H. Cultural Competency

Cultural Competence involves recognizing that culture impacts our relationships and interactions in ways that may be subconscious or outside our awareness. It is a continual growth process that involves self-awareness, knowledge, skills, advocacy, and the examination of all those factors within a larger context. Recognizing the complex nature of personal identity, how we manage multiple identities, and how the intersection of our experience can be a powerful tool for healing and change helps those providing services within COSD Behavioral Health Services provide more culturally relevant and responsive care to the people being served.

Another focus that SDCBHS has incorporated is cultural humility to further support the progress toward reducing disparities in mental health services and the Cultural Competence Plan. The term is based on the idea that we must be open to the identities and experiences of others as a primary way of being in the world through a lifelong commitment to self-evaluation, a desire to fix power imbalances, and a willingness to develop partnerships with people and groups who advocate for others.

History and Background

Cultural norms, values, beliefs, customs and behaviors may influence the manifestation of mental health problems. The County's dynamic demographics combined with the recognition that culture is a key factor in service delivery pose an ongoing challenge for the Behavioral Health Plan (BHP) and its contracted mental health care providers. The latest estimates for San Diego County from 2023 show that the overall population estimate of the County increased by 0.45% compared to the 2023 estimate. According to the San Diego Association of Governments *SANDAG Demographic and Socio-Economic Estimates, 2024 Estimates, San Diego Region,* 41,7% of the population identified as White, 35.8% as Hispanic, 4.2% as Black, 0.4% as Native American, 12.5% as Asian, 0.40% as Pacific Islander, and 5.0% as "Two or more".

SDCBHS continuously monitors its progress toward reducing disparities and identifies gaps between the demand for and the availability of services. To understand the needs of the whole County mental health population for Mental Health Services Act (MHSA) planning, SDCBHS and the University of California, San Diego (UCSD) Research Centers analyze service disparities on a triennial basis in a report titled *Progress Towards Reducing Disparities in Mental Health Services*.

The most recent report covers three time points spanning across 8 years (Fiscal Years 2009-10, 2012-13, and 2015-16). The report provides breakdown information by age, gender, race/ethnicity, and diagnosis, as well as service utilization and service engagement, which is used to supplement the State required information. These existing reports and planning structure will assist BHS in establishing a broader county and regional planning process to support all contractual funding requirements. The report has

since been reimagined as the *Community Experience Partnership*, with a set of dashboards that allow flexible queries regarding health equity information that will provide timely, accessible, and actionable data for system policy development and decision making. With the County's renewed commitment to patient-centered care, these tools will provide support for initiatives that focus on the member's specific long-term needs and community level services.

Community Experience Partnership

The Community Experience Partnership (CEP) is a joint initiative between County of San Diego Behavioral Health Services (BHS) and UC San Diego. The vision of the CEP is the integration of data and community engagement to promote behavioral health equity in San Diego County. The mission of the CEP is to promote a continuous feedback process by which issues can be identified, further informed by community engagement, and mediated by actionable plans. The goal of the CEP is the integration of data and community engagement to promote behavioral health equity in San Diego County. The CEP allows the public to explore, monitor, and visualize behavioral health equity data through a series of interactive dashboards. Data sources include surveys, vital records, hospitalization and emergency department data, and service and outcome data for individuals served by the Behavioral Health Services system. Users can explore indicators of equity over time, across neighborhoods, and for numerous subpopulations, including by race/ethnicity, gender, sexual orientation, age, justice involvement and more.

Current Standards and Requirements

To meet State and County requirements, providers are required to maintain and reflect linguistic and cultural competence through all levels of their organization and in their policies, procedures, and practices. Providers must ensure that program staff is representative of, and knowledgeable about, the members' culturally diverse backgrounds and that programs are reflective of the specific cultural patterns of the service region.

Cultural Competence Training Opportunities through the BHP: Cultural Competence Trainings are available through some of SDCBHS's larger contractors. Community Research Foundation, New Alternatives, and Mental Health Systems, Inc. offer such trainings to their own program staff, but other providers may send staff on a fee basis. SDCBHS Contracted Trainings and trainings via the Learning Management System (LMS) are available through the BHS Workforce Education and Training Website, and Cultural Competency trainings are offered through Academy of Professional Excellence (APEX). Specific training for the Cultural Competency Academy is available through the Academy for Professional Excellence for BHS and BHS Contractors at no cost.

Cultural Competence Monitoring and Evaluation: The BHP QA Unit and the CORs are responsible for monitoring and evaluating compliance with cultural

competence standards as outlined in the County's Cultural Competence Plan and with State and Federal requirements. The QA Unit and the CORs utilize both the medical record review and the annual Contract Review to monitor providers regarding cultural competence. In addition, provision of/usage of the tools listed below is now cultural competence requirement.

National Culturally and Linguistically Appropriate Services (CLAS) Standards: The National Culturally and Linguistically Appropriate Services (CLAS) Standards have replaced the Culturally Competent Clinical Practice Standards. The CLAS Standards are a series of guidelines that are intended to inform and facilitate the efforts towards becoming culturally and linguistically competent across all levels of a health care continuum. The CLAS Standards were originally developed by the Health and Human Services Office of Minority Health and are comprised of 15 Standards. All Statements of Work include the language on the requirement of the programs to implement the CLAS Standards. The Standards are as follows:

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

- Governance, Leadership, and Workforce: Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

- Communication and Language Assistance: Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

- Engagement, Continuous Improvement, and Accountability**:** Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities. Collect and maintain accurate and reliable demographic data to

monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Cultural Competence Plan

SDCBHS has a long-term commitment to creating and maintaining a culturally relevant and culturally responsive system of care and incorporating the recognition and value of racial, ethnic, and cultural diversity within its system since 1997 in its first Cultural Competence Plan. The Cultural Competence Plan summarizes SDCBHS's present activities and highlights future initiatives and next steps. It includes information on the eight criteria set by the State as indicators of cultural competence. San Diego County updates the Cultural Competence Plan annually with new objectives to improve cultural competence in the provision of behavioral health services.

