochure describing signs and symptoms of mental illness to provide awareness, education and direction for consumers, community partners and family members
- Parent education and support, through such efforts such as Triple P, and our culture specific program curriculums “Cara y Corazón”, “Jóven Noble” and “Xinachtli”.
- Community presentations at non-profit agencies, NAMI, local high schools, community colleges and universities.
- Coordination of services with county primary care clinics.
- Sheriff and Police Liaisons. Mental Health clinicians respond with law enforcement to assess mental health issues, and engage individuals in services. Currently we are partnered with the Santa Cruz Police Department, the County of Santa Cruz Sheriff Department, and the Watsonville Police Department.
- Local school district presentations to address topics, such as;
  - Stress and trauma,
  - community violence,
  - oppression,
  - discrimination,
  - Disconnection of family and cultural values
  - Psychosocial factors influencing gang involvement
  - Mental Health “101”
  - Supporting Father Involvement
  - The emotional pain behind Bullying
  - Reconnecting to your true self
  - The impact of immigration laws on youth and families

**4. Culturally appropriate mental health services;**

Santa Cruz County had a committee and several ad hoc workgroups, which worked to establish a solid foundation for integrating CLAS principles throughout the County Mental Health System. This included developing and implementing policies, procedures and cultural competence standards. Currently the Mental Health Director works closely with the MHS Coordinator, the CLAS Coordinator, and all Core management staff to ensure that all services/programs continue to integrate CLAS values and standards throughout the County Mental Health System.

We offer trainings with the overarching goal of increasing culturally appropriate skills in order to improve public mental health services. Trainings reflect the core values of consumer and family driven services, community collaboration, recovery/resiliency strength-based services, integrated services, and cultural competency.

**5. If applicable, financial incentives for culturally and linguistically competent providers, non-traditional providers, and/or natural healers.**

The County of Santa designates some positions as bilingual only, and encourages bilingual/bicultural persons to apply for all positions. Santa Cruz County Personnel Department evaluates and certifies staff in their ability to use Spanish (our threshold language). Staff passing level one are able to communicate orally. Staff passing level two are also able to read and write Spanish. Staff that are certified as being bilingual receive a differential in pay.

## CRITERION 2 UPDATED ASSESSMENT OF SERVICES NEEDS

### I. General Population

**A. Summarize the county's general population by race, ethnicity, age, and gender. The summary may be narrative or as a display of data (other social/cultural groups may be addressed as data is available and collected locally).**

The population in Santa Cruz County is 274,673 according to 2016 estimates. In Santa Cruz the breakdown of the population by race is 57.7% are White (Not of Latino origin), Latinos make up 33.5% of the county population, 1.4%, African-Americans, 1.8% are American Indian and Alaskan Native persons, and 4.9% are Asian. 14.9% of the population is over 65 years old; persons under 18 years comprised 19.7% of the population. The primary language in Santa Cruz County is English, with 31.9% of households speaking a language other than English. The threshold language in Santa Cruz is Spanish. Slightly more than half of the population (50.5%) is female. Santa Cruz County has only one region.

### II. Medi-Cal population service needs (Use current CAEQRO data if available.)

**A. Summarize Medi-Cal population and client utilization data by race, ethnicity, language, age, and gender (other social/cultural groups may be addressed as data is available and collected locally).**

Latino individuals are 55.4% of the Medi-Cal beneficiary population, they are only 41.8% of the population served. Whites are 25.6% of the Medi-Cal beneficiary population but 38.4% of the population served (from EQRO data CY 2015).

Race/Ethnicity	Average Monthly Unduplicated Medi-Cal Enrollees	% Enrollees	Unduplicated Annual Count of Beneficiaries Served	% Served
White	15,024	25.6%	1,161	38.4%
Latino	32,508	55.4%	1,266	41.8%
African-American	570	1.0%	65	2.1%
Asian/Pacific Islander	4,453	7.6%	105	3.5%
Native American	208	0.4%	17	0.6%
Other	5,893	10.0%	413	13.6%
<b>Total</b>	<b>58,653</b>	<b>100%</b>	<b>3,027</b>	<b>100%</b>

Age Group*	Average Monthly Unduplicated Medi-Cal Enrollees*	Unduplicated Annual Count of Beneficiaries Served
0-5	10,229	213
6-17	18,620	1,636
18-59	20,986	1,199
60 +	6,406	25
Gender*	Average Monthly Unduplicated Medi-Cal Enrollees	Unduplicated Annual Count of Beneficiaries Served
Female	30,825	1,412
Male	25,414	1,777

EQRO 2014.

**B. Provide an analysis of disparities as identified in the above summary.**

Overall penetration rates have declined, which is in alignment with statewide average and that of similar sized MHPs. Latino penetration rates have consistently been higher than statewide and similar sized MHP averages. These issues are a focus for our Quality Improvement Committee, with the goal of trying to improve penetration rates.

**III. 200% of Poverty (minus Medi-Cal) population and service needs**

**A. Summarize the 200 % of poverty (minus Medi-Cal population) and client utilization data by race, ethnicity, language, age, and gender (other social/cultural groups may be addressed as data is available and collected locally).**

**Santa Cruz 200% Poverty and utilization Data for 2007**

<b>Breakdown by Ethnicity</b>	<b>Actual Number</b>	<b>Percentage (%)</b>
White-NH (not Hispanic)	3,499	8.89%
Latinos	14,933	8.75%
African-Americans-NH	238	8.60%
Asian-NH	407	8.65%
<b>Gender Breakdown</b>		
Males	22,662	6.65%
Females	26,822	9.45%
<b>Age Breakdown for Youth</b>		
0-5 Year Olds	7,219	8.78%
6-11 Year Olds	6,201	8.79%
12-17 Year Olds	6,263	8.74%
<b>Age Breakdown for Adults</b>		
18-20 Year Olds	4,796	3.24%
21-24 Year Olds	8,595	7.22%
25-34 Year Olds	10,150	9.78%
35-44 Year Olds	8,155	12.07%
45-54 Year Olds	6,249	11.63%
55-64 Year Olds	5,718	6.66%
65+ Year Olds	5,823	3.15%

**B. Provide an analysis of disparities as identified in the above summary.**

There are several disparities identified on this 200% poverty (minus Medi-Cal population) and client utilization data. The data does not factor in Language, and this is a significant factor to measure. The other disparity that is presented by the 2007 200% of Poverty and client utilization data is that it shows that as clients grow older there are significantly less people served or there are less services available, either because they may not know how to access such services or because they may be seeking other natural and culturally specific resources in the community.

**IV. MHS Community Services and Supports (CSS) population assessment and service needs**

- A. From the county approved CSS plan, extract a copy of the population assessment. If updates have been made to this assessment, please include the updates. Summarize population and client utilization data by race, ethnicity, language, age, and gender (other social/cultural groups may be addressed as data is available and collected locally).**

**Population Assessment:**

The population in Santa Cruz County is 274,673 according to 2016 estimates. In Santa Cruz the breakdown of the population by race is 57.7% are White (Not of Latino origin), Latinos make up 33.5% of the county population, 1.4%, African-Americans, 1.8% are American Indian and Alaskan Native persons, and 4.9% are Asian. 14.9% of the population is over 65 years old; persons under 18 years comprised 19.7% of the population. The primary language in Santa Cruz County is English, with 31.9% of households speaking a language other than English. The threshold language in Santa Cruz is Spanish. Slightly more than half of the population (50.5%) is female. Santa Cruz County has only one region.

The chart below reflects the overall population in Santa Cruz County by ethnic group and compares that data with the Santa Cruz County Medi-Cal recipients and the Santa Cruz MHP consumers that have Medi-Cal and all MHP consumers (Medi-Cal beneficiaries and non Medi-Cal beneficiaries).

Ethnic Group	2016 Census Estimates*	Medi-Cal 2017**	ALL MHP Consumers 2015-16	MHP Consumers with Medi-Cal 2015-16
<b>White</b>	57.7%	30.6%	52.4% (3,243)	51% (2,617)
<b>Latino</b>	33.5%	52.1%	35% (2,132)	37% (1,923)
<b>Asian</b>	4.9%		1.6% (99)	1.5% (77)
<b>Black</b>	1.4%	1.1%	2.6% (164)	2.6% (131)
<b>Native American</b>	1.8%	0.4%	.37% (23)	.37% (19)
<b>Pacific Islander</b>	0.2%		.15% (9)	.18% (9)
<b>Asian/Pacific Islander</b>		5.3%		
<b>Multi</b>	4.1%		.34% (21)	.41% (21)
<b>Other</b>		10.5%	2% (126)	2% (103)
<b>Unknown</b>			6% (370)	4.5% (233)

\*Using Census Bureau Quick Facts; \*\*Central California Alliance for Health

The table below reflects the overall population in Santa Cruz County by language group and compares that data with the Santa Cruz County Medi-Cal recipients, the Santa Cruz MHP consumers that have Medi-Cal and all MHP consumers (Medi-Cal beneficiaries and non Medi-Cal beneficiaries).

Language	2016 Census Estimates	Medi-Cal 2017	All MHP Consumers 2015-16	MHP Consumers with Medi-Cal 2015-16
<b>English</b>	70%	59.8%	83.5%	84%
<b>Spanish</b>	25.4%	38.1%	11%	11.8%
<b>Other</b>	4.6%	2.1%	5.6%	3.7%

Language estimates from Statistical Atlas. Medi-Cal information from Central California Alliance for Health

The table below reflects the overall population in Santa Cruz County by gender and compares that data with the Santa Cruz County Medi-Cal recipients, the Santa Cruz MHP consumers that have Medi-Cal and all MHP consumers (Medi-Cal beneficiaries and non Medi-Cal beneficiaries).

Gender	2016 Census Estimates*	2017 Medi-Cal	All MHP Consumers 2015-16	MHP Consumers with Medi-Cal 2015-16
Female	50.5%	52%	44.7%	45.5%
Male	49.5%	48%	54.6%	53.9%
FTM, MTF, Other			.3%	.35%
Unknown			.5%	.25%

\*Gender estimates Census Bureau Quick Facts. Medi-Cal information from Central California Alliance for Health

The table below reflects the overall population in Santa Cruz County by age and compares that data with the Santa Cruz County Medi-Cal recipients, the Santa Cruz MHP consumers that have Medi-Cal.

Age	2016 Census Estimates	2017 Medi-Cal	All MHP Consumers 2015-2016	MHP Consumers with Medi-Cal 2015-2016
0-17	19.7%	38.9%	26.2%	29.6%
18-64	65.4%	53.4%	67.6%	64.8%
65+	14.9%	7.7%	6.2%	5.6%

\*Age estimates Census Bureau Quick Facts. Medi-Cal information from Central California Alliance for Health

**B. Provide an analysis of disparities as identified in the above summary.**

The Santa Cruz Mental Health Plan (MHP) is serving ethnic groups at comparable rates as reflected in the overall population. However, when comparing the Mental Health consumers against the Medi-Cal population the Mental Health Plan is falling short at serving Latinos. The Mental Health Plan appears to be serving Black and Asian consumers at comparable rates to their representation among Medi-Cal beneficiaries. White consumers are over-represented.

**V. Prevention and Early Intervention (PEI) Plan: The process used to identify the PEI priority populations**

**A. Which PEI priority population(s) did the county identify in their PEI plan?**

The Mental Health Services Oversight and Accountability passed new regulations concerning PEI in October 2015. The new requirements do not require “priority populations”

**B. Describe the process and rationale used by the county in selecting their PEI priority population(s).**

No longer applicable.

