CULTURAL AND LINGUISTIC COMPETENCE POLICY ASSESSMENT

2021 REPORT

One of the Quality Improvement strategies in the County of San Diego Behavioral Health Services (BHS) 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 assessment was administered for the first time in 2017, as a replacement of the annual CC-PAS.

The CLCPA was developed by Georgetown University's National Center for Cultural Competence and adapted by BHS to align with the expectations recommended by the Cultural Competence Resource Team (CCRT) and the National Culturally and Linguistically Appropriate Services (CLAS) Standards. 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.

For more information, contact BHSQIPIT.HHSA@sdcounty.ca.gov

BACKGROUND

The Google survey was distributed via email to all County-contracted and County-operated Program Managers in February 2021. The Program Managers were asked to identify main cultural groups that their program serves predominantly so they could refer to them as they completed the survey. They also had the opportunity to request technical assistance with becoming familiar with the items in each of the eight sections. The response options were based on a Likert scale and assigned a numerical value, ranging from 1 to 5.

A total of 177 programs responded to the survey: 128 (72.3%) Mental Health Services (MHS) and 49 (27.7%) Substance Use Disorder Services programs. The self-reported responses are shown in this report as combined percentages, as well as broken down into MHS and SUD responses to contrast the two systems of care. Responses were compared to those received in 2020, with directional changes depicted in the Δ columns.

SUMMARY OF FINDINGS

◊ The majority of the respondents were in a Program Manager or Program Director role (57% and 37%, respectively). About 6% of respondents indicated that they held another position at the program.

◊ The respondents indicated that they are fairly or very familiar with the diverse communities and the demographic makeup of their service areas *(Section 1),* continuing the trend from the previous year.

◊ The majority of respondents indicated support for cultural competence in the overall organizational philosophy most of the time or all the time (*Section 2*), continuing the trend from the previous year.

◊ There was a relatively wider distribution of levels of personal and program staff involvement in the communities' culturally diverse activities *(Section 3)*.

◊ About 85% of respondents reported collaborating with community-based organizations to address the health and mental health needs of culturally diverse groups in their service area (Section 4).

◊ Nearly half the respondents indicated that their organizations do not have procedures to achieve the goal of a culturally and linguistically competent workforce that includes either staff recruitment, hiring, retention, or promotion (*Section 5*).

◊ While the organizations' staff are reported as relatively diverse culturally and linguistically, respondents indicated that the Executive Management and the Board Members cohorts are the least diverse *(Section 5)*.

◊ According to majority of respondents, the programs never or seldom use interpretation services personnel, however, about half of the respondents indicated that their organizations regularly evaluate the quality and effectiveness of these services. *(Section 7)*.

◊ Overall, while results from MHS and SUD respondents were relatively similar, there appears to be a slightly greater need for enhancement of cultural competence reported for the SUD system (DMC-ODS was established in San Diego in 2018). Results for the year may be affected by COVID-19.

◊ A large number of the technical assistance (TA) requests were related to the CLAS Standards, beneficiary materials, community resources, and training opportunities.

ASSESSMENT RESULTS

Section 1: Knowledge of Diverse Communities

The focus of this section is organizational policy that takes into consideration cultural beliefs, strengths, vulnerabilities, community demographics, and contextual realities.

◊ The majority of the respondents indicated that their organizations were <u>fairly well</u> or <u>very well</u> familiar with and able to identify diverse communities in their service areas.

◊ Virtually all respondents (100%) indicated that their organizations' Cultural Competence Plans identified and supported the CLAS Standards (*Question 2*), continuing the trend from the previous year.

◊ While there is a higher level of reported knowledge on the diverse communities served by the programs, the most need is reflected in the area of identifying culture-specific help seeking practices in the community (*Question 9*).

◊ The most common TA requests were related to becoming more familiar with the cultural groups in the community. Other requests were related, but weren't limited to: becoming more familiar with cultural health beliefs and LGBTQI resources and support services, and receiving training on culturally diverse groups.