CC Plans are required for all legal entities. If your organization does not have a CC Plan, the CC Plan Component Guidelines outlined below may be used to assist you in developing a CC Plan. They are available in the Cultural Competence Handbook (pages 12-13) on the Technical Resource Library (TRL) website. New contractors need to submit a CC Plan, as specified in their Statement of Work, unless their legal entity has already provided one. As new programs are added, legal entities are expected to address their unique needs in the CC Plan. Plans should be sent via email to BHS-HPA.HHSA@sdcounty.ca.gov.

The CC Plan Component Guidelines are as follows:

- Current Status of Program
    - Document how the mission statements, guiding principles, and policies and procedures support trauma-informed cultural competence.
    - Identify how program administration prioritizes cultural competence in the delivery of services.
    - Agency training, supervision, and coaching incorporate trauma-informed systems and service components.
    - Goals accomplished regarding reducing health care disparities.

  - Identify barriers to quality improvement.
- Service Assessment Update and Data Analysis
  - Assessment of ethnic, racial, linguistic, and cultural strengths and needs of the community.
  - Comparison of staff to diversity in community.
  - A universal awareness of trauma is held within Agency. Trauma is discussed and assessed when needed and relevant to member/target population needs.
  - Use of interpreter services.
  - Service utilization by ethnicity, race, language usage, and cultural groups.
  - Member outcomes are meaningful to members' social ecological needs.
- Objectives
  - Goals for improvements.
  - Develop processes to assure cultural competence (language, culture, training, and surveys) is developed in systems and practiced in service delivery.
  - Trauma-informed principles and concepts integrated
  - Faith-based services

Program Level Requirements

Annual Program Evaluation: Annually program managers are required to complete a cultural competence assessment of each program using the tool which will be provided by SDCBHS electronically to each program manager. Every program manager is provided three weeks to complete the survey. The survey can be completed in approximately one hour or less. The tool is available in the CC Handbook on TRL for reference.

Annual Program Manager Evaluation - One of the Quality Assurance strategies in the COSD CHS Cultural Competence Plan is to survey all program managers annually to evaluate their perception of their programs' cultural and linguistic competence. Accordingly, all County and County-contracted programs are required to complete the Cultural and Linguistic Competence Policy Assessment (CLCPA). The goal of the CLCPA

is to enhance the quality of services within culturally diverse and underserved communities; promote cultural and linguistic competence; improve health care access and utilization; and assist programs with developing strategies to eliminate disparities. The tool is available in the Cultural Competence Handbook on the TRL for reference CLCPA.

Biennial Staff Evaluation – Every two years, staff members of the County-contracted and County-operated behavioral health programs are required to self-assess their cultural competence in providing behavioral health services, by completing the Promoting Cultural Diversity Self-Assessment (PCDSA). The PCDSA supports the San Diego County Behavioral Health Services commitment to a culturally competent workforce and upholds the guidelines described in the Cultural Competence Plan and Handbook. The assessment's goal is to heighten the awareness and sensitivity of program staff to the importance of cultural diversity and cultural competence. Staff are provided two weeks to complete the survey. The tool is available in the Cultural Competence Handbook on TRL for reference PCSDA

Cultural Competence Training -Contractors shall require that, at a minimum, all provider staff, including consultants and support staff interacting with members, or anyone who provides interpreter services, must participate in at least four (4) hours of cultural competence training per year. A record of training shall be maintained on the Monthly Status Report. Please reference *Section O* for more information.

Transgender, Gender Diverse, or Intersex (TGI) Training: As of 05/12/25, per BHIN 25-019, all BHPs shall require staff who are in direct contact with members whether oral, written, or otherwise in the delivery of care or member services, including providers directly employed by the BHP (staff working in county owned and operated facilities), to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care for individuals who identify as TGI. Please reference *Section O* for more information

Member Preference – Cultural/Ethnic Requirements*:* Members must be given an initial choice of the person who will provide specialty mental health services, including the right to use culturally specific providers. Providers are also reminded that whenever feasible and at the request of the member, members have the right to request a change of providers. Requests for transfers are to be tracked via the *Suggestion and Transfer* section attached to the Quarterly Status Report.

Member Preference – Language Requirements*:* Services should be provided in the member's preferred language. Providers are required to inform individuals with limited English proficiency in a language they understand that they have a right to free interpreter services. A member may choose to use a family member or friend as an interpreter, but there shall not be the expectation that family members provide interpreter services, including the use of minor children. The offer of interpreter services and the member's response must be documented. Service notes shall indicate when services are provided in a language other than English. Providers are also reminded that, whenever feasible

and at the request of the member, members must be given an initial choice of or the ability to change the person who will provide specialty mental health services, including the right to use linguistically specific providers. All County and Contracted providers must at a minimum be able to link members with appropriate services that meet the member's language needs regardless of whether or not the language is a threshold language.

Additional Recommended Program Practices

Programs will also be encouraged to do the following:

- If there is no process currently in place, develop a process to evaluate the linguistic competency of staff that is providing service or interpretation during services, in a language other than English. This may be accomplished through a test, supervision or some other reliable method. The process should be documented. A suggested process for certification of language competence can be found on the CC Handbook on TRL.

- Conduct a survey or member focus group every couple of years and include members who are bi-lingual and monolingual to assess program and staff cultural competence, community needs and the success of efforts the program is making to meet those needs. Surveys and discussion questions are available in the CC Handbook on TRL.