**CRITERION 3**  
**STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES**

**I. Identified unserved/underserved target populations (with disparities):**

- A. List identified target populations, with disparities, within each of the above selected populations (Medi-Cal, CSS, WET, and PEI priority populations).**

Our target population is Latino and Spanish speaking consumers for all selected populations.

<b>Ethnic Group</b>	<b>2016 Census Estimates*</b>	<b>Medi-Cal 2017**</b>	<b>ALL MHP Consumers 2015-16</b>	<b>MHP Consumers with Medi-Cal 2015-16</b>
<b>White</b>	57.7%	30.6%	52.4% (3,243)	51% (2,617)
<b>Latino</b>	33.5%	52.1%	35% (2,132)	37% (1,923)
<b>Asian</b>	4.9%		1.6% (99)	1.5% (77)
<b>Black</b>	1.4%	1.1%	2.6% (164)	2.6% (131)
<b>Native American</b>	1.8%	0.4%	.37% (23)	.37% (19)
<b>Pacific Islander</b>	0.2%		.15% (9)	.18% (9)
<b>Asian/Pacific Islander</b>		5.3%		
<b>Multi</b>	4.1%		.34% (21)	.41% (21)
<b>Other</b>		10.5%	2% (126)	2% (103)
<b>Unknown</b>			6% (370)	4.5% (233)

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<b>Language</b>	<b>2016 Census Estimates</b>	<b>Medi-Cal 2017</b>	<b>All MHP Consumers 2015-16</b>	<b>MHP Consumers with Medi-Cal 2015-16</b>
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<b>Other</b>	4.6%	2.1%	5.6%	3.7%

Language estimates from Statistical Atlas. Medi-Cal information from Central California Alliance for Health

Psychiatrists (adult and child) and Bilingual mental health providers (psychiatrist, therapists, and case managers) are the top two “hard to fill positions.

Santa Cruz conducted an extensive Community Program Planning process that included 60 meetings including workgroup meetings and focus groups with Latinos, consumers, family members, veterans, youth and the LGBTQ populations. We established the priority population from the information gathered in these groups, and through workgroup discussions the stakeholders selected the priority populations. However, based on the new regulations, passed in October 2015, PEI does not have the Counties identify “priority populations”.

**II. Identified disparities (within the target populations)**

- A. List disparities from the above identified populations with disparities.**

Disparities exist in the Latino and Spanish speaking populations. We also note disparities in the LGBTQ population.

### **III. Identified strategies/objectives/actions/timelines**

#### **A. List the strategies for reducing the disparities identified.**

One critical strategy is to hire bilingual bicultural staff, and work with contractors to increase our ability to serve Latino clients. We have continuous recruitment of bilingual clinicians.

Another strategy is to require trainings designed to educate staff on how to provide culturally and linguistically appropriate services. See below for additional strategies.

#### **B. List the strategies identified for each targeted area as noted in Criterion 2 in the following sections:**

##### **a. Medi-Cal population**

We looked at the Medi-Cal data and conclude that there are some disparities in the breakdown of the unserved, underserved populations. We need to do a better job of serving Latinos who identify Spanish as their primary language. We are working on breaking down language barriers, myths about mental illness, and have developed informational and educational brochures to inform, educate and provide resources to potential Medi-Cal clients and their families.

##### **b. 200% of poverty population**

We looked at the Medi-Cal data and conclude that there are some disparities in the breakdown of the unserved, underserved populations. The data available to us did not include language and this is an important factor to measure. The other disparity shown by this data is the need for services for older adults.

##### **c. MHSA/CSS population**

No full-service partnerships were selected for the Children's programs. However, the general strategy to reduce disparities (for all CSS children and adult programs) was to increase bilingual and bicultural staff to be able to provide culturally and linguistically appropriate services to Latinos and Spanish speaking individuals.

##### **d. PEI priority population(s) selected by the county, from the six PEI priority populations.**

The new PEI regulations do not require priority populations.

### **IV. Additional strategies/objectives/actions/timelines and lessons learned**

#### **A. List any new strategies not included in Medi-Cal, CSS, WET, and PEI. Note: New strategies must be related to the analysis completed in Criterion 2.**

Additional strategies to address language and access disparities include developing different outreach activities to inform, educate, diffuse myths about mental illness. We developed a mental health brochure (which is in both English and Spanish), which informs the reader about how to cope and where to access services for them or a loved one. This is one way to provide resources and direction for consumers, family members, service providers, and community members.

The following strategies are carried out throughout the year to engage a wide range of different sectors of the community in Santa Cruz County. These are some of our efforts:

- We provide numerous workshop topics across the three school districts within Santa Cruz County (PVUSD, Live Oak School District, and Santa Cruz City Schools) to create awareness about mental health challenges; like depression, anxiety, suicide, stress disorder, panic attacks, eating disorders, bullying and cyberbullying, as well as drug abuse, gang involvement, the impact of acculturation and immigration.
- We provide a culturally-specific family strengthening curriculums for youth, family members and the community at elementary, middle schools and high schools, shelters, community-based organizations, apartment complexes, Santa Cruz County medium security inmate facilities, detox and recovery centers. The purpose is to create awareness, education, and guidance in how individuals, families and the community may begin to process and heal their emotional pain. This model has been developed to work with Latino, including Indigenous communities. The parent classes are offered in English and Spanish.
- We provide MHFA (Mental Health First Aid) to develop more awareness, education about what is mental health, the high incidence of persons who may be experiencing mental health challenges, living with depression, suicidal ideation, anxiety, panic attacks, psychosis, substance abuse, and other crises. Through these efforts we educate the community to be able to see the signs, notify someone who can help, or provide resources and information. We have been able to provide these classes to the local agencies who interact with the homeless every day, students at three local high schools, and several recovery centers.
- We participate in several school and community annual parent conferences, where we present workshops on how to re-introduce, reconnect, and/or maintain family and cultural values to engage youth, families, local organization consumers and providers.
- We participate in health fairs throughout the community providing information and education about mental health, and our services. When we see that people are reluctant to come to the table, we mingle with the crowd, and find that they are more accepting of the information we have to offer.
- Santa Cruz County Behavioral Health is committed to acknowledge and address the impact of Stress and Trauma in our community and in our organizational systems. To this end Santa Cruz county Behavioral Health has trained a core team of certified Trauma Informed System trainers. Santa Cruz County has offered this curriculum to over 700 individuals from diverse settings, including the City of Santa Cruz administrative staff, parks and recreation, public works, justice department court staff, Head Start, Behavioral Health staff, Community Action Board community agency.
- The LGBTQ community deals with different forms of discrimination, stigma, marginalization, and often feel that they are not being acknowledged. Santa Cruz Behavioral Health developed a LGBTQ workgroup / committee to address how the county supports the LGBTQ community. This workgroup contributed to positive

changes to the signage throughout the county buildings, making our environment more welcoming, embracing, and a safe place for everyone to seek services.

#### **TIMELINES-**

- Santa Cruz County Behavioral Health offers the 8-week family strengthening Cara y Corazon series for parents throughout the year at various sites in the three school districts within Santa Cruz County. Our goal is to serve 175 participants yearly through this series.
- Santa Cruz County Behavioral Health offers the 10-week Jóven Noble young men rite of passage youth leadership development curriculum series throughout the year at various middle schools and high schools, including charter schools, alternative schools, juvenile hall alternative to incarceration evening center in the three school districts within Santa Cruz County. Our goal is to serve 175 young men yearly through this series.
- Santa Cruz County Behavioral Health offers the 10-week Xinachtli young girls rite of passage youth leadership development curriculum series throughout the year at various middle schools and high schools, including charter schools, alternative schools, juvenile hall alternative to incarceration evening center in the three school districts within Santa Cruz County. Our goal is to serve 175 young girls yearly through this series.
- Santa Cruz County Behavioral Health offers monthly workshops, seminars, presentations, and/or trainings in different topic areas addressing the diverse needs of our communities, as part of the CLAS policy that requires all county staff to complete a minimum of 7 hours of CLAS credit hours yearly. We offer a menu of trainings, workshop topics, presentations for staff to select from and this requirement will be included in the staff's yearly evaluation.
- Santa Cruz County Behavioral Health participates in the various annual school and community parent conferences to engage, strengthen our relationship and commitment with youth, families, organizations and the community at large.
- Health fairs to provide awareness and education about the stigma of mental illness, how to help someone who may be struggling with depression, anxiety or other emotional challenges, what resources and services the county offers and where one can go for help.

#### **1. Share what has been working well and lessons learned through the process of the county's development strategies, objectives, actions, and timelines that work to reduce disparities in the county's identified populations within the target populations of Medi-Cal, CSS, WET, and PEI.**

Our extensive planning and implementation process has helped us strengthen our community involvement and stakeholder's participation, including consumer and family voices in our efforts to reduce disparities in the county's identified populations.

The Mental Health brochure we developed, with input from NAMI, peers, and community based organizational partners, has been met with great enthusiasm, and is an effective outreach and informational tool.

We worked with county personnel to make changes in the hiring criteria that now recognize and award certain considerations for personal and/or lived experience, and special skills for persons applying to entry level county positions. Additionally, the Senior/Mental Health Client Specialist classification was changed to give "credit" to applicants for experience related to county mental health work, rather than solely based on years of experience

Santa Cruz County has effectively made efforts to involve consumers and advocates in trainings, planning process, steering committees, and our Local Mental Health Board. We are making ongoing efforts to improve our ability to increase more consumer and family participation.

## **V. Planning and monitoring of identified strategies/objectives/actions/timelines to reduce mental health disparities**

### **A. List the strategies/objectives/action/timelines provided in Section III and IV above and provide the status of the county's implementation efforts (i.e. timelines, milestones, etc.).**

Strategies and status:

- Hiring bilingual staff: we have found that having continuous recruitment for bilingual clinical positions is an effective tool.
- Training staff on providing culturally and linguistically appropriate services: staff enthusiastically participate in the trainings provided. Santa Cruz County Behavioral Staff carries out survey evaluations for all clinical trainings.
- QI reviews: this is an effective way to engage the core managers in reviewing disparities, monitoring penetrations rates, and brainstorm ways to improve services.
- The various workshops, community trainings, presentations, groups and other outreach activities (listed above): these are ongoing and well received by the community. Santa Cruz County Behavioral Health carries out survey evaluations for workshops, and community presentations, educational trainings for youth, parents and community stakeholders.

Santa Cruz County receives significant amounts of positive feedback from local agency providers who also work with the youth and families who attend the 8 to 10-week educational workshop series, as well as from consumers, families and organizations. Additionally, Santa Cruz County receives a significant amount of positive feedback from Probation officers, probations supervisors, managers, non-profit managers, professional colleagues and/or organizational administrators who report a positive change in behavior attitude, emotional health of to the youth, adults, families they serve, who also participate or have participated in our educational workshop series, presentations or support groups.

- B. Discuss the mechanism(s) the county will have or has in place to measure and monitor the effect of the identified strategies, objectives, actions, and timelines on reducing disparities identified in Section II of Criterion 3. Discuss what measures and activities the county uses to monitor the reduction of elimination of disparities.**

Santa Cruz County utilizes the QI work group to measure and monitor the effect of the identified strategies, objectives, actions and timelines in reducing disparities. This Quality Improvement committee reports penetration rates on a quarterly basis, tracks services and populations and identifies disparities in access to services.