ASSESSMENT RESULTS

Section 1 Questions	Not at All	Δ	Barely	Somewhat	Fairly Well	Δ	Very Well	Δ	Yes	Δ	No	Δ
1. Is your organization able to identify the culturally diverse communities in your service area?	0.0%		0.0%	2.8%	40.1%	↑	57.1%	↓	N/A	N/A	N/A	N/A
	0.0%		0.0%	3.1%	34.4%	↓	62.5%	↓	N/A	N/A	N/A	N/A
	0.0%		0.0%	2.0%	55.1%	↑	42.9%	↓	N/A	N/A	N/A	N/A
2. Does your organization's Cultural Competence Plan identify and support the CLAS Standards?	N/A		N/A	N/A	N/A		N/A		100.0%	↑	0.0%	↓
	N/A		N/A	N/A	N/A		N/A		100.0%	↑	0.0%	↓
	N/A		N/A	N/A	N/A		N/A		100.0%	↑	0.0%	↓
3. Is your organization familiar with current and projected demographics for your service area?	0.0%	↓	0.0%	9.0%	40.1%	↓	50.8%	↑	N/A	N/A	N/A	N/A
	0.0%	↓	0.0%	7.8%	39.1%	↓	53.1%	↑	N/A	N/A	N/A	N/A
	0.0%	↓	0.0%	12.2%	42.9%	↑	44.9%	↓	N/A	N/A	N/A	N/A
4. Is your organization able to describe the social strengths (e.g., support networks, family ties, spiritual leadership, etc.) of diverse cultural groups in your service area?	0.0%	↓	0.0%	6.8%	45.8%	↑	47.5%	↑	N/A	N/A	N/A	N/A
	0.0%	↓	0.0%	3.9%	42.2%	↓	53.9%	↑	N/A	N/A	N/A	N/A
	0.0%		0.0%	14.3%	55.1%	↑	30.6%	↓	N/A	N/A	N/A	N/A
5. Is your organization able to describe the social problems (e.g., dispersed families, poverty, unsafe housing, etc.) of diverse cultural groups in your service area?	0.0%		0.0%	4.0%	35.6%	↑	60.5%	↑	N/A	N/A	N/A	N/A
	0.0%		0.0%	1.6%	31.3%	↓	67.2%	↑	N/A	N/A	N/A	N/A
	0.0%		0.0%	10.2%	46.9%	↑	42.9%	↓	N/A	N/A	N/A	N/A
6. Is your organization familiar with health disparities among culturally diverse groups in your service area?	0.0%	↓	0.0%	9.0%	38.4%	↓	52.5%	↑	N/A	N/A	N/A	N/A
	0.0%	↓	0.0%	8.6%	35.9%	↑	55.5%	↑	N/A	N/A	N/A	N/A
	0.0%		0.0%	10.2%	44.9%	↑	44.9%	↓	N/A	N/A	N/A	N/A
7. Is your organization able to identify the languages and dialects used by culturally diverse groups in your service area?	0.0%		0.6%	8.5%	47.5%	↑	43.5%	↓	N/A	N/A	N/A	N/A
	0.0%		0.0%	7.0%	43.8%	↑	49.2%	↑	N/A	N/A	N/A	N/A
	0.0%		2.0%	12.2%	57.1%	↑	28.6%	↓	N/A	N/A	N/A	N/A
8. For the culturally diverse groups in your service area, is your organization familiar with: The health beliefs, customs, and values?	0.0%		0.0%	10.2%	53.1%	↓	36.7%	↑	N/A	N/A	N/A	N/A
	0.0%		0.0%	7.8%	51.6%	↑	40.6%	↑	N/A	N/A	N/A	N/A
	0.0%		0.0%	16.3%	57.1%	↓	26.5%	↓	N/A	N/A	N/A	N/A
The natural networks of support?	0.0%		0.0%	11.9%	53.7%		34.5%	↑	N/A	N/A	N/A	N/A
	0.0%		0.0%	9.4%	53.1%	↓	37.5%	↑	N/A	N/A	N/A	N/A
	0.0%		0.0%	18.4%	55.1%	↑	26.5%	↓	N/A	N/A	N/A	N/A
9. For the culturally diverse groups in your service area, can your organization identify: Help-seeking practices?	0.0%	↓	0.0%	13.0%	50.3%	↓	36.7%	↑	N/A	N/A	N/A	N/A
	0.0%		0.0%	10.9%	50.0%	↓	39.1%	↑	N/A	N/A	N/A	N/A
	0.0%	↓	0.0%	18.4%	51.0%	↑	30.6%	↓	N/A	N/A	N/A	N/A
The way illness and health are viewed?	0.0%	↓	1.6%	10.8%	41.4%	↓	46.2%	↑	N/A	N/A	N/A	N/A
	0.0%		0.0%	7.0%	53.9%	↓	39.1%	↑	N/A	N/A	N/A	N/A
	0.0%	↓	0.0%	16.3%	53.1%	↓	30.6%	↑	N/A	N/A	N/A	N/A
The way mental health is perceived?	0.0%		0.0%	6.2%	49.2%	↑	44.6%	↓	N/A	N/A	N/A	N/A
	0.0%		0.0%	3.9%	48.4%	↑	47.7%	↓	N/A	N/A	N/A	N/A
	0.0%		0.0%	12.2%	51.0%	↓	36.7%	↓	N/A	N/A	N/A	N/A

Note: N/A in the above graph indicates that the answer option was not available for these questions.

Δ column indicates change compared to 2020 results.

Legend: Combined | MHS | SUD

Section 2: Organizational Philosophy

This section focuses on the incorporation of cultural competence into the organization's mission statement, structures, practice models, collaboration with clients/participants and community members, and advocacy.

◊ The majority of the respondents indicated that they supported the overall organizational philosophy <u>most of the time</u> or <u>all the time,</u> continuing the trend from previous years.

◊ Majority of respondents (94%) reported that their organization helps participants get the support they need (e.g., flexible service schedules, childcare, transportation, etc.) to access services. This is consistent across MHS and SUD results.

◊ The most need is reflected in the availability of structures within programs to assure participant and community involvement in program planning (24% reporting structures for participation are <u>sometimes</u> or <u>often</u> in place). This finding is consistent across MHS and SUD results.

◊ The most common TA requests were related to becoming more familiar with the beneficiary materials in threshold languages that are available to the programs. Several programs requested a CLAS Standards training refresher.

