



# SAN LUIS OBISPO COUNTY HEALTH AGENCY

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## Summary of the Cultural Competence Plan

The Behavioral Health Department is committed to developing a system of care which serves a growing, changing and diverse population. Our system of care should be reflective of the needs of the people it serves, including linguistic and culturally appropriate services. Offering these services will help us achieve better outcomes, and allow us to be flexible in order to meet our community where they are rather than ask them to come to us. For example, by offering information and services in Spanish we can ensure better treatment outcomes for the Latino community. We believe that by doing this we align with the County's goal of being a World Class Organization. To foster an environment of increased performance in cultural competence we have developed this training so you have a new set of tools that you can apply in your daily work.

Although this training is initially intended for Behavioral Health staff, the benefits of participating in it extend beyond the Behavioral Health 'world'. Other Health Agency and contractor employees are invited and encouraged to take it and to adapt the learnings from it to fit their professional and personal needs.

### Useful Definitions and Abbreviations:

- **Cultural Competence (CC):** "incorporating and working to achieve each of the goals listed below into all aspects of policy-making, program design, administration and service delivery"
- **Culture:** It includes race, ethnicity, gender, sexual orientation, primary language, spiritual life, age, and physical condition. The beliefs, customs, arts, etc., of a particular society, group, place, or time. A particular society that has its own beliefs, ways of life, art, etc.
- **Competence:** The ability to do something successfully or efficiently
- **CCC:** Cultural Competence Committee
- **CCP:** Cultural Competence Plan
- **MHSA:** Mental Health Services Act of 2004, or Proposition 63. Imposed a tax on millionaires in CA to fund behavioral health services
- **PEI:** Prevention and Early Intervention- One of the main components of MHSA, PEI focuses on outreach and brief interventions for mild-moderate cases. PEI programs are often the entry point to mental health services for many clients, so PEI programs also refer and link more intensive cases to the right place
- **CSS:** Community Services and Support- The biggest component of MHSA, CSS programs are longer in length and more ongoing, and include intensive care such as Full Service Partnership programs.

## The Cultural Competence Plan:

The plan is divided into eight (8) main categories, or criteria. Each criterion addresses a different aspect of our work, and together help the County be more adept at providing appropriate services to everyone. **Let's explore each criterion in more detail:**

### 1. Commitment to Cultural Competence

The County puts in place policies and procedures that incorporate and recognize the value of racial, ethnic and cultural diversity within the mental health system. It also makes sure that cultural diversity is recognized in our community by outreaching to and working with diverse clients, family members of clients, advisory committees and special interest groups, and documents the work done to develop skills and engage a diverse audience.

The County also designates an Ethnic Services Manager, along with providing written descriptions of responsibilities of their duties.

Finally, the County identifies a budget for working in CC activities.

### 2. Updated Assessment of Service Needs

In order to know what is and isn't working (or available) for our clients, the County performs an assessment of service needs. This includes looking at the general population and understanding its racial, ethnic, age, and gender subgroups. Certain groups are looked at in more detail, such as the Medi-Cal population, the 200% of poverty (excluding Medi-Cal) population, or MHSA Community Services and Support (CSS) clients. Additionally the PEI priority populations chosen by the County, which are also reflected in the PEI Plan, are **identified in the CCP.**

### 3. Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities

To address this criterion, the County identifies unserved/underserved populations in the community, and includes specific groups such as Medi-Cal clients. Once these groups are identified, the County highlights any service disparities there may be within the target populations, and creates strategies for addressing them. Additional objectives and actions may also be identified by the County. Through ongoing monitoring of these, the County makes sure that these disparities are being reduced.

The work being done by Family Advocates and Promotores, who help Spanish-language families connect to the right services is an example of how these disparities are being addressed in our county.