- C. Identify county technical assistance needs.**

Santa Cruz County was able to hire bilingual clinicians through our MHSA plans, however, as mentioned above, we had layoffs because of the economic downturn. The clinicians affected were those we hired most recently, all of whom were bilingual in our threshold language (Spanish). Since then, we have hired more bilingual staff, but we would like to know how other counties address the issue of retaining bilingual staff, even when there are layoffs due to economic hardships.

**CRITERION 4**  
**CLIENT/FAMILY MEMBER/COMMUNITY COMMITTEE:**  
**INTEGRATION OF THE COMMITTEE WITHIN THE COUNTY**  
**MENTAL HEALTH**

**I. The county has a Cultural Competence Committee, or other group that addresses cultural issues and has participation from cultural groups, that is reflective of the community.**

**A. Brief description of the Cultural Competence Committee or other similar group (organizational structure, frequency of meetings, functions, and role).**

Santa Cruz County had a committee and several ad hoc workgroups, which worked to establish a solid foundation for integrating “Culturally and Linguistically Appropriate Services” (CLAS) principals and standards throughout the County Mental Health System. This included developing and implementing policies, procedures and standards. The Mental Health Director works closely with Core Management staff to ensure that all services/programs continue to integrate cultural values and standards throughout the County Mental Health System. Core Management meets on a weekly basis.

Our Quality Improvement Committee plays a key role in reviewing cultural issues, including penetration rates and outreach to diverse communities. Core Management staff and the CLAS Coordinator are members of this committee.

We have a new Cultural Humility Subcommittee of the Trauma Informed Systems Initiative, with the overarching goals to create a safe and supportive client-care environment that promotes healing, and to create a safe and supportive workplace with staff who are able to promote healing.

**B. Policies, procedures, and practices that assure members of the Cultural Competence Committee will be reflective of the community, including county management level and line staff, clients and family members from ethnic, racial, and cultural groups, providers, community partners, contractors, and other members as necessary;**

The Committee is consistently making efforts to establish a workforce which is reflective of the community.

**C. Organizational chart**

Santa Cruz County Behavioral Health is the largest division of the Health Services Agency. The director oversees all operations, with four Senior Behavioral Health Managers in charge of Adult services, Child services, AOD services, and Watsonville services. There are Behavioral Health Managers that oversee Supervisors and line staff, including interns, peers, and family providers.

**D. Committee membership roster listing member affiliation if any.**

The Core Management Team consists of:

- Erik Riera, Director
- Alicia Nájera- Senior Behavioral Health Program Manager/MHSA Coordinator
- Adriana Bare, Senior Health Services Manager
- Shaina Zura, Substance Abuse Disorder Services Division
- Jasmine Nájera, Behavioral Health Manager, Adult Service
- Karen Anderson-Gray, Senior Behavioral Health Program Manager/ Chief of Children's Services
- Marty Riggs, Behavioral Health Program Manager
- Karolin Schwartz, Behavioral Health Program Manager/QIC Coordinator
- Kathy Cytron, Behavioral Health Program Manager – Children's Services
- Pam Rogers-Wyman, Senior Behavioral Health Program Manager/Chief of Adult Services
- Stan Einhorn, Behavioral Health Program Manager – Children's Services
- Meg Yarnell Behavioral Health Program Manager – Children's Services
- Jaime Molina- CLAS coordinator

**II. The Cultural Competence Committee, or other group with responsibility for cultural competence, is integrated within the County Mental Health System.**

**A. Evidence of policies, procedures, and practices that demonstrate the Cultural Competence Committee's activities including the following:**

**1. Reviews of all services/programs/cultural competence plans with respect to cultural competence issues at the county;**

Santa Cruz County had a Cultural Competence committee and several ad hoc workgroups, which worked to establish a solid foundation for integrating Cultural Competence throughout the County Mental Health System. This included developing and implementing policies, procedures and cultural competence standards. Currently the Mental Health Director works closely with the MHSA Coordinator and the CLAS Coordinator to ensure that all services and programs continue to integrate cultural competence values and standards throughout the Public Mental Health System.

Santa Cruz County formed a Mental Health Services Act (MHSA) Steering Committee with the intention of having a cross section of member representatives, including mental health providers, employment, social services, law enforcement, consumers, and family members, as well as representatives from diverse geographical and ethnic/racial/cultural populations. The Steering Committee made recommendations regarding the planning processes and priorities for our MHSA development, and were updated regularly regarding component guidelines, time lines, and requirements. The Steering Committee met monthly until January 2010. These functions now fall to the Local Mental Health Board.

Core Management and the Quality Assurance Program have primary responsibility for ensuring the inclusion of cultural and linguistic services and programs.

We have a new Cultural Humility Subcommittee of the Trauma Informed Systems Initiative, with the overarching goals to create a safe and supportive client-care environment that promotes healing, and to create a safe and supportive workplace with staff who are able to promote healing.

**2. Provides reports to Quality Assurance/Quality Improvement Program in the county;**

The MHSA Coordinator and the CLAS Coordinator participate and attend the Quality Assurance/Quality Improvement committee meetings.

**3. Participates in overall planning and implementation of services at the county;**

The Mental Health Director works closely with the MHSA Coordinator, the CLAS Coordinator, and Core Management Staff to ensure that all services/programs continue to integrate cultural values and standards throughout the County Mental Health System.

**4. Reporting requirements include directly transmitting recommendations to executive level and transmitting concerns to the Mental Health Director;**

The CLAS Coordinator reports to the MHSA Coordinator, and both are integral members of the Quality Assurance Committee. The MHSA Coordinator is a member of the Core Management Team, and meets regularly with the Mental Health Director. The Director meets monthly with the Local Mental Health Board.

**5. Participates in and reviews county MHSA planning process;**

The MHSA coordinator works closely with Core Management and community stakeholders in development of MHSA plans.

**6. Participates in and reviews county MHSA stakeholder process;**

Santa Cruz County convenes different stakeholder meetings, which include consumers, families, community members, agency representatives, county staff, service providers, and contractors. This process is utilized to gather stakeholder input, ideas and recommendations.

**7. Participates in and reviews county MHSA plans for all MHSA components**

The MHSA Coordinator works closely with the Mental Health Director in participating and reviewing the county MHSA plans for all the MHSA components. Both the MHSA Coordinator and the Mental Health Director meet with the community and update them on all activities related to planning and implementation of the MHSA components. All MHSA draft plans are posted for 30-day public review, followed by a public hearing.

**8. Participates in and reviews client development programs (wellness, recovery, and peer support programs); and**

Santa Cruz County has two Wellness centers in Santa Cruz County: Mental Health Client Action Network (MHCAN) in Santa Cruz, and Mariposa in Watsonville. MHCAN is a consumer owned and operated program that provides a safe space for persons with psychiatric disabilities to congregate and socialize. They also offer a variety of programs, including groups, classes, and alternative treatment (like acupuncture). Mariposa is located in the heart of downtown Watsonville, a community that houses many Anglo/Caucasian consumers as well as many underserved Latino consumers and their families. The Mariposa Wellness Center program quickly became a hub for activities and support services for adult mental health consumers as well as for outreach activities. The center is a convenient, friendly, easily accessible gathering place for families and adult consumers to share information, learn about services and get support for engaging in wellness and educational activities. Activities for consumers generally take place in the daytime, while family gatherings most often occur in the early evening, to accommodate work schedules. The program is designed to provide supports for recovery. It strives to reflect the cultural, ethnic and racial diversity of mental health consumers and their families. Some groups are peer run and mental health staff provide others. Services are provided in Spanish and English.

Both programs are supported with County funds.

**9. Participates in revised CCPR development.**

The MHSA Coordinator and the CLAS Coordinator work together to discuss, review and develop the report to ensure that all the Criterion questions are being addressed. The plan is then distributed for review.

**B. Provide evidence that the Cultural Competence Committee participates in the above review process.**

These responsibilities fall to Core Management and the Quality Improvement Committee. Core meets weekly, and the Quality Improvement committee meets quarterly.

**C. Annual Report of the Cultural Competence Committee's activities including:**

**1. Detailed discussion of the goals and objectives of the committee;**

Santa Cruz County developed a Cultural Awareness Mission Statement for Santa Cruz County Behavioral Health which demonstrates the values of our division. It reads as follows:

Our goal is to support our consumers, youth, and family members with culturally appropriate resources, encouragement, tools and skills so they may achieve the quality of life they desire.

As an agency we challenge ourselves to develop ever-greater cultural awareness and sensitivity to acknowledge and embrace individual differences, including language, beliefs, values, attitudes, healing practices, sexual orientation, gender, physical and mental abilities.

We endeavor to build on existing strengths, develop new skills and maximize the opportunity for recovery and optimal health of our community.

The Spanish translation is:

Nuestra meta es de apoyar a nuestros consumidores, jóvenes, y miembros familiares con recursos apropiados, fortaleciendo, y proveyendo las herramientas y destrezas para que puedan lograr la calidad de vida que ellos desean.

Como agencia nos retamos a nosotros mismos a desarrollar un mayor nivel de consciencia y sensibilidad para reconocer y aceptar diferencias individuales, incluyendo idioma, creencias, valores, actitudes, costumbres de sanación, orientación sexual, género, e habilidades físicas y mentales.

Nos esforzamos en continuar construyendo las fortalezas que ya existen, desarrollar nuevas habilidades y maximizar la oportunidad de recuperación y la salud optima de nuestra comunidad.

The new Cultural Humility Subcommittee of the Trauma Informed Systems Initiative has the overarching goals to create a safe and supportive client-care environment that promotes healing, and to create a safe and supportive workplace with staff who are able to promote healing.

Santa Cruz County developed specific CLAS standards and enacted policies that support our mission statement and guide our goals and objectives, including the following:

- Program policies and administrative practices that reflect the cultural, ethnic, and linguistic diversity of the Medi-Cal beneficiary population to be served.
- To institutionalize the value of cultural diversity throughout the Division and to provide the most culturally and linguistically appropriate services possible to beneficiaries.
- Provide services to beneficiaries at locations within the county that may be more accessible to the populations we serve.
- Utilization of Human Resources to develop policies that enable managers to specify bilingual staff recruitment in positions and advertisements.
- Training policies include expectations that all staff will be trained in cultural & linguistic issues on a yearly basis.
- Every employee in the Division is responsible for ensuring that CLAS issues are addressed in all programs, proposals and descriptions.

a. **Were the goals and objectives met?**

- **IF yes, explain why the county considers them successful.**

We have institutionalized the value of cultural diversity throughout the organization beyond trainings. We have also developed a standard in supporting all staff, to have a minimum of seven CLAS training hours every year. We have improved our ability to serve clients and their families at various county locations where such services are more accessible. We are addressing the issue of underutilization and/or overrepresentation of the target population being served to make sure that we are serving the right populations.

**2. Reviews and recommendations to county programs and services;**

The CLAS Coordinator meets weekly with the MHSA Coordinator to review projects, and services. The MHSA Coordinator reports directly to the Mental Health Director to review and discuss recommendations to county programs and services. Core management is responsible for reviewing and recommending county and contract provider services. Quality management regularly reviews issues of disparity and access of services, as well as grievances and client satisfaction.

**3. Goals of cultural competence plans;**

The goals of the CLAS plan is embraced, reviewed, and continually improved to meet the cultural diversity needs of our population.