Section 2 Questions	Not at All	Δ	Sometimes	Often	Δ	Most of the Time	Δ	All the Time	Δ	Yes	Δ	No	Δ
10. Does your organization have a mission statement that incorporates cultural and linguistic competence in service delivery?	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	90.4%	↓	9.6%	↓
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	89.1%	↓	10.9%	↓
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	93.9%	↑	6.1%	↓
11. Does your organization support a practice model that incorporates culture in the delivery of services?	0.0%		0.0%	6.8%	↑	23.7%	↓	69.5%	↑	N/A	N/A	N/A	N/A
	0.0%		0.0%	4.7%	↑	22.7%	↓	72.7%	↑	N/A	N/A	N/A	N/A
	0.0%		0.0%	12.2%	↑	26.5%	↓	61.2%	↑	N/A	N/A	N/A	N/A
12. Does your organization consider cultural and linguistic differences in developing quality improvement processes?	0.0%	↓	3.4%	7.3%	↓	28.2%	↓	61.0%	↑	N/A	N/A	N/A	N/A
	0.0%	↓	2.3%	4.7%	↑	29.7%	↓	63.3%	↑	N/A	N/A	N/A	N/A
	0.0%		6.1%	14.3%	↓	24.5%	↓	55.1%	↓	N/A	N/A	N/A	N/A
13. Does your organization advocate for culturally diverse participants regarding quality of life issues (e.g., employment, housing, education) in your service area?	0.0%		1.7%	5.1%	↑	24.3%	↑	68.9%	↑	N/A	N/A	N/A	N/A
	0.0%		1.6%	6.3%	↑	21.9%	↓	70.3%	↑	N/A	N/A	N/A	N/A
	0.0%		2.0%	2.0%	↓	30.6%	↑	65.3%	↓	N/A	N/A	N/A	N/A
14. Does your organization systematically review procedures to ensure that they are relevant to delivery of CULTURALLY competent services?	0.6%	↑	1.1%	15.8%	↑	28.2%		54.2%	↑	N/A	N/A	N/A	N/A
	0.8%	↑	0.8%	18.8%	↓	25.0%	↓	54.7%	↑	N/A	N/A	N/A	N/A
	0.0%		2.0%	8.2%	↑	36.7%	↑	53.1%	↓	N/A	N/A	N/A	N/A
15. Does your organization systematically review procedures to ensure that they are relevant to LINGUISTICALLY competent services?	0.0%	↓	5.1%	14.1%	↑	33.3%	↑	47.5%	↓	N/A	N/A	N/A	N/A
	0.0%	↓	6.3%	15.6%	↑	31.3%	↑	46.9%	↓	N/A	N/A	N/A	N/A
	0.0%		2.0%	10.2%	↓	38.8%	↑	49.0%	↑	N/A	N/A	N/A	N/A
16. Does your organization help participants get the support they need (e.g., flexible service schedules, childcare, transportation, etc.) to access services?	0.6%	↑	0.6%	4.5%	↓	26.0%	↓	68.4%	↑	N/A	N/A	N/A	N/A
	0.0%		0.8%	4.7%	↓	25.8%	↑	68.8%	↑	N/A	N/A	N/A	N/A
	2.0%		0.0%	4.1%	↓	26.5%	↑	67.3%	↑	N/A	N/A	N/A	N/A

Note: N/A in the above graph indicates that the answer option was not available for these questions.
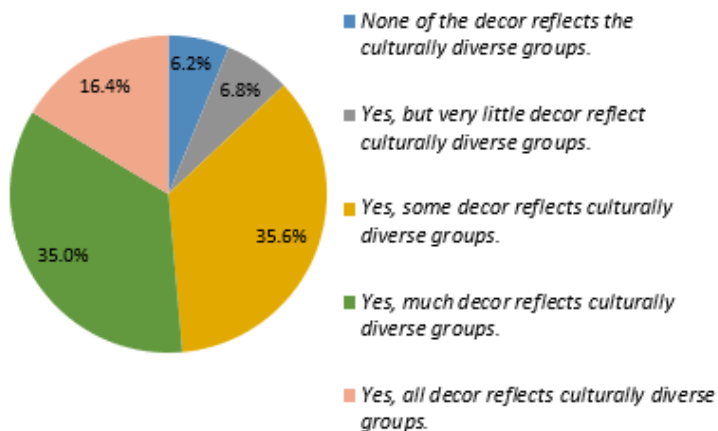*Δ column indicates change compared to 2020 results.*

Legend: | Combined | MHS | SUD |
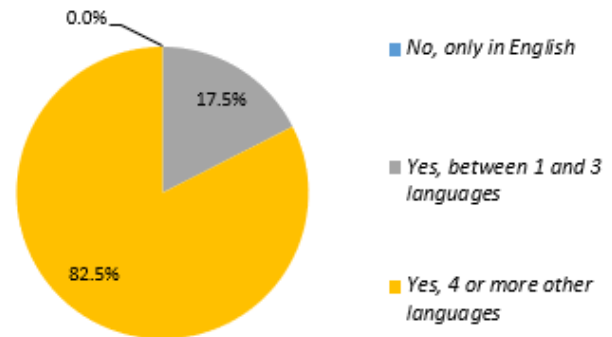
Section 2: Organizational Philosophy *(continued)*