### 4. Client/Family Member/Community Committee: Integration of the Committee Within the County Mental Health System

The County commits to having a Cultural Competence Committee (CCC) that is tasked with the oversight of these efforts. The group is made up of a cross-section of the mental health system of care, and includes clinicians, case managers, consumers and family members of consumers, and advocates for specific populations. Using the established policies and procedures the group ensures that cultural competence is integrated throughout the entire mental health system of care. In a way, the CCC may act as an internal consultant for working groups or departments looking to improve their systems.

The CCC must provide evidence of policies and/or procedures that document a variety of things, such as the activities performed by the group, its involvement in MHSA planning and stakeholder processes, reporting documentation for transmitting recommendations to executive level staff and the Behavioral Health Director, as well as showing how it reviews MHSA processes, client-developed programs, or the MHSA Plan and its components. All of this must be documented in the CCP.

5. Culturally Competent Training Activities

The Plan also calls for all Behavioral Health staff and stakeholders to participate in cultural competence trainings. The CCC creates a 3-year training plan for cultural competence, and ensures that all required staff complete them. The Plan includes documentation that identifies the trainings being offered, the people who have taken them, the steps taken to make sure 100% of employees take these trainings, and strategies on how to embed cultural competence into every training.

The CCC has to document the effectiveness and relevance of each of the trainings it provides. Through the use of surveys and other measurement tools, the CCC provides a rationale for why the trainings are chosen, how effective they were, and how client culture training is incorporated throughout the mental health system.

6. County's Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff

The County commits to hiring and retaining a multicultural workforce, including members from unserved/underserved populations. The CCC must report on the diversity of County staff as compared to the general population, and highlight any actions taken to grow a workforce that is representative of the population.

7. Language Capacity

The County must be able to offer services that are linguistically appropriate for all clients. This means hiring and training bilingual staff, providing interpreters for threshold languages (only Spanish is a threshold language in our county) or persons with limited English proficiency. Documents, forms, signage, and client informing materials shall be translated into threshold languages. Certain state and federal laws intersect at this criteria, such as the Civil Rights Act of 1964 (Title V).

8. Adaptation of Services

Cultural competence is an ever-changing concept, and as such the policies that govern its implementation must be adaptable to address new needs or eliminate outdated practices. The quality, efficacy, and responsiveness of mental health services is measured regularly, and any outcomes or targets identified are documented and measured. Contractors are held to the same standard, and every contract includes language requiring service providers to comply with the CCP.

### **Here are some examples of Cultural Competence in action:**

- The County established a Latino Outreach Program to provide bilingual clinicians to serve the Latino community
- All Behavioral Health staff completed an online training called The ABCs of Bullying
- The ESM reached out to different organizations in the community, such as Gay and Lesbian alliance (GALA)
- All Behavioral Health contracts include language requiring compliance with the CCP
- The County has signs in Spanish in all or most waiting areas; all client information materials are available in Spanish, as are certified interpreters to assist as needed.

### **Conclusion:**

After reading this summary you should have a basic understanding of the Cultural Competence Plan and how it informs the work of the Behavioral Health Department. The Plan is designed to help us be more culturally and linguistically competent when providing behavioral health services to our clients, and provides the guidelines for reaching this goal. The Cultural Competence Committee works to make sure we continue to provide quality services, whether they are County or Contractor services. By standardizing and formalizing the approach to CC we ensure that our clients are served appropriately anywhere they interact with the County system of mental health.

### **Additional Resources:**

If you have any questions or would like to learn more about the Committee, Plan, ESM, or how cultural competence relates to your work, you can check out some of these links or contact Juan Miguel Muñoz-Morris (ESM) directly:

- The 2010 Plan: <http://www.slocounty.ca.gov/Assets/MHS/pdfs/2010CultCompPlan.pdf>
- Cultural Competence Plan Requirements: <http://www.dhcs.ca.gov/services/mh/pages/culturalcompetenceplanrequirements.aspx>
- California Reducing Disparities Project: <http://www.cdph.ca.gov/programs/Pages/Old%20-%20CaliforniaReducingDisparitiesProject.aspx>
- Title V of the Civil Rights Act of 1964: <https://www.eeoc.gov/laws/statutes/titlevii.cfm>
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