**4. Human resources report;**

<b>Behavioral Health Staff</b>					
<b>Ethnicity</b>	<b>1998</b>	<b>2002</b>	<b>2003</b>	<b>2010</b>	<b>2016</b>
Caucasian	81%	72%	61%	61%	59.5%
Latino	14%	21%	18%	22%	29.3%
Asian	2%	2%-	3%	3%	3%
Black	No Info	1%	1%	1%	1.3%
Native American	No Info	No Info	No Info	No Info	.4%
Mix	No Info	No Info	No Info	No Info	1.7%
Other	3%	2%	7%	9%	1.7%
Unknown	0	1%	9%	4%	3%
<b>Language</b>	<b>1998</b>	<b>2002</b>	<b>2003</b>	<b>2010</b>	<b>2016</b>
<b>English</b>	100%	100%	100%	100%	100%
<b>Spanish</b>	21.1%	31.8%	25%	25%	40.6%
<b>Other</b>	6.3%	11%	7.5%	9%	7.4%
<b>Gender</b>	<b>1998</b>	<b>2002</b>	<b>2003</b>	<b>2010</b>	<b>2016</b>
<b>Male</b>	No Info	No Info	No Info	No Info	<b>35%</b>
<b>Female</b>	No Info	No Info	No Info	No Info	<b>65%</b>
<b>Other</b>	No Info	No Info	No Info	No Info	<b>0%</b>

**5. County organizational assessment;**

The Santa Cruz County Behavioral Health Plan recognizes the value of cultural diversity. This value is reflected in every day practice, in policies and procedures, in our annual quality improvement plan, in our contracts, and in acknowledging staff that participate in raising their own and others cultural diversity awareness.

The MHP works closely with consumer groups and advocates, including the Mental Health Consumer Action Network (MHCAN), and Mariposa Wellness Center. Additionally, we have a close working relationship with the local NAMI, as well as community based agencies, probation, law enforcement, child welfare, and the schools. The MHP interfaces with these groups to solicit input and to strengthen our services.

A historical challenge for our County is finding qualified personnel that are bilingual in our threshold language (Spanish). In order to address this matter, we have designated some positions as bilingual only, and have encouraged bilingual, bicultural persons to apply for all positions.

**6. Training plans**

Training Concepts	Example of Trainings
Provision of Culturally & Linguistically Appropriate Services	<ul style="list-style-type: none"> <li>• NAMI Provider Education</li> <li>• Consumer Experience Presentations</li> <li>• Interpreter/translation trainings</li> <li>• Working with diverse communities (Latino, Indigenous, African American, LGBTQ, etc.)</li> </ul>
New Employee / Intern /Volunteer Orientations	<ul style="list-style-type: none"> <li>• Orientation</li> <li>• Suicide Prevention</li> <li>• Confidentiality</li> <li>• Mandated Reporting</li> <li>• Documentation &amp; Billing (Treatment Plans, Assessments &amp; Progress Notes)</li> </ul>
Advanced Specialized Mental Health and Substance Abuse Trainings	<ul style="list-style-type: none"> <li>• CBT</li> <li>• DBT</li> <li>• IMR</li> <li>• CANS/ANSA</li> <li>• Mindfulness</li> <li>• Supervisor training</li> <li>• Trauma Informed Systems</li> <li>• Motivational Interviewing</li> <li>• MHFA (Mental Health First Aid)</li> </ul>
<b>Required Trainings</b>	<ul style="list-style-type: none"> <li>• Law &amp; Ethics</li> <li>• Sexual Harassment</li> <li>• HIPAA</li> </ul>

**7. Other county activities, as necessary**

Santa Cruz County had an LGBTQ committee comprised of the MHSA coordinator, the CLAS Coordinator, the head psychiatrists, the QI manager, and managers from the Children's and Adult division. This group met monthly to address LGBTQ issues such as training for staff, and creating a more safe and welcoming environment.

Additionally, we are aware that there is an important demographic change in our County. There are larger numbers of Oaxacan indigenous communities that speak other dialects. The CLAS Coordinator has worked on ways of reaching out to these communities, and has sought out interpreters from that community.

## **CRITERION 5 CULTURALLY COMPETENT TRAINING ACTIVITIES**

### **I. The county system shall require all staff and stakeholders to receive annual cultural competence training.**

**A. The county shall develop a three-year training plan for required cultural competence training that includes the following:**

See Criterion #4 for a copy of our training plan.

- 1. The projected number of staff who need the required cultural competence training. This number shall be unduplicated.**

Every county employee in our department is required to complete 7 training hours per year on provision of culturally & linguistically appropriate services.

- 2. Steps the county will take to provide required cultural competence training to 100% of their staff over a three-year period.**

The county of Santa Cruz is committed to follow the policies that have been established, and to offer at least one training, workshop or seminar per month, so that county staff are able to choose from the diverse courses to meet their required 7 hours of cultural awareness training hours per year. We have established a series of policies that underscore our commitment and practice, including the requirement for each staff to be evaluated on CLAS standards in their annual performance evaluation. These policies are included with the attachment to this document.

- 3. How cultural competence has been embedded into all trainings.**

The County of Santa Cruz has been developing a cultural shift within the county organization, within public mental health, and throughout the different layers of the organization. We are committed to provide appropriate and necessary staff development, education and training for staff, and embed cultural concepts in our trainings.

### **II. Annual cultural competence trainings**

Santa Cruz County strives to have such trainings each month, and requires staff to attend 7 hours of training each year.

### **III. Relevance and effectiveness of all cultural competence trainings**

**A. Training Report on the relevance and effectiveness of all cultural competence trainings, including the following:**

- 1. Rationale and need for the trainings: Describe how the training is relevant in addressing identified disparities;**

Our cultural awareness trainings are offered with the goal of enhancing the cultural skill set of all staff. We have taken steps to create a cultural shift throughout the organization. Santa Cruz County Behavioral Health strives to include cultural issues in the trainings offered, and

has specific cultural awareness trainings (usually at least one training per month) on different topics. Such trainings cover the topics such as:

- **Cultural Formulation** Including assessing the patient's cultural identity and understanding how culture affects the explanation of the individual's illness, support system and the clinician-patient relationship as well as understanding how culture affects the assessment and diagnosis of culturally-diverse individuals.
- **Multicultural knowledge** Provide basic knowledge of and guidelines for practice with diverse groups. Hispanic/Latino population in the United States consisting of demographic, historical, sociopolitical, and geographic contexts that are critical to understanding the population as well as the diversity within. Specific concepts and frames of reference such as identity, acculturation, language, family values, religion and spirituality, traditional beliefs about health and illness, gender role socialization, and social class are discussed. Attention will be given to contemporary issues facing Latinos, including a discussion of factors that influence help seeking and receiving care.
- **Cultural Sensitivity**: Being aware that cultural differences and similarities exist and influence values, learning, and behavior.
- **Cultural Awareness**: Involves continually developing your awareness of your own and other's cultures to assist in the performance of your professional duties.
- **Social/Cultural Diversity**: Diverse groups, consumers, family, LBBTQ, SES, Elderly, Disabilities, etc.
- **Mental Health Interpreter Training**: Including training staff in the use of mental health interpreters and training in the use of interpreters in the mental health setting.

Staff trainings are vital to ensuring cultural and linguistically appropriate services. These trainings focus on understanding the reality of the persons who may have different worldviews, persons who deal with the stigma of mental illness on a daily basis, and who may be reluctant to seek mental health and/or other services for themselves or a loved one. Trainings also focus on how to improve our skills in engaging and applying customer service principles in serving our consumers and families, as well as to reduce disparities associated with language barriers, access to services and low penetration rates.

## 2. **Results of pre/post tests**

Currently we only provide pre/post tests for trainings that psychologists attend and those that offer CAADAC credits. All our trainings are evaluated.

## 3. **Summary report of evaluations**

It is standard practice to evaluate each training that we provide or sponsor. A sign-in sheet is used to track and confirm attendance, and there are specific requirements for cultural awareness training credit, CEU training credit, or CAADAC training credit.

## 4. **Provide a narrative of current efforts that the county is taking to monitor advancing staff skills/post skills learned in trainings.**

The training plan has been developed to track, monitor, and evaluate all our training efforts. It is designed to build from what we have learned and to consistently try to implement

processes that assist our supervisory staff in how they may best support line staff, clinical staff and contract agency staff who are responsible for implementing such training approaches.

Whenever feasible we have been moving away from the one-shot approach to trainings. Instead, we have been building on the idea of standardizing essential trainings supported through booster sessions, so that these efforts become standardized steps in the sustainability process. Some trainings are geared for supervisory staff, which can directly oversee and support the implementation of the skills learned in the trainings.

5. **County methodology/protocol for following up and ensuring staff, over time and well after they complete the training, are utilizing skills learned.**

We established a set of policies and procedures to provide the needed infrastructure. The methodology used to ensure staff complete their training and utilize their cultural awareness skills is embedded in these policies. Staff are required to receive seven hours of cultural awareness training per year, and all supervisors evaluate staff on their “cultural competence” in their annual performance evaluation. Supervisors are responsible to oversee their staff, and require them to attend needed trainings.

#### **IV. Counties must have a process for the incorporation of Client Culture Training throughout the mental health system.**

We have a well-established practice to include client culture as part of our trainings. Sometimes the trainings focus specifically on what it is like to live with a mental health diagnosis, and other times the consumer perspective is included in clinical or cultural presentations.

**CRITERION 6**  
**COUNTY'S COMMITMENT TO GROWING A MULTICULTURAL**  
**WORKFORCE: HIRING AND RETAINING CULTURALLY AND**  
**LINGUISTICALLY COMPETENT STAFF**

**I. Recruitment, hiring, and retention of a multicultural workforce from, or experienced with, the identified unserved and underserved populations.**

**A. Extract a copy of the Mental Health Service Act (MHSA) workforce assessment submitted to DMH for the Workforce Education and Training (WET) component. Rationale: Will ensure continuity across the County Mental Health System.**

The MHSA Workforce Education and Training component workforce assessment was originally submitted to DMH in March 2008. We have an ongoing challenge of hiring, and retaining bilingual bicultural psychiatrists.

**B. Compare the WET Plan assessment data with the general population, Medi-Cal population, and 200% of poverty data. Rationale: Will give ability to improve penetration rates and eliminate disparities.**

In comparing the data from the WET Plan assessment with the general population, Medi-Cal population, and the 200% of Poverty data, it raises several challenges: first the shortages of licensed clinicians, especially bilingual (Spanish) speaking clinicians. Second, our workforce does not reflect the ethnic diversity of the community; there is a shortage of Latino (a) staff throughout the public mental health system. There have not been positions designated for consumer and family members at the County. However, contract agencies have been able to hire consumers.

There is a severe shortage of Spanish speaking staff at almost all the public mental health agencies. The general population, Medi-Cal population and the 200% of Poverty data demonstrate that while our penetration rate is higher than the State average, we are not as effective at serving clients who identify Spanish as their primary language as we would like. We believe there is a direct correlation to our shortage of Spanish speaking staff throughout our public mental health system.

**C. If applicable, the county shall report in the CCPR, the specific actions taken in response to the cultural consultant technical assistance recommendations as reported to the county during the review of their WET Plan submission to the State.**

Not applicable.

**D. Provide a summary of targets reached to grow a multicultural workforce in rolling out county WET planning and implementation efforts.**

Santa Cruz County Behavioral Health included several actions that address efforts to grow a multicultural workforce. Although our WET services are not as robust as they once were (when we had funding), we do continue to do the following:

- Have continuous recruitment for mental health clinicians. Added the following statement that bilingual positions “require that the mental health clinician be fully fluent in Spanish and English to provide the full range of professional level mental health services in Spanish, including the facilitation of individual, group, family, and crisis counseling. Bilingual clinicians may be asked to translate written clinical materials and interpret for Spanish speaking clients that need to communicate with monolingual English speaking mental health professionals.”
- High School Outreach: To foster knowledge and create interest in mental health as a career path amongst high school students, with a focus on bilingual (Spanish) and bicultural students.
- Centralized internship program.