Section 2 Questions	Not at All	Δ	Sometimes	Often	Δ	Most of the Time	Δ	All the Time	Δ	Yes	Δ	No	Δ
17. Are there structures in your program to assure for participant and community participation in:	0.6%	↓	9.0%	14.7%	↑	30.5%	↑	45.2%	↑	N/A	N/A	N/A	N/A
	0.8%	↑	9.4%	14.8%	↑	31.3%	↑	43.8%	↑	N/A	N/A	N/A	N/A
Program planning?	0.0%	↓	8.2%	14.3%	↑	28.6%	↓	49.0%	↓	N/A	N/A	N/A	N/A
	0.0%	↓	4.5%	15.3%	↓	28.8%	↑	51.4%	↑	N/A	N/A	N/A	N/A
Service delivery?	0.0%		3.9%	16.4%	↓	27.3%	↑	52.3%	↑	N/A	N/A	N/A	N/A
	0.0%	↓	6.1%	12.2%	↑	32.7%	↓	49.0%	↓	N/A	N/A	N/A	N/A
	0.0%		4.5%	10.2%	↓	27.7%	↑	57.6%	↓	N/A	N/A	N/A	N/A
Evaluation of services?	0.0%		4.7%	8.6%	↓	25.8%	↓	60.9%	↓	N/A	N/A	N/A	N/A
	0.0%		4.1%	14.3%	↑	32.7%	↑	49.0%	↑	N/A	N/A	N/A	N/A
	0.0%		5.1%	13.0%	↓	30.5%	↑	51.4%	↓	N/A	N/A	N/A	N/A
Quality improvement?	0.0%		3.9%	12.5%	↓	32.0%	↑	51.6%	↓	N/A	N/A	N/A	N/A
	0.0%		8.2%	14.3%	↑	26.5%	↓	51.0%	↓	N/A	N/A	N/A	N/A
	0.0%		1.7%	9.0%	↓	27.7%	↓	61.6%	↓	N/A	N/A	N/A	N/A
Customer satisfaction?	0.0%		0.8%	7.0%	↓	29.7%	↓	62.5%	↓	N/A	N/A	N/A	N/A
	0.0%		4.1%	14.3%	↑	22.4%	↑	59.2%	↑	N/A	N/A	N/A	N/A

18. Does your work environment contain decor reflecting the culturally diverse groups in your service area?

- 6.2% — None of the decor reflects the culturally diverse groups.
- 6.8% — Yes, but very little decor reflect culturally diverse groups.
- 35.6% — Yes, some decor reflects culturally diverse groups.
- 35.0% — Yes, much decor reflects culturally diverse groups.
- 16.4% — Yes, all decor reflects culturally diverse groups.

19. Does your organization post signs and materials in languages other than English?

- 0.0% — No, only in English
- 17.5% — Yes, between 1 and 3 languages
- 82.5% — Yes, 4 or more other languages

Note: N/A in the above graph indicates that the answer option was not available for these questions.
   Δ column indicates change compared to 2020 results.
   The pie charts for Questions 18 and 19 indicate percentages for combined responses from MHS and SUD respondents.

Section 3: Personal Involvement in Diverse Communities

This section addresses the extent to which an organization and its staff participate in social and recreational events and purchase goods and services within the communities they serve.

◊ Responses in this section are relatively more widely distributed.

◊ The most need is reflected in identifying opportunities within culturally diverse communities for staff to attend formal cultural or ceremonial functions (*Question 20*). This result is likely influenced by the COVID-19 public health recommendations on limiting gatherings and events.

◊ The most common TA requests were related to becoming more familiar with the culturally diverse community events and activities.

Section 3 Questions	Not at All	Δ	Sometimes	Often	Δ	Most of the Time	Δ	All the Time	Δ
20. Does your organization identify opportunities within culturally diverse communities for staff to: Attend formal cultural or ceremonial functions?	10.7%	↑	24.9%	19.8%	↑	27.7%	↑	16.9%	↓
	8.6%	↑	28.1%	18.0%	↑	26.6%	↓	18.8%	↑
	16.3%	↑	16.3%	24.5%	↑	30.6%	↑	12.2%	↓
Purchase goods or services from a variety of merchants (either for personal use or job-related activities)?	9.6%	↑	19.2%	22.6%	↑	28.2%		20.3%	↓
	7.8%	↑	20.3%	21.1%	↑	31.3%	↑	19.5%	↑
	14.3%	↑	16.3%	26.5%	↑	20.4%	↓	22.4%	↓
Subcontract for services from a variety of vendors?	6.2%	↓	16.4%	19.2%	↑	27.7%	↑	30.5%	↑
	4.7%	↓	17.2%	16.4%	↓	28.9%	↑	32.8%	↑
	10.2%	↓	14.3%	26.5%	↑	24.5%	↑	24.5%	↓
Participate in informal recreational or leisure time activities?	5.6%	↓	27.7%	28.8%	↑	21.5%	↓	16.4%	↓
	5.5%	↓	29.7%	25.0%	↑	24.2%	↓	15.6%	↓
	6.1%	↑	22.4%	38.8%	↑	14.3%	↓	18.4%	↓
Participate in community education activities?	2.3%	↑	11.9%	29.4%	↑	29.4%	↑	27.1%	↑
	2.3%	↑	10.9%	27.3%	↑	31.3%	↑	28.1%	↑
	2.0%	↓	14.3%	34.7%	↓	24.5%	↑	24.5%	↑
21. Does your organization identify opportunities for staff to share with colleagues their experiences and knowledge about diverse communities?	0.0%		5.1%	9.0%	↓	36.2%	↑	49.7%	↓
	0.0%		3.9%	9.4%	↓	34.4%	↑	52.3%	↑
	0.0%		8.2%	8.2%	↓	40.8%	↑	42.9%	↓

Note: N/A in the above graph indicates that the answer option was not available for these questions.
  Δ column indicates change compared to 2020 results.

Section 4: Resources and Linkages

This section focuses on the ability of the organization and its staff to effectively utilize both formalized and natural networks of support within culturally diverse communities to promote and maintain linkages through structures and resources.

◊ Majority of respondents (85%) reported that their organization collaborated with community-based organizations most of the time or all the time to address the needs in their service area (*Question 22*). This is consistent across MHS and SUD results.

◊ Seven out of ten respondents reported that their organization uses resource materials (including communication technologies) that are culturally and linguistically appropriate to inform diverse groups about whole person wellness.

◊ The most common TA requests were related to becoming more familiar with Whole Person Wellness.