**E. Share lessons learned on efforts in rolling out county WET planning and implementation efforts.**

The WET program had several strategies that were very successful, such as support for public mental health employees in purchasing license preparation materials, and group support for license preparation. We no longer receive WET funds, so we have not been able to continue these services.

**F. Identify county technical assistance needs.**

Hiring Spanish speaking staff, especially Spanish speaking psychiatrists.

## **CRITERION 7 LANGUAGE CAPACITY**

### **I. Increase Bilingual Workforce Capacity**

#### **A. Evidence of dedicated resources and strategies counties are undertaking to grow bilingual staff capacity:**

Santa Cruz County Behavioral Health designates some positions as bilingual only, and encourages bilingual, bicultural persons to apply for all positions. Santa Cruz County has a continuous recruitment for bilingual clinical staff. The bilingual job announcement indicates that bilingual positions “require that the mental health clinician be fully fluent in Spanish and English to provide the full range of professional level mental health services in Spanish, including the facilitation of individual, group, family, and crisis counseling. Bilingual clinicians may be asked to translate written clinical materials and interpret for Spanish speaking clients that need to communicate with monolingual English speaking mental health professionals.”

We assess prospective employees in their ability to provide culturally aware services. Santa Cruz County Personnel Department evaluates and certifies staff speaking the threshold language (Spanish) in their ability to use Spanish. Staff passing level one is able to communicate orally. Staff passing level two are also able to read and write Spanish. Job openings are disseminated to all eligible employees within the Division by HSA Personnel.

Santa Cruz County Behavioral Health has policies regarding the provision of Culturally Aware Services, including training requirements that cover client cultural, and working with diverse groups (e.g. Latinos, and LGBT). Contract providers will adhere to cultural aware standards, as specified in their contracts.

We do not have interpreters on staff. The Santa Cruz Mental Health Plan standard is to provide services in the threshold language therefore we rarely use interpreters. When interpreters are needed, we use bilingual mental health professionals on our staff. For example, a bilingual mental health clinician may interpret for a monolingual psychiatrist. We offer trainings to staff on how to be effective interpreters, and how to use interpreters effectively. We use an interpreter service for non-threshold languages and for sign language on an as-needed basis. The total annual dedicated resource for interpreter services is \$5,000.

### **II. Provide services to persons who have Limited English Proficiency (LEP) by using interpreter services.**

#### **A. Evidence of policies, procedures, and practices in place for meeting clients’ language needs:**

The County has a 24-hour phone line (**1-800-952-2335**) with statewide toll-free access that has linguistic capability for all Medi-Cal beneficiaries. It is answered during normal business hours by clerical and clinical staff that speak the threshold languages. After hours and on

weekends the 800 number is answered by the answering service. The 800 number has multi-linguistic capability through use of the AT&T Language Line Interpreter contract service that provides 24-hour/day interpreters in all languages. The Answering Service has Spanish-speaking staff, and uses the AT & T Language Line Interpreter service, as needed. Staff are trained to use the language line by making “practice” calls; additionally, the protocol for using the AT & T Language Line is outlined in a “quick reference guide” for staff.

To provide services for the hearing impaired, the County utilizes a TDD device for phone communication and may also use the AT&T Hearing-Impaired contract service. For face-to-face evaluations of a client with a hearing disability, the Access Team shall provide assessments by a staff member in ASL (American Sign Language). If such a staff member is not available, the Access Team shall use an interpreter from the county contract service for the hearing impaired. To provide services for the visually impaired the County provides audiotapes of pertinent beneficiary and provider information in the library of the Mental Health Resource Center. In addition, information will be provided over the phone to the visually impaired by the Access Team.

The Santa Cruz County Mental Health Plan has also implemented the “Service Access for Visually or Hearing Impaired” policy and procedures to ensure continuous services to the visually and hearing impaired.

**B. Evidence that clients are informed in writing in their primary language, of their rights to language assistance services. Including posting of this right.**

Clients are informed in writing in their primary language that they have a right to language assistance services. This information is also posted.

**C. Evidence that the county/agency accommodate persons who have LEP by using bilingual staff or interpreter services.**

The Santa Cruz Mental Health Plan standard is to provide services in the threshold language therefore we rarely use interpreters. When interpreters are needed, we use bilingual mental health professionals on our staff. For example, a bilingual mental health clinician may interpret for a monolingual psychiatrist. We use an interpreter service for non-threshold languages and for sign language on an as-needed basis.

Service providers that contract with the County are required to have policies and procedures that are consistent with the County’s policy “Provision of Linguistically Appropriate Services”. It is prohibited to expect family members or friends to provide interpreter services.

**D. Share lessons learned around providing accommodation to persons who have LEP and have needed interpreter services or who use bilingual staff.**

Based on the trainings provided on how to interpret and how to use interpreters, staff have learned how to be a conduit of communication, and how the interpreter solely translates what is verbalized by each party, and does not add to the conversation.

**E. Share historical challenges on efforts made on the items A, B, and C above. Share lessons learned.**

A historical challenge for our County is finding qualified personnel that are bilingual in our threshold language (Spanish). To address this matter, we have designated some positions as bilingual only, and have encouraged bilingual, bicultural persons to apply for all positions. We assess prospective employees in their ability to provide culturally aware services. We also ask (in English) about their skills and abilities to perform the required duties in Spanish, and the Santa Cruz County Personnel Department evaluates and certifies staff speaking the threshold language (Spanish) in their ability to use Spanish. Staff passing level one are able to communicate orally. Staff passing level two are also able to read and write Spanish. Job openings are disseminated to all eligible employees within the Division by HSA Personnel (to encourage promotional opportunities).

Our job announcements for bilingual clinical positions include language stating that bilingual positions: “require that the mental health clinician be fully fluent in Spanish and English to provide the full range of professional level mental health services in Spanish, including the facilitation of individual, group, family, and crisis counseling. Bilingual clinicians may be asked to translate written clinical materials and interpret for Spanish speaking clients that need to communicate with monolingual English speaking mental health professionals.”

**F. Identify county technical assistance needs.**

The biggest challenge the County has is in finding Spanish Speaking psychiatrists. Assistance on this matter is most needed.

**III. Provide bilingual staff and/or interpreters for the threshold languages at all points of contact.**

**a. Evidence of availability of interpreter (e.g. posters/bulletins) and/or bilingual staff for the languages spoken by community.**

The County’s standard is to provide services in the threshold language; therefore, we rarely use interpreters. When interpreters are used, we generally use other mental health professionals on our staff. For example, a bilingual mental health clinician may interpret for a monolingual psychiatrist. We also have a contract with an interpreter service.

It is prohibited to expect family members or friends to provide interpreter services. LEP individuals are informed (in a language that they understand) in the County brochures and in the intake process that they have a right to free language assistance services. This information is also posted.

**b. Documented evidence that interpreter services are offered and provided to clients and the response to the offer is recorded.**

Evidence can be found in the Access logs and Access Assessments of the County’s capability to refer and link clients that speak the threshold language with culturally and linguistically appropriate services, including the progressive steps taken to obtain these services. This

information is usually recorded in the assessment and noted on the Service Plan. At times it is also documented in progress notes.

**c. Evidence of providing contract or agency staff that are linguistically proficient in threshold languages during regular day operating hours.**

At key points of contact the County provides services in the threshold language for the beneficiary and staff to communicate effectively. Clients speaking one of the threshold languages will be assigned to clinicians that speak their language, whenever possible. The County uses the AT & T language line only when other options are unavailable.

When a client or client's family needs a translator to assist during a mental health evaluation, it is the responsibility of the clinician to provide the translation services. The County standard is to provide services in the threshold language; therefore, we rarely use interpreters. When interpreters are needed, we generally use other mental health professionals on our staff. For example, a bilingual mental health clinician may interpret for a monolingual psychiatrist. We also have a contract with an interpreter service.

It is prohibited to expect family members or friends to provide interpreter services. LEP individuals are informed (in a language that they understand) in the County brochures and in the intake process that they have a right to free language assistance services.

**d. Evidence that counties have a process in place to ensure that interpreters are trained and monitored for language competence (e.g., formal testing).**

Staff speaking the threshold language (Spanish) are evaluated and certified by the Santa Cruz County Personnel Department in their ability to use Spanish. Staff passing level one are able to communicate orally. Staff passing level two are also able to read and write Spanish.

**IV. Provide services to all LEP clients not meeting threshold language criteria who encounter the mental health system at all points of contact.**

**A. Policies, procedures, and practices the county uses that include the capability to refer, and otherwise link, clients who do not meet the threshold language criteria (e.g., LEP clients) who encounter the mental health system at all key points of contact, to culturally and linguistically appropriate services.**

The County has a policy "Linguistically Appropriate Services" that addresses how we meet the needs of consumers who do not meet the threshold language criteria.

Evidence can be found in the Access logs and Access Assessments of the County's capability to refer and link Medi-Cal beneficiaries who do not meet the threshold language criteria with culturally and linguistically appropriate services, including the progressive steps taken to obtain these services.

Our current policy states it is prohibited to expect family members or friends to provide interpreter services. LEP individuals are informed (in a language that they understand) in the intake process that they have a right to free language assistance services.

- B. Provide a written plan for how clients, who do not meet the threshold language criteria, are assisted to secure, or linked to culturally and linguistically appropriate services.**

The County has a policy “Linguistically Appropriate Services” that addresses how we meet the needs of consumers who do not meet the threshold language criteria. It states: “If the beneficiary speaks a language other than a threshold language and there is no provider in the Mental Health Plan who speaks the beneficiary’s language, the program will contract with someone to provide these services. The program may request the assistance of a neighbor county program to provide these services. LEP beneficiaries will be informed (in a language that they understand) that they have a right to free language assistance services.” We have a standing contract with an interpreter service, and use the ATT language line, when necessary.

- C. Policies, procedures, and practices that comply with the following Title VI of the Civil Rights Act of 1964 requirements:**

- 1. Prohibiting the expectation that family members provide interpreter services.**
- 2. A client may choose to use a family member or friend as an interpreter after being informed of the availability of free interpreter services; and**
- 3. Minor children should not be used as interpreters.**

The County’s “Linguistically Appropriate Services” policy complies with Title VI of the Civil Rights Act of 1964. It is prohibited to expect family members or friends to provide interpreter services. A beneficiary may choose a family member or a friend as an interpreter after being informed of the availability of free interpreter services. Minor children are not used as interpreters.

**V. Required translated documents, forms, signage, and client informing materials.**

**The county shall have the following available for review during the compliance visit:**

- A. Culturally and linguistically appropriate written information for threshold languages:**

The County has available general program literature for the identified threshold language that is culturally and linguistically appropriate. The material is at the literacy level as determined by field-testing.

Materials translated into threshold languages include:

- The Mental Health Plan brochure
- Beneficiary problem resolution, grievance and fair hearing materials
- Beneficiary satisfaction surveys
- Informed consent for medication
- Confidentiality and release of information form
- Mental health education materials
- General correspondence

- B. Documented evidence in the clinical chart, that clinical findings/reports are communicated in the clients’ preferred language.**

This information is usually recorded in the medical record.