Section 4 Questions	Not at all	Δ	Sometimes	Often	Δ	Most of the time	Δ	All the time	Δ
22. Does your organization collaborate with community-based organizations to address the health and mental health related needs of the culturally and linguistically diverse groups in the service area?	0.0%		3.4%	11.3%	↑	33.3%	↑	52.0%	↓
	0.0%		3.1%	12.5%	↑	32.8%	↑	51.6%	↑
	0.0%		4.1%	8.2%	↑	34.7%	↑	53.1%	↓
23. Does your organization work with social or professional contacts (e.g., cultural brokers, liaisons, cultural stakeholders) who help understand health and mental health beliefs and practices of culturally and linguistically diverse groups in the service area?	3.4%	↓	14.1%	22.6%	↑	30.5%	↑	29.4%	↓
	2.3%	↓	14.1%	25.0%	↑	32.8%	↑	25.8%	↓
	6.1%	↑	14.3%	16.3%	↑	24.5%	↑	38.8%	↑
24. Does your organization establish formal relationships with these professionals and/or organizations to assist in serving culturally and linguistically diverse groups?	2.3%	↓	14.7%	19.8%	↑	27.7%	↑	35.6%	↓
	0.8%	↓	17.2%	18.0%	↑	27.3%	↑	36.7%	↓
	6.1%		8.2%	24.5%	↑	28.6%	↓	32.7%	↓
25. Does your organization use resource materials (including communication technologies) that are culturally and linguistically appropriate to inform diverse groups about whole person wellness?	0.0%	↓	10.7%	18.1%	↓	31.6%	↑	39.5%	↑
	0.0%	↓	11.7%	14.8%	↓	31.3%	↑	42.2%	↓
	0.0%	↓	8.2%	26.5%	↑	32.7%	↑	32.7%	↑

*Note: N/A in the above graph indicates that the answer option was not available for these questions.*
Δ column indicates change compared to 2020 results.

Legend: Combined | MHS | SUD

Section 5: Human Resources

The focus of this section is on the organization's ability to sustain a diverse workforce that is culturally and linguistically responsive.

◊ Respondents were asked to identify main cultural groups that their programs serve predominantly (*Question 26*). The majority of the respondents indicated that <u>most</u> culturally diverse groups are represented on the program staff (59%); close to a third of respondents indicated that their staff is fully representative (31%).

◊ About a quarter of respondents indicated that their organizations are in the process of developing procedures to enhance retention and promotion to achieve the goal of a culturally and linguistically competent workforce. These results are consistent across MHS and SUD programs.

◊ About 16% of respondents reported that their organizations had <u>very few</u> or <u>no</u> culturally and linguistically diverse staff in executive management, and 15% for board members (*Question 27*), consistent with the trend from previous years. About 8% reported the same for the volunteers and students cohort in SUD. This result suggests that there may be opportunities for focusing on diversity in the behavioral health workforce pipeline, beginning with education and at the entry level for SUD.

◊ About three out of four respondents (67%) reported that there were <u>many</u> resources to support regularly scheduled professional development and in-service training for all levels of staff (Question 31).

◊ While 67% of respondents indicated that <u>many</u> in-service training activities on culturally competent services were conducted for staff at all levels of the organization, only 40% indicated the same for linguistically competent services (*Questions 32* and *33*).

◊ The most common TA requests were related to becoming more familiar with the CLAS Standards, training on workforce diversity, and training for improved linguistically competent services.
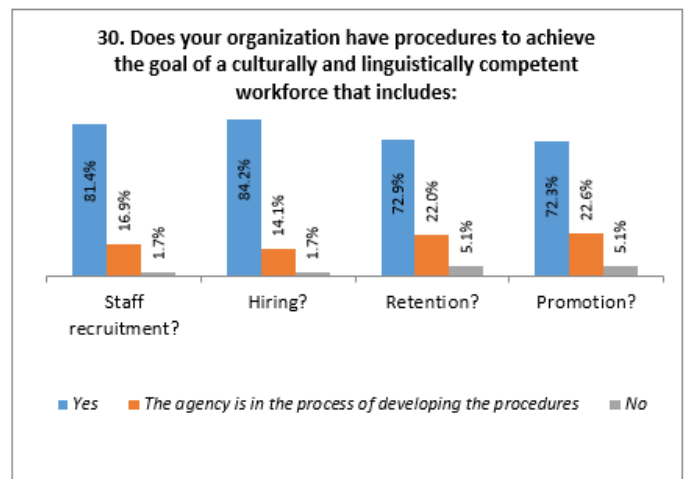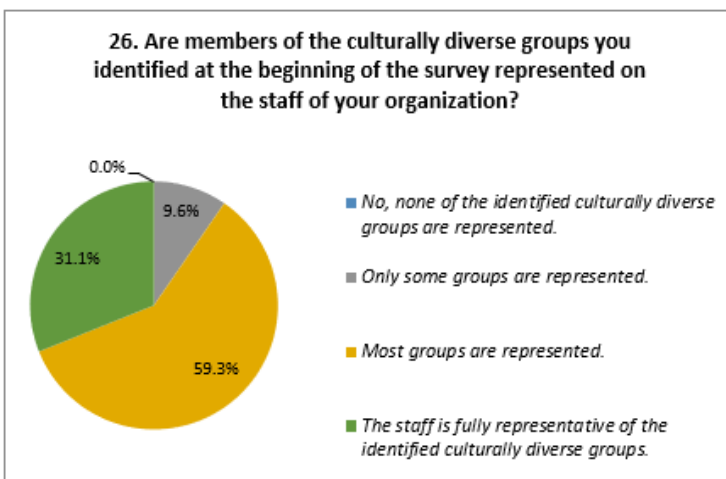
Note: The pie charts for Questions 26and 30 indicate percentages for combined responses from MHS and SUD respondents.