- C. Consumer satisfaction survey translated in threshold languages, including a summary report of the results (e.g., back translation and culturally appropriate field testing).**

The MHP uses the Mental Health Statistics Improvement Program Consumer Survey (MHSIP) to assess consumer satisfaction in the threshold language. (This is available in the threshold language.) The Quality Improvement Program summarizes the results.

- D. Mechanism for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and culturally appropriate field testing).**

The written information has been field-tested using consumer focus groups with the help of a local consumer advocacy organization and by bilingual bicultural staff.

- E. Mechanism for ensuring translated materials is at an appropriate reading level (6<sup>th</sup> grade). Source: Department of Health Services and Managed Risk Medical Insurance Boards.**

The written information has been field-tested using consumer focus groups with the help of a local consumer advocacy organization and by bilingual bicultural staff.

## **CRITERION 8 ADAPTATION OF SERVICES**

### **I. Client driven/operated recovery and wellness programs.**

#### **A. List and describe the county's/agency's client-driven/operated recovery and wellness programs.**

- 1. Evidence the county has alternatives and options available within the above programs that accommodate individual preference and racially, ethnically, culturally, and linguistically diverse differences.**
- 2. Briefly describe, from the list in "A" above, those client-driven/operated programs that are racially, ethnically, culturally, and linguistically specific.**

There are two Wellness centers in Santa Cruz County: Mental Health Client Action Network (MHCAN) in Santa Cruz, and Mariposa in Watsonville. MHCAN is a consumer owned and operated program that provides a safe space for persons with psychiatric disabilities to congregate and socialize. They also offer a variety of programs, including groups, classes, and alternative treatment (like acupuncture).

Mariposa is located in the heart of downtown Watsonville, a community that houses many Anglo/Caucasian consumers as well as many underserved Latino consumers and their families. The Mariposa Wellness Center program quickly became a hub for activities and support services for adult mental health consumers as well as for outreach activities. The center is a convenient, friendly, easily accessible gathering place for families and adult consumers to share information, learn about services and get support for engaging in wellness and educational activities. Activities for consumers generally take place in the daytime, while family gatherings most often occur in the early evening, to accommodate work schedules. The program is designed to provide supports for recovery. It strives to reflect the cultural, ethnic and racial diversity of mental health consumers and their families. Some groups are peer run and mental health staff provide others. Services are provided in Spanish and English.

### **II. Responsiveness of mental health services**

- A. Documented evidence that the county/contractor 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.**

The MHP brochure informs beneficiaries of their rights, and strives to accommodate such request, as feasible. Additionally, the Mental Health Plan has clinicians that speak the threshold language, and some that are bicultural. The satellite office in Watsonville (a predominantly Latino city) is staffed with clinicians and clerical staff that are bilingual, and most are bicultural as well.

- B. Evidence that the county informs clients of the availability of the above listing in their member services brochure. If it is not already in the member services brochure, the county will include it in their next printing or within one year of the submission of their CCPR.**

The MHP brochure informs beneficiaries of the availability of this listing.

**C. Counties have policies, procedures, and practices to inform all Medi-Cal beneficiaries of available services under consolidation of specialty mental health services. (Outreach requirements as per Section 1810.310, 1A and 2B, Title 9)**

The “Outreach to Medi-Cal Beneficiaries” describes the general principles of our outreach efforts to inform the community of available mental health services through planned activities that reflect the varying cultural and linguistic needs of our target populations.

The Division conducts a variety of outreach efforts to the cultural and linguistically diverse community. These include the following activities:

- a. Community Collaboration: Managers and supervisors represent Mental Health and take a leadership role in community collaborations.
- b. Staff Presentations: Staff respond to invitations to provide information about services, with priority given to those presentations that would allow staff to reach our target population. These strategies inform, educate, and help diffuse myths about mental illness
- c. Mailings & Newsletters: Mailings to the target population or articles presented in community newsletters and/or publications, as well as the Behavioral Health monthly newsletter “We Are Serious About Mental Health & Recovery”.
- d. Mental Health Brochure: we developed a mental health brochure (which is in both English and Spanish), which informs the reader about signs and symptoms of mental illness across the lifespan, and how to access services for them or a loved one. This is one way to provide resources and direction for consumers, family members, service providers, and community members.
- e. Program Activities: Outreach activities are a part of service provision in the Children’s Mental Health and Adult Mental Health programs. Additionally, our Workforce Education & Training Coordinator conducts numerous trainings and outreach activities throughout Santa Cruz County.

**D. Evidence that the county has assessed factors and developed plans to facilitate the ease with which culturally and linguistically diverse populations can obtain services. Such factors should include:**

1. **Location, transportation, hours of operation, or other relevant areas;**
2. **Adapting physical facilities to be accessible to disabled persons, while being comfortable and inviting to persons of diverse cultural backgrounds (e.g., posters, magazines, décor, signs); and**
3. **Locating facilities in settings that are non-threatening and reduce stigma, including co-location of services and/or partnerships, such as primary care and in community settings. (The county may include evidence of a study or analysis of the above factors, or evidence that the county program is adjusted based upon the findings of their study or analysis.)**

The County developed and administered a sample survey of 12 mental health providers in the spring of 2003. The survey included all the required factors. The providers ranged from outpatient to residential adult and children’s programs throughout Santa Cruz County. Surveys were administered by both county and contract provider staff. Of the 12 providers, 58% were rated as “Good” and 42% were rated as “Satisfactory.” The County has continued to improve services as a result of this type of study, and we have incorporated the “Annual Survey of Service Location” with the site certification procedures so that this analysis is done on an annual basis.

### **III. Quality of Care: Contract Providers**

**A. Evidence of how a contractor's ability to provide culturally competent mental health services is taken into account in the selection of contract providers, including the identification of any cultural language competence conditions in contracts with mental health providers.**

The Santa Cruz County Mental Health Plan has policies and procedures that contain requirements to assure that culturally and linguistically competent medically necessary services are available to meet the needs identified in our annual Population, and Organizational and Service Provider Assessments.

### **IV. Quality Assurance**

**Requirement: A description of current or planned processes to assess the quality of care provided for all consumers under the consolidation of specialty mental health services. The focus is on the added or unique measures that shall be used or planned in order to accurately determine the outcome of services to consumers from diverse cultures including, but not limited to, the following:**

**A. List if applicable, any outcome measures, identification, and descriptions of any culturally relevant consumer outcome measures used by the county.**

Santa Cruz County uses the Mental Health Statistics Improvement Program Consumer Survey (MHSIP) and the Youth Satisfaction Report to assess consumer satisfaction. These surveys are sorted and analyzed by ethnicity and language. Additionally, the County uses the CANS and the ANSA.

**B. Staff satisfaction: A description of methods, if any, used to measure staff experience or opinion regarding the organization's ability to value cultural diversity in its workforce and culturally and linguistically competent services**

The County conducts a survey designed to measure staff experiences and/or opinions regarding the valuation of cultural diversity in the Division's workforce, the provision of culturally and linguistically appropriate services, and their training needs. This survey is conducted every two years.

**C. Grievances and Complaints: Provide a description of how the county mental health process for Medi-Cal and non-Medi-Cal client Grievance and Complaint/Issues Resolution Process data is analyzed and any comparison rates between the general beneficiary population and ethnic beneficiaries.**

All grievances, in writing or orally, are treated the same regardless of insurance status of the consumer. The same timeframes are used as well as protocols described in Title 9 for Medi-Cal beneficiaries. Grievances, fair hearings, requests to change providers and complaints are tracked and analyzed. The Quality Improvement staff shares aggregate data to the state as well as shared with the Quality Improvement Steering Committee and Core Management. The data includes break down by ethnicity, separate adult/child age grouping, gender and language.

**SANTA CRUZ COUNTY**  
**Mental Health & Substance Abuse Services**  
**POLICIES AND PROCEDURE MANUAL**

<b>Subject:</b> Implementing Culturally & Linguistically Appropriate Services	<b>Policy Number:</b> 3101
<b>Date Effective:</b> October 6, 2016	<b>Pages:</b> 3
<b>Date Revised:</b>	<b>Responsible for Updating:</b> CLAS Coordinator
<b>Approval:</b> _____	_____
<i>Behavioral Health Director</i>	<i>Date</i>

**POLICY:**

The importance of providing culturally and linguistically appropriate services shall be reflected in all areas of Mental Health and Substance Abuse Services. Program policies and administrative practices shall reflect the cultural, ethnic, gender expression and linguistic diversity of the Medi-Cal beneficiary population to be served.

**PURPOSE:**

To institutionalize the value of cultural diversity throughout the division and to provide the most culturally competent services possible to beneficiaries.

**DEFINITIONS:**

**1. Culturally and Linguistically Appropriate Services (CLAS):**

Provide effective, equitable, understandable, and respectful quality care services that are responsive to diverse cultural beliefs and practices, preferred languages, health literacy, and other communication needs.

**2. Division**

Mental Health and Substance Abuse Services (MHSAS), a division of Santa Cruz County Health Services Agency.

**PROCEDURES:**

## **1. Organizational Components**

CLAS work in MHSAS is organized to obtain maximum participation and input from various levels of the organization.

### **a. Designated CLAS Staff**

The director will appoint a CLAS Coordinator for the division. The on-going cultural work throughout MHSAS will be the charge of CORE Management, including the responsibility of creating strategies to accomplish the agency's mission.

## **2. Mission Statement**

The MHSAS Division has adopted the following Mission Statement which has been integrated into the overall MHSAS mission statement:

Our goal is to support our consumers, youth, and family members with culturally appropriate resources, encouragement, tools and skills so they may achieve the quality of life they desire. As an agency we challenge ourselves to develop ever-greater cultural awareness and sensitivity to acknowledge and embrace individual differences, including language, beliefs, values, attitudes, healing practices, sexual orientation, gender expression, physical and mental abilities. We endeavor to build on existing strengths, develop new skills and maximize the opportunity for recovery and optimal health of our community.

## **3. Program Philosophy Statements**

The values of providing culturally and linguistically appropriate services are included in any description of MHSAS philosophy. Philosophy statements are integrated in beneficiary brochures, descriptions in grant proposals and other forms of publicity. Every employee in the division is responsible for ensuring that CLAS issues are addressed in all programs, proposals and descriptions.

## **4. Culturally & Linguistically Appropriate Services Plan**

- a. The CLAS Coordinator is responsible for the submission of the annual CLAS Plan Update.
- b. The planning process may include the involvement of MHSAS staff, diverse beneficiary populations and community organizations.
- c. The plan is formally reviewed in the QIC Steering Committee meeting.
- d. Every staff member is expected to be familiar with the CLAS Plan.
- e. Supervisors are responsible for ensuring that each new employee receives a copy of the plan as part of his/her orientation.

## **7. Medi-Cal Outreach Plan**

At the beginning of each fiscal year, the CLAS Coordinator will generate an Outreach Plan for Medi-Cal beneficiaries that reflects the cultural, ethnic and linguistic diversity of this community.

## **8. Policy and Procedure Manual**

CLAS issues are to be included throughout the Policy and Procedure Manual. The importance of including cultural awareness issues is communicated to those individuals writing policies. All Policies and Procedures are approved by the CORE Management team.

## **9. Human Resource Policies**

### **a. Recruitment and Training**

MHSAS recruitment policies enable managers to specify bilingual staff recruitment in position advertisements. Training policies include expectation that all staff will be trained in providing Culturally and Linguistically appropriate services.

### **b. Staff Demographics**

Human Resource demographics are collected bi-annually. Staff composition is analyzed by the QIC Steering Committee. (For further information regarding the hiring and training of culturally and linguistically appropriate staff, please see **Policy 3115: Availability of Culturally and Linguistically Appropriate Staff.**)

## **10. Contract Requirements**

Specific CLAS language is to be written into all contracts. This includes availability of linguistic services, reporting requirements about the population and human resources, and participation in CLAS efforts. (For further information, please refer to **Policy 3111: Contract Requirements for Cultural & Linguistically Appropriate Service Standards.**)

## **11. QI Work Plan**

- a. The Quality Improvement (QI) Steering Committee sets annual goals for improvements in service provision;
- b. The CLAS Coordinator reviews the QI Work Plan and makes recommendations for inclusion of goals related to Cultural Awareness in each section of the work plan.
- c. The CLAS Coordinator is a standing member of the QI Steering Committee.

## **12. Annual Evaluation Documents**

- a. Documents evaluating the Agency's performance in Children's Services, Adult Services, SUD Services and Quality Improvement are produced annually.
- b. Each of these documents should address issues of cultural awareness throughout the report.

- c. These documents should report clinical outcomes, client satisfaction, cost effectiveness and outreach efforts with respect to CLAS standards.
- d. These reports will be presented to the QIC Steering Committee prior to publication for review and comment.

**PRIOR VERSIONS:** December 5, 2008

**REFERENCES:** DMH Information Notice 02-03, CCR, Title 9 section 1810.410, 42 CFR, Section 438.10, MHSAS Policies 3105; 3108; 3111; 3113; & 3115

**SANTA CRUZ COUNTY**  
**Mental Health & Substance Abuse Services**

**POLICIES AND PROCEDURE MANUAL**

<b>Subject:</b> Linguistically Appropriate Services	<b>Policy Number:</b> 3105
<b>Date Effective:</b> October 6, 2016	<b>Pages:</b> 5
<b>Date Revised:</b>	<b>Responsible for Updating:</b> CLAS Coordinator
<b>Approval:</b> _____	_____
<i>Behavioral Health Director</i>	<i>Date</i>

**POLICY:**

All programs shall provide linguistically appropriate services utilizing the procedures indicated below. Certified bilingual clinical and support staff shall be available to assist with threshold language (Spanish) interpretation and translation activities, as identified in this policy.

**PURPOSE:**

To ensure accessibility and understanding of services, through communications in the beneficiary's primary language.

To identify procedures to obtain both in-house and contract interpreter and translation services.

**DEFINITIONS:**

**ATT Language Line:**

A contracted service that provides interpreters for non-English speakers.

**LEP:**

Limited English Proficiency. Beneficiaries who speak/read little or no English.

Bilingual beneficiary who prefers services in his/her primary language.

**Threshold Language:**

A primary language (other than English) that is spoken by 3,000 Medi-Cal beneficiaries or 5% of the Medi-Cal beneficiary population in Santa Cruz County (whichever is lower). In Santa Cruz County, the threshold language is Spanish.

**Key Points of Contact:**

Common points of access to county or contract provided mental health & substance use disorder services.

**Bilingual Level I:**

Staff evaluated and certified in their ability to converse in the threshold language, and to read English and translate orally into the threshold language. These staff get paid a premium for their abilities.

**Bilingual Level II:**

Staff evaluated and certified in their ability to converse in the threshold language; to read English and translate orally into the threshold language; read the threshold language and translate orally into English; and to write in the threshold language. These staff get paid a premium for their abilities.

**General Documents:**

Literature, pamphlets, forms, and documents that are non-clinical and non-legal documents.

**Clinical Documents:**

Treatment Plans, Assessments, Progress notes and content of doctor notes.

**Legal Documents:**

Any legally binding document that requires client signature.

**Reviewer:**

Designated Bilingual Level II Clinical and/or Administrative staff within each MHSAS program or section who will review and approve final draft translations.

**Interpretation**

The transference of meaning between spoken languages.

**Translation**

The transference of meaning between written languages.

## **PROCEDURES:**

### **a. 24 Hour Toll Free Line (1-800-952-2335)**

- a. There is a 24-hour Toll Free Line that is answered during normal business hours by bilingual clerical and clinical staff.
- b. After hours and on weekends, the Toll Free Line is answered by the contracted answering service. Approximately 90% of the operators employed by the answering service are bilingual.
- c. The Toll Free Line has multi-linguistic capability through use of the AT&T Language Line that provides 24-hour/day interpreters in all languages.
- d. A TDD device for phone communication is available for use by hearing impaired beneficiaries as well as email via website. In addition, MHSAS will use 711 for relay services.

### **2. Threshold Language:**

- a. At key points of contact, services are provided in the threshold language (Spanish) in order for the beneficiary and staff to communicate effectively.
- b. LEP beneficiaries who speak Spanish will be offered a Spanish speaking clinician.
- c. Use of the ATT language line (see above) is acceptable only when other options are unavailable.
- d. LEP beneficiaries will be informed in Spanish that they have a right to free language assistance services.

### **b. Non-Threshold Language**

- a. If the beneficiary speaks a language other than a threshold language and there is no provider in the Mental Health Plan who speaks the beneficiary's language, the program will contract with someone to provide these services (See Procedure # 5.a. below);
- b. The program may request the assistance of a neighbor county program to provide these services; and
- c. LEP beneficiaries will be informed (in a language that they understand) that they have a right to free language assistance services.

### **4. Use of In-House Interpreters**

#### **a. Clinician Responsibility**

When a beneficiary or his/her family needs an interpreter to assist during provision of services, it is the responsibility of the bilingual clinician to provide the interpreter services or to make the necessary arrangements in advance to

have an interpreter present. Note: Support staff are not responsible for making interpreter arrangements.

b. Meds Only clients

When a beneficiary does not have a coordinator, it is the responsibility of the psychiatrist to make arrangements to have a clinician available to translate. Clinical supervisors/managers may be called upon to facilitate the availability of a translator.

c. Bilingual Staff

- In-house Bilingual Level I or Level II clinical staff will provide interpretation services for clinical interactions.
- Bilingual Level 1 or Level 2 non-clinical staff can be used to interpret only general information.
- The MHSAS Personnel Liaison may be contacted for a list of staff who are designated Bilingual Level 1 and Level 2.

d. Family Members

- It is prohibited to expect family members or friends to provide interpreter services.
- A beneficiary may choose a family member or a friend as an interpreter after being informed of the availability of free interpreter services.

## **5. Use of Professional Interpreting Services**

a. Non-Threshold Language

If a client speaks a non-threshold language, and there is not a clinical person on staff that speaks that language, the Supervisor or Manager will directly contact the contracted interpreting services and have the invoice sent to the MHSAS fiscal department.

Non-clinical staff that are fluent in the non-threshold language may be used to interpret for walk-in or urgent situations.

## **6. Translated Materials**

- a. General program literature will be available in Spanish at all provider sites.
- b. The materials should be consistent with the culturally appropriate field-testing procedures, which may include back translation.
- c. Upon entry into the program, LEP Spanish speaking beneficiaries will be given translated copies of:

- The Mental Health Plan brochure and/or Drug Medi-Cal Organized Delivery System brochure.
  - Beneficiary Grievance, Appeal and Fair Hearing materials.
- d. Other materials available in Spanish include (but not limited to):
- Beneficiary satisfaction surveys
  - Informed Consent for Medication
  - Release of Confidential Information forms
  - Service orientation for clients
  - Notice of Privacy Practices
  - Advance Directives information

## **7. In-House Translation of General Documents**

### a. Translating Process

- If a document has not been translated, the supervisor or manager will designate a Bilingual Level II staff and allow sufficient lead time to complete the translation, based on current workload.
- The document will be translated into a format similar to the English version.
- The Spanish version will include all titles and subtitles in English in a smaller font (for identification purposes).
- Staff will use any resources at their disposal to facilitate the translation process including, but not limited to, consulting with other co-workers, and language websites.

### b. Administrative Review

- Staff will provide the English document and the final Spanish draft to the CLAS Coordinator, or designee, for approval.
- The CLAS Coordinator, or designee, will consult with original translator to make any necessary changes.
- The Administrative Reviewer will return the approved translated document to the translator and supervisor or manager.
- If the document is maintained by QI, the reviewer will also submit the approved translated version to the QI Administrative Aide.
- When applicable, the QI Administrative Aide will transfer the Spanish version into the appropriate format.

## **8. In-House Translation of Clinical Documents**

### a. Assignment of Task:

- Bilingual Level 2 clinical staff will translate necessary documents for clients on their caseload.
- If a clinical document needs to be translated and the clinician is not certified as Bilingual Level 2, they should consult with their supervisor or program manager.

- The Program Manager or Supervisor will designate a Bilingual Level 2 clinician to translate the document and allow sufficient lead time to complete the translation based on current workload.

b. Translating Process

- Clinical staff will translate clinical documents into a format similar to the English version.
- Spanish versions will include all titles and subtitles in English in a smaller font (for identification purposes), if applicable.
- Staff will use any resources at their disposal to facilitate the translation process including, but not limited to, consulting with other co-workers, and language websites.

## **9. Professional Translation Services for non-threshold Languages**

a. Identification of Need

- Whenever possible, the MHSAS will utilize its own staff resources for translations as stated above; and
- Use of a contracted translation service may be deemed necessary when the language is not the threshold language.

b. Submission of Request

- The Program Manager will be responsible to determine that the request is necessary and approve the expenditure.

## **10. Monitoring Contract Budget**

The administrative assistant will maintain invoice copies of all contracted services to ensure effective use of contract budget.

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**PRIOR VERSIONS:** December 5, 2008

**REFERENCES:** DMH Information Notice 02-03, CCR Title 9 section 1810.410, 42 CFR Section 438.10

**Subject: Service Access for Visually or Hearing Impaired**

**Policy No: (3108)**

Effective: July 18, 2016

Replaces: December 5, 2008

References: CCR, Title 9, Chapter 11, Sections 1810:410 & 1810.110; 42 CFR, Section 438.10; MHP Contract, Exhibit A

Approval:

\_\_\_\_\_  
**Director's Signature**

\_\_\_\_\_  
**Date**

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**POLICY:** All programs shall provide appropriate services to beneficiaries who have a visual or hearing impairment.

**PURPOSE:** To ensure accessibility of medically necessary services, regardless of the beneficiary's visual or hearing impairment.

**PROCEDURES:**

**1. Service Access for the Hearing Impaired**

- a. A TDD device for phone communication is available for use by hearing impaired beneficiaries. In addition, MHP will use 711 for relay service.
- b. Agency website provides information about mental health services and how to access them with an email address to contact the Access Team.
- c. For face-to-face evaluations of and/or ongoing services for a beneficiary with a hearing disability, those services shall be provided by a staff member fluent in ASL (American Sign Language) or an interpreter from the county contract service for the hearing impaired.

**2. Service Access for the Visually Impaired:**

- a. Audio devices with pertinent beneficiary and provider information are available from the Access Team and other service "gates". This information is in English & Spanish.
- b. Information will be provided over the phone to the visually impaired by the Access Team.
- c. Direct services for the Visually Impaired will be provided at all program sites with accommodation as necessary, such as the beneficiary being accompanied to and from the waiting area.
- d. The Guide to Medi-Cal Mental Health Services is also available in large print.