BHS QI PIT: ER | DK, LM (8/10/2021)

Section 5: Human Resources *(continued)*

Section 5 Questions	None	Δ	Very few	Some	Δ	Most/Many	Δ	All	Δ
27. Does your organization have culturally and linguistically diverse individuals as:	1.2%	↓	14.3%	39.1%	↑	32.9%	↑	12.4%	↓
Board members?* *(n=161)*	0.0%	↓	17.9%	43.6%	↑	27.4%	↓	11.1%	↓
	4.5%	↑	4.5%	27.3%	↓	47.7%	↑	15.9%	↓
	0.6%	↓	5.1%	34.9%	↑	40.0%	↓	19.4%	↓
Program directors?* *(n=175)*	0.0%	↓	5.5%	39.8%	↑	40.6%	↓	14.1%	↓
	2.1%	↓	4.3%	21.3%	↓	38.3%	↓	34.0%	↑
	4.0%	↓	11.6%	41.0%	↑	28.9%	↑	14.5%	↓
Executive management?* *(n=173)*	0.8%	↓	13.5%	26.2%	↑	38.9%	↑	16.7%	↑
	6.4%	↓	2.1%	36.2%	↓	31.9%	↓	23.4%	↑
	4.1%	↑	9.5%	32.7%	↓	40.1%	↑	13.6%	↓
Physicians/psychiatrists?* *(n=147)*	2.5%	↑	9.3%	27.1%	↓	40.7%	↑	11.9%	↓
	7.7%		7.7%	41.0%	↓	28.2%	↑	15.4%	↓
	0.0%		0.0%	19.8%	↓	52.7%	↑	26.0%	↓
Clinical staff?* *(n=167)*	0.0%		0.0%	22.5%	↓	52.5%	↑	25.0%	↓
	0.0%		0.0%	12.8%	↓	53.2%	↑	34.0%	↑
	0.0%	↓	1.1%	19.9%	↓	53.4%	↑	25.6%	↑
Administrative staff?* *(n=176)*	0.0%	↓	0.8%	21.9%	↓	54.7%	↑	22.7%	↓
	0.0%		2.1%	14.6%	↓	50.0%	↑	33.3%	↓
	1.3%	↑	0.0%	18.5%	↑	52.2%	↓	28.0%	↓
Clerical staff?* *(n=157)*	1.7%	↑	0.0%	18.3%	↑	54.8%	↑	25.2%	↓
	0.0%		0.0%	19.0%	↑	45.2%	↑	35.7%	↓
	0.0%		0.0%	14.4%	↓	56.3%	↑	29.3%	↓
Support staff?* *(n=167)*	0.0%		0.0%	13.8%	↓	60.2%	↑	26.0%	↓
	0.0%		0.0%	15.9%	↓	45.5%	↓	38.6%	↑
	1.5%	↑	0.0%	17.6%	↓	40.4%	↓	40.4%	↑
Peer Support Specialists?* *(n=136)*	0.0%		0.0%	16.2%	↓	41.4%	↑	41.4%	↑
	7.7%	↑	0.0%	23.1%	↑	34.6%	↑	34.6%	↓
	2.3%	↑	22.7%	47.0%	↓	27.3%	↓	0.8%	↓
Volunteers/students?* *(n=132)*	0.0%	↓	1.1%	22.1%	↓	50.5%	↑	26.3%	↑
	2.7%	↑	5.4%	24.3%	↑	37.8%	↓	29.7%	↓

Note: N/A in the above and succeeding graph in page 10 indicates that the answer option was not available for these questions.
Δ column indicates change compared to 2020 results.

Legend: Combined | MHS | SUD

BHS QI PIT: ER | DK, LM (8/10/2021)

Section 5: Human Resources (continued)

Section 5 Questions	None	Δ	Very few	Some	Δ	Most/ Many	Δ	All	Δ
28. Does your organization have incentives for the improvement of CULTURAL competence throughout the organization?	22.0%		17.5%	45.2%	↑	15.3%	↓	N/A	N/A
	20.3%	↑	17.2%	46.1%	↑	16.4%	↓	N/A	N/A
	26.5%	↓	18.4%	42.9%	↑	12.2%	↓	N/A	N/A
29. Does your organization have incentives for the improvement of LINGUISTIC competence throughout the organization?	24.3%	↑	14.7%	49.2%	↓	11.9%	↓	N/A	N/A
	22.7%	↑	12.5%	52.3%	↓	12.5%	↓	N/A	N/A
	28.6%	↑	20.4%	40.8%	↑	10.2%	↓	N/A	N/A
31. Are there resources to support regularly scheduled professional development and in-service training for staff at all levels of the organization?	0.0%	↓	3.4%	29.9%	↑	66.7%	↓	N/A	N/A
	0.0%	↓	4.7%	25.8%	↑	69.5%	↓	N/A	N/A
	0.0%		0.0%	40.8%	↑	59.2%	↓	N/A	N/A
32. Are in-service training activities on CULTURALLY competent services (e.g., values, principles, practices, and procedures) conducted for staff at all levels of the organization?	0.0%	↓	4.0%	28.8%	↑	67.2%	↓	N/A	N/A
	0.0%	↓	5.5%	27.3%	↓	67.2%	↑	N/A	N/A
	0.0%		0.0%	32.7%	↑	67.3%	↓	N/A	N/A
33. Are in-service training activities on LINGUISTICALLY competent services (e.g., Title VI, CLAS Standards, ADA mandates) conducted for staff at all levels of the organization?	5.1%	↑	10.2%	45.2%	↑	39.5%	↓	N/A	N/A
	7.0%	↑	10.9%	46.9%	↓	35.2%	↑	N/A	N/A
	0.0%	↓	8.2%	40.8%	↑	51.0%	↑	N/A	N/A

Section 6: Clinical Practice

This section focuses on the ability of the organization and its staff to adapt approaches to behavioral health care delivery based on cultural and linguistic differences.

◊ The majority of respondents indicated that their programs regularly engaged in activities focused on adapting behavioral health care delivery to cultural and linguistic diversity.

◊ About a quarter of respondents (26%) indicated that their programs never or seldom used health promotion, disease prevention, engagement, retention and treatment protocols that are adapted for culturally diverse groups (*Question 35*).

◊ The most common TA requests were related to access to culturally appropriate assessment, diagnostic, and health promotion tools.

Section 6 Questions	Never	Δ	Seldom	Sometimes	Regularly	Δ
34. Does your organization use health assessment or diagnostic protocols that are adapted for culturally diverse groups?* (n=152)	0.7%	↓	25.0%	0.0%	74.3%	↑
	1.0%	↓	21.9%	0.0%	77.1%	↑
	0.0%	↓	31.9%	0.0%	68.1%	↓
35. Does your organization use health promotion, disease prevention, engagement, retention and treatment protocols that are adapted for culturally diverse groups?* (n=159)	0.6%	↓	25.8%	0.0%	73.6%	↑
	0.9%	↑	26.1%	0.0%	73.0%	↑
	0.0%	↓	25.0%	0.0%	75.0%	↓
36. Does your organization connect consumers to natural networks of support to assist with health and mental health care?* (n=164)	0.6%	↑	14.0%	0.0%	85.4%	↓
	0.0%		13.8%	0.0%	86.2%	↑
	2.1%	↑	14.6%	0.0%	83.3%	↓
37. Does your organization differentiate between racial and cultural identity when serving diverse consumers?* (n=167)	0.6%	↓	15.6%	0.0%	83.8%	↑
	0.0%	↓	15.1%	0.0%	84.9%	↓
	2.1%	↓	16.7%	0.0%	81.3%	↑

Legend: Combined | MHS | SUD

BHS QI PIT: ER | DK, LM (8/10/2021)

2021 CLCPA: SYSTEMWIDE REPORT

COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL
SAN DIEGO

Section 7: Language and Interpretation Services Access

This section focuses on the ability of the organization and its staff to ensure access to materials in various languages, offer interpretation/translation services, and implement processes to ensure adherence to National CLAS Standards.

◊ Nine out of ten respondents indicated their organization informs consumers of their rights to language access services as required by the CLAS Standards 5-8. This result is consistent across MHS and SUD respondents.

◊ Majority of respondents indicated that their programs never or seldom use interpretation services personnel.

◊ Half of respondents reported that their organizations never or seldom evaluated the quality and effectiveness of interpretation and translation services they either contracted or provided (*Question 41*). SUD results reflect a greater need (59% compared to 47% in MHS).

Section 7 Questions	Never	Δ	Seldom	Sometimes	Regularly	Δ
38. Does your organization inform consumers of their rights to language access services under Title VI of the Civil Rights Act of 1964 - Prohibition Against National Origin Discrimination and as required by the CLAS Standards 5-8 for language access?	0.0%	↓	9.0%	0.0%	91.0%	↑
	0.0%	↓	10.2%	0.0%	89.8%	↑
	0.0%		6.1%	0.0%	93.9%	↓
39. Does your organization use either of the following personnel to provide interpretation services? Certified medical interpreters?	17.5%	↓	52.0%	0.0%	30.5%	↑
	14.8%	↓	49.2%	0.0%	35.9%	↓
	24.5%	↓	59.2%	0.0%	16.3%	↑
Trained medical interpreters?	16.9%	↓	51.4%	0.0%	31.6%	↑
	13.3%	↓	47.7%	0.0%	39.1%	↑
	26.5%	↓	61.2%	0.0%	12.2%	↓
Sign language interpreters?	13.6%	↓	58.2%	0.0%	28.2%	↑
	11.7%	↓	56.3%	0.0%	32.0%	↑
	18.4%	↓	63.3%	0.0%	18.4%	↑
40. Does your organization: Translate and use patient consent forms, educational materials, and other information in other languages?	2.3%	↓	31.1%	0.0%	66.7%	↑
	1.6%	↓	21.9%	0.0%	76.6%	↑
	4.1%	↓	55.1%	0.0%	40.8%	↓
Ensure materials address the literacy needs of the consumer population?	0.6%	↓	28.8%	0.0%	70.6%	↑
	0.8%	↓	27.3%	0.0%	71.9%	↑
	0.0%	↓	32.7%	0.0%	67.3%	↑
Assess the health literacy of consumers?	1.7%	↓	39.0%	0.0%	59.3%	↑
	1.6%	↓	39.1%	0.0%	59.4%	↑
	2.0%	↓	38.8%	0.0%	59.2%	↓
Employ specific interventions based on the health literacy levels of consumers?	1.7%	↓	37.3%	0.0%	61.0%	↓
	1.6%	↓	37.5%	0.0%	60.9%	↓
	2.0%	↓	36.7%	0.0%	61.2%	↑
41. Does your organization evaluate the quality and effectiveness of interpretation and translation services it either contracts for or provides?	4.5%	↓	45.8%	0.0%	49.7%	↑
	3.1%	↓	43.8%	0.0%	53.1%	↑
	8.2%	↓	51.0%	0.0%	40.8%	↓

Note: N/A in the above graph indicates that the answer option was not available for these questions.
Δ column indicates change compared to 2020 results.