**SANTA CRUZ COUNTY**  
**Mental Health & Substance Abuse Services**

POLICIES AND PROCEDURE MANUAL

<b>Subject:</b> Contract Requirements for Culturally & Linguistically Appropriate Service Standards	<b>Policy Number:</b> 3111
<b>Date Effective:</b> October 6, 2016	<b>Pages:</b> 2
<b>Date Revised:</b>	<b>Responsible for Updating:</b> CLAS Coordinator
<b>Approval:</b> _____	_____
Behavioral Health Director	Date

**POLICY:**

All contractors providing mental health & substance use disorder services shall comply with Culturally & Linguistically Appropriate Service Standards, as described below.

**PURPOSE:**

To ensure that services provided by contractors meet the cultural competency needs of program beneficiaries.

**DEFINITIONS:**

**1. Culturally & Linguistically Appropriate Services**

Provide effective, equitable, understandable, and respectful quality care services that are responsive to diverse cultural beliefs and practices, preferred languages, health literacy, and other communication needs.

**2. Threshold Language**

A primary language (other than English) that is spoken by 3,000 Medi-Cal beneficiaries or 5% of the Medi-Cal beneficiary population in Santa Cruz County (whichever is lower). In Santa Cruz County, the threshold language is Spanish.

**PROCEDURES:**

**1. Contract Selection**

When selecting contract providers the MHP will take into account contractors' ability to provide culturally competent (medically necessary) services. Contractors will adhere to the following Culturally & Linguistically Appropriate Service Standards, as identified in their contracts:

## 2. Culturally & Linguistically Appropriate Service Standards

### a. Language

#### Requirements

- i) Contractors shall have policies that prohibit the expectation that family members provide interpreter services.
- ii). Contractors shall provide services in Spanish (threshold language in Santa Cruz County) or will provide free language assistance services.
- iii) Contractors shall have policies and procedures for meeting language needs for consumers who do not meet threshold language criteria (see definition).

### b. Written Information

Contractors shall have culturally and linguistically appropriate written information available for identified threshold languages.

### c. Accommodations

As appropriate or feasible, contractors shall have alternatives and options available that accommodate individual preferences and cultural and linguistic differences.

### d. Culturally & Linguistically Appropriate Service Staff

- i) Contractors shall have a process to ensure that staff are able to provide culturally and linguistically competent, and medically necessary specialty mental health services.
- ii) Contractors will provide or make available to staff culturally & Linguistically Appropriate Service training, including an annual training on client culture.

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**PRIOR VERSIONS:** December 5, 2008

**REFERENCES:** DMH Information Notice Nos. 10-02 & 10-17, CCR, Title 9 section 1810.410 & 3320, 42, CFR 438.206

**SANTA CRUZ COUNTY**  
**Mental Health & Substance Abuse Services**

**POLICIES AND PROCEDURE MANUAL**

**Subject:** Outreach to Medi-Cal Beneficiaries

**Policy Number:** 3113

**Date Effective:** October 6, 2016

**Pages:** 2

**Date Revised:**

**Responsible for Updating:**  
CLAS Coordinator

**Approval:** \_\_\_\_\_  
Behavioral Health Director

\_\_\_\_\_  
Date

**POLICY:**

All Medi-Cal beneficiaries shall be informed of available mental health and substance use disorder services through planned outreach activities that reflect the varying cultural and linguistic needs of our target population.

**PURPOSE:**

To ensure that all eligible Medi-Cal beneficiaries receive the information they need to access appropriate services.

**DEFINITIONS:**

**1. Division**

Mental Health and Substance Abuse Services (MHSAS), a division of Santa Cruz County Health Services Agency

**2. Threshold Language**

A primary language (other than English) that is spoken by 3,000 Medi-Cal beneficiaries or 5% of the Medi-Cal beneficiary population in Santa Cruz County (whichever is lower). In Santa Cruz County, the threshold language is Spanish.

**3. Penetration Rates**

The total number of individuals served divided by the number of eligible individuals.

**PROCEDURES:**

**1. Outreach Activities**

MHSAS conducts a variety of outreach efforts to the cultural, ethnic, linguistically and gender diverse community. These include the following activities:

a. Community Collaboration

Managers and supervisors represent Mental Health & Substance Abuse Services and take a leadership role in community collaborations.

b. Staff Presentations

Staff respond to invitations to provide information about services, with priority given to those presentations that would allow staff to reach our target population.

c. Mailings & Newsletters

Mailings to the target population or articles presented in community newsletters and/or publications.

d. Program Activities

Outreach activities are a part of service provision in the Children's Mental Health, Adult Mental Health and Substance Use Disorder programs. Children's Mental Health provides outreach through their "Community Gate" and "Family Partnership" programs. Adult Mental Health provides outreach services through the Full Service Partnership Teams, the Family Advocacy program, Downtown Outreach services, the Homeless Person's Health Project, and through the Wellness Centers in both Watsonville and Santa Cruz. County Alcohol & Drug Program provides various community meetings enlisting stake holder input, offers information through Recovery Wave Resources and Educational Materials as well as Friday Night Live activities for youth.

## **2. Monitoring Activities**

a. Outreach Efforts

Staff who conduct outreach presentations or trainings shall report their activities on a monthly basis to their manager team, who will then report it at the Quality Improvement Steering Committee.

b. Quarterly Assessment

On a quarterly basis, the Quality Improvement Steering Committee will review the outreach efforts and assess how well the Outreach Plan goals are being met.

This review will include information on:

- Numbers of presentations

- Numbers of individuals reached
- Effect of the outreach activities on penetration rates

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**PRIOR VERSIONS:** January 20, 2009

**REFERENCES:** CCR Title 9, Chapter 11, Section 1810.410; W & I Code 5600 2 (d), and 5614, (b) (5)

**SANTA CRUZ COUNTY**  
**Mental Health & Substance Abuse Services**

**POLICIES AND PROCEDURE MANUAL**

<b>Subject:</b> Availability of Culturally & Linguistically Appropriate Service Staff	<b>Policy Number:</b> 3115
<b>Date Effective:</b> September 26, 2016	<b>Pages:</b> 4
<b>Date Revised:</b>	<b>Responsible for Updating:</b> CLAS Coordinator
<b>Approval:</b> _____	_____
<i>Behavioral Health Director</i>	<i>Date</i>

**POLICY:**

Mental Health & Substance Abuse Services (MHSAS) shall evaluate and/or certify staff knowledge and ability to provide culturally and linguistically competent (medically necessary) services. Staff satisfaction regarding the provision of culture-specific services shall be monitored.

**PURPOSE:**

To provide culturally competent medically necessary services to county Medi-Cal beneficiaries.

**DEFINITIONS:**

**1. Culturally & Linguistically Appropriate Services**

Provide effective, equitable, understandable, and respectful quality care services that are responsive to diverse cultural beliefs and practices, preferred languages, health literacy, and other communication needs.

**2. Bilingual Staff**

MHSAS staff who have passed the County's Spanish bilingual level 1 or level 2 tests.

**PROCEDURES:**

**1. Staff Recruitment**

Bilingual, bicultural persons are encouraged to apply for all positions. Some positions are designated as bilingual for which there is continuous recruitment.

Interviews for prospective employees are to include questions regarding cultural competency. Santa Cruz County certifies the linguistic proficiency of prospective employees.

## 2. Cultural Awareness Satisfaction Survey

The MHSAS will have staff complete a bi-annual survey designed to measure staff experiences and/or opinions regarding:

- a. The valuation of cultural diversity in the division's workforce.
- b. The provision of culturally and linguistically competent services.
- c. Staff CLAS training needs.

The CLAS Coordinator is responsible for the development and dissemination of this survey and will analyze and discuss the results with Core Management and the QI Steering Committee.

## 3. Mandatory Training

CLAS training is mandated as follows:

- a. **All MHSAS staff shall attend a minimum of 7 hours of how to provide culturally and linguistically appropriate services training on an annual basis.**
- b. Within their first year of employment, new employees shall attend trainings on consumer culture, Latino culture, and Lesbian, Gay, Bi-sexual, Transgendered (LGBTQ) issues/culture.

**Supervisors will ensure that this training requirement is met. The CLAS Coordinator will monitor training attendance and notify CORE Management and supervisors regarding staff participation.**

## 4. CLAS TRAINING PROGRAM

**THE CLAS COORDINATOR WILL PLAN TRAINING TO IMPROVE THE CULTURAL AWARENESS SKILLS OF ALL STAFF. IF POSSIBLE, CONTRACT PROVIDERS WILL BE INVITED TO PARTICIPATE. THE TRAINING CURRICULUM WILL INCLUDE THE FOLLOWING:**

- a. An annual training on consumer culture that includes a client's personal experience with diagnosis/labeling, medication, hospitalization, societal/familial stigma, economic impact, housing issues, and forced treatment.
- b. For clients under 18 years of age, the training will also include the parent and/or caretaker's personal experiences with family focused treatment, and their experience in navigating multiple agency services.
- c. Evaluation, diagnosis, treatment and referral services for the multi-cultural groups in our service area (including LGBTQ and Latinos).

- d. Presentation of divergent world views and variant beliefs concerning the definition, presentation and clusters of symptoms, causal explanations and treatment of mental health conditions and substance use disorders, as well as the risk that deviant behavior presents to the indigenous community.
- e. Enhancement of skills that increase bilingual staff's ability to understand a consumer's spoken, as well as non-verbal communication and ability to communicate their ideas, concerns and rationales.

## **5. Personnel Evaluation**

- a. CLAS standards will be included in the annual evaluations for all employees in MHSAS.
- b. Supervisors will rate how well the employee has complied with training expectations and culturally competent aspects of job performance.
- c. An Employee CLAS Feedback Form is available to help provide a structured conversation and stimulate discussion about CLAS issues. Use of this form is optional.

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**PRIOR VERSIONS:** December 5, 2008

**REFERENCES:** DMH Information Notice No. 02-03, pages 10, 11 and 18; CCR, Title 9, Chapter 11, Section 1810.440, and section 1810.410(a), 42 CFR section 438.10 and 438.206

**FORMS/ATTACHMENTS:** Employee CLAS Feedback Form

## **EMPLOYEE CULTURALLY & LINGUISTICALLY APPROPRIATE SERVICES FEEDBACK FORM**

This **optional form** is intended to be used at the time of an employee's annual personnel evaluations to help structure a conversation regarding the integration of cultural competency issues into each employee's job performance. **These are suggested questions only**, meant to assist having a thorough and thoughtful dialogue. The personnel evaluation may be between a supervisor and administrative employee, supervisor and clinician or manager and supervisor. Notes taken on the form, by the supervisor/manager, will be kept only in the supervisor/manager's file to be used for professional development purposes. However, the agreed on goal (question # 7) may be included in the formal written evaluation.

1. **Describe a specific circumstance with a client/clinician/community group or staff member where you think your own values (socio-economic, religious, ethnic, etc.) affected the other person (client/supervisee/staff member) in either a positive or negative way.**
  
2. **Would you consciously repeat this circumstance again? Why or why not?**
  
3. **How do you react and relate when an experience of a client, clinician or staff member is very different than or opposed to your own?**
  
4. **How has this affected your clinical, supervisory or work relationships?**
  
5. **Describe a specific circumstance when you made culturally based assumption(s) in relation to a client, supervisee or other staff? Describe what effect that had on the other person.**
  
6. **Describe a specific circumstance when you made gender based or sexual orientation based assumption(s) about a client, supervisee or staff member. Describe what effect that had on that person.**
  
7. **Develop at least one goal for the next year that is specific to increasing your sensitivity to how the needs of your clients, supervisees or co-workers might be different from your own.**