Section 8: Engagement of Diverse Communities

This section focuses on the organization's and its staff's engagement of diverse communities in health and behavioral health promotion and disease prevention.

◊ This section reflects the greatest need, with majority of responses indicating that programs seldom or never practice the engagement activities outlined in the survey questions. These results are likely affected by the COVID-19 public health recommendations on social distancing.

◊ More than half of respondents reported regularly conducting activities tailored to engage culturally diverse communities, and representing cultural groups in their brochures and other media. These results are consistent across MHS and SUD responses.

◊ The most common TA requests were related to becoming more familiar with community engagement and culturally diverse activities.

Section 8 Questions	Never	Δ	Seldom	Sometimes	Regularly	Δ
42. Does your organization conduct activities tailored to engage culturally diverse communities?	5.1%	↓	40.7%	0.0%	54.2%	↑
	4.7%	↓	38.3%	0.0%	57.0%	↑
	6.1%	↓	46.9%	0.0%	46.9%	↓
44. Do organization brochures and other media reflect cultural groups in the service area?	1.7%	↓	42.4%	0.0%	55.9%	↓
	2.3%	↑	39.1%	0.0%	58.6%	↓
	0.0%	↓	51.0%	0.0%	49.0%	↓
45. Does your organization reach out to and engage the following individuals, groups, or entities in whole person wellness, mental health promotion, and disease prevention initiatives: A. Places of worship or spiritual wellness, and clergy, ministerial alliances, or	10.7%	↑	63.3%	0.0%	26.0%	↓
	8.6%	↑	62.5%	0.0%	28.9%	↑
	16.3%	↓	65.3%	0.0%	18.4%	↓
B. Traditional healers (e.g., medicine men or women, curanderas, espiritistas, promotoras, or herbalists)?	21.5%	↓	71.8%	0.0%	6.8%	↓
	16.4%	↓	75.8%	0.0%	7.8%	↓
	34.7%	↓	61.2%	0.0%	4.1%	↓
C. Primary care providers, dentists, chiropractors, or licensed midwives?	1.1%	↑	36.2%	0.0%	62.7%	↓
	1.6%	↑	37.5%	0.0%	60.9%	↓
	0.0%	↓	32.7%	0.0%	67.3%	↑
D. Providers of complementary and alternative medicine (e.g., homeopaths, acupuncturists, death doulas, or lay midwives)?	19.8%	↓	71.2%	0.0%	9.0%	↓
	16.4%	↓	73.4%	0.0%	10.2%	↓
	28.6%	↓	65.3%	0.0%	6.1%	↓
E. Ethnic/cultural publishers, radio, cable, or television stations or personalities, or other ethnic media sources?	19.8%	↓	67.2%	0.0%	13.0%	↓
	19.5%	↓	69.5%	0.0%	10.9%	↓
	20.4%	↓	61.2%	0.0%	18.4%	↑

Note: Question 43 is excluded from the systemwide analysis because the Program Managers were asked to list the types of activities that their organizations conducted that were tailored to engage culturally diverse communities. The respondents' answers will be included in the program-level reports.

N/A in the above graph indicates that the answer option was not available for these questions.

Δ column indicates change compared to 2020 results.

Section 8: Engagement of Diverse Communities (*continued*)

Section 8 Questions	Never	Δ	Seldom	Sometimes	Regularly	Δ
F. Human service agencies?	1.1%	↓	31.6%	0.0%	67.2%	↓
	1.6%	↓	33.6%	0.0%	64.8%	↓
	0.0%	↓	26.5%	0.0%	73.5%	↓
G. Tribal, cultural, or recovery advocacy organizations?	6.8%	↑	72.3%	0.0%	20.9%	↓
	7.0%	↑	74.2%	0.0%	18.8%	↓
	6.1%	↓	67.3%	0.0%	26.5%	↓
H. Local business owners such as barbers/cosmetologists, sports clubs, casinos, salons, and other ethnic/cultural businesses?	10.7%	↓	71.2%	0.0%	18.1%	↓
	10.2%	↓	74.2%	0.0%	15.6%	↓
	12.2%	↓	63.3%	0.0%	24.5%	↑
I. Social/cultural organizations (e.g., civic/neighborhood associations, sororities, fraternities, ethnic/cultural associations)?	5.6%	↓	66.7%	0.0%	27.7%	↓
	4.7%	↓	69.5%	0.0%	25.8%	↓
	8.2%	↓	59.2%	0.0%	32.7%	↑

Note: N/A in the above graph indicates that the answer option was not available for these questions.
Δ column indicates change compared to 2020 results.

NEXT STEPS

⬧ The CLCPA supports BHS' commitment to a culturally and linguistically responsive workforce, as well as the guidelines described in the Cultural Competence (CC) Plan and the CC Handbook. These documents can be accessed in Section 4 of the BHS Technical Resource Library.

⬧ The CLCPA results will be disseminated systemwide and to interested parties and stakeholders such as the BHS leadership, the Cultural Competence Resource Team (CCRT), the Quality Review Council (QRC), BHS Training and Education Committee (BHSTEC), and Responsive Integrated Health Solutions (RIHS).

⬧ CCRT will review the technical assistance requests and strategize solutions for recommendations.

⬧ The program-level results will be provided to the program monitors, who will be encouraged to begin conversations with the program managers, in order to strategize how their organizations can enhance the quality of services within culturally diverse and underserved communities.

⬧ The next CLCPA will be administered in February 2022, notable changes in results will be highlighted in the analysis of the results.