



Cultural Competency Plan Report Update

December 28, 2014



**Community Behavioral Health Services
Department of Public Health – Community Programs**
City and County of San Francisco

Office of Cultural Competence
San Francisco Department of Public Health

Cultural Competence Report 2014

The goal of this report is to provide an overview of the cultural and linguistic competence efforts by the San Francisco Department of Public Health (SFDPH) - Community Behavioral Health Services during FY 14-15.

The SFDPH Policy and Procedure & Background

Purpose: The SFDPH is committed to developing and maintaining health services that are culturally competent, consumer-guided and community-based. Cultural competence is an essential requirement for health care providers to provide effective services to our diverse populations.

On January 8, 2002 the San Francisco Health Commission unanimously passed a resolution adopting the Culturally and Linguistically Appropriate Services (CLAS) standards, established by the federal Office of Minority Health, as general guidelines to provide a uniform framework for developing and monitoring culturally and linguistically appropriate services.

The Commission acknowledges that the CLAS standards as implemented by the DPH are intended to be broadly inclusive of diverse racial, ethnic, sexual and other cultural and linguistic groups.

The Commission also approved the formation of a Cultural Competency Task Force to address issues surrounding Cultural Competency and implementation of the policy.

Contract Requirement

Stipulated by contract, it is the expectation of SFDPH administration that all county and contracted providers are providing culturally competent & culturally responsive services, and are working to continually enhance their current level of cultural competence.

Strategic Planning - Goals and Objectives

The SFDPH Cultural and Linguistic Competency Task Force have provided guidance and critical recommendations in reviewing and developing the following key areas of cultural competence focus and goals for the Department (currently in review):

- Community Partnership
- Leadership
- Services
- Training & Education
- Data & Research

Funding

SFDPH contributes significant funding resources for linguistic services for San Franciscans who request or require services in other languages besides English. These include the threshold languages (Cantonese, Russian, Spanish, Tagalog, and Vietnamese) and other languages, including American Sign Language and Braille. SFDPH CBHS currently has consulting contracts with two private vendors to fulfill linguistic support services for interpretation, translation and video remote conferencing. The Office of Cultural Competence receives and processes all request for translation and interpretation services.

During the 2013-2014 funding period, SFDPH Office of Cultural Competence coordinated and process for the following linguistic and related services and trainings:

- Telephonic Interpreting \$11,795.00
- Interpreting/Translation Services \$17,460.00
- American Sign Language \$3,452.00
- 9924 Positions (5 positions) \$133,490.00
- Bilingual Interpreter Training \$2,075.00

Total: \$168,282.00

2014 Cultural Competence Accomplishments Report

Stakeholder and Planning Process & Cultural Competency Reporting

The SFDHP Cultural Competency Task Force (CCTF)(see membership listing below) and the Office of Health Equity, Cultural Competency, Workforce Development & the Office of Cultural Competence collaboratively revised and developed enhanced cultural competency report guideline and procedure required for all contract and county direct service programs. The new reporting format and implementation plan were established during this reporting period. The CCTF has been integral in the development of the new reporting guideline and procedure, training curriculum for the reporting process, and evaluation of outcomes.

Cultural Competence Reporting & Monitoring

Direct involvement, inclusion, and collaborative partnership of consumers, family members of consumers, and community stakeholders is most fundamental and critical step recommended by the CCTF. Thus, the current Cultural Competency Report will focus on the implementation of the new enhanced *CLAS Standards*.

During the previous reporting period, the CCTF developed and implemented enhanced standard which required contract and county service programs to convene and facilitate a minimum of two focus groups and/or two community

forums, or combination of each with consumers, family members of consumers, and/or community stakeholders. Feedback from these focus groups or community forum were prioritized and ranked at the local site level. The CCTF further analyzed and utilized these qualitative feedback in developing Department level priorities and objectives. Current cultural competency reporting requirement established primarily involves planning for developing consumer (client or patient) advisory body at each local contract and civil service sites (See current Cultural Competency Report Cover, Template and Appendix). The CCTF is currently assisting and providing input in development of technical assistant training and support for system-wide implementation.

Central to the current Cultural Competency Report (planning) required for CBHS civil service and contract programs are the following overarching objectives:

- Implementation of the Culturally and Linguistically Appropriate Services that include consumer, family member and community feedback and input
- Current focus includes development of organizational cultural competence that includes consumer involvement or a consumer advisory committee
- Three critical themes include: Accessibility, Cultural Responsiveness and Partnership/Collaboration with consumers, family members and community

The Office of Cultural Competence, with guidance and input for the CCTF, currently monitors all cultural competence reporting, including: receiving, data entry, analysis, training, and technical assistance to all contract and civil service programs.

Client Council

SFDPH CHBS division currently includes a Client Council, a consumer advisory body, in its program planning and development. The Client Council is 100% consumer/client driven and operated and meets on a monthly basis. The Council has 20+ active members that represent multi-cultural, multi-lingual, and multi-ethnic backgrounds. It strives to involve consumers/clients at every level of decision-making, in our own efforts to achieve consumer/client participation and self-determination, especially relative to perceived program and treatment difficulties and discrepancies, as well as program and treatment development. Each member has peer based experience within CBHS systems of care. Two representatives of the Council attend various CBHS community and provider meetings, as well as Board Hearing, Budget Hearings. The Council members have participated in the CBHS RFP processes, as well as a number Quality Management activities. Additionally, currently, two members of the Council are the SFDPH Cultural Competency Task Force.

Initiatives

Local CBHS Initiative

During the previous reporting period, under the direction from the SFDPH Director of Health, the African American health initiative was established with a focus on addressing 1) health disparity, 2) health equity, 3) access to health, and 4) workforce and training for SFDPH CBHS.

To support this direction, the SFDPH CBHS participated in a State-wide health equity leadership development initiative put forth by the California Institute of Mental Health. The Health Equity Leadership Institute (HELI) is a 12-month pilot initiative to influence current strategies and approaches used within counties to reduce health disparities and achieve health equity. County teams (five in all) have the following specific objectives:

- Increase leadership in health equity among county mental and behavioral agencies and county partners;
- Identify best and promising practices and implement strategies to reduce health disparities; and
- Evaluate and measure outcomes related to achieving health equity and reducing health disparities.

SF HELI Team currently has representatives from Adult/Older Adult System of Care, Office of Cultural Competence, MHSA, Office of Quality Management, CBO, 2 African American Faith-based organizations and African American community members.

SF HELI was a very successful initiative that achieved a number of critical outcomes in integrating community-defined health disparity that is relevant and meaningful for the African American community in District 10 of San Francisco during this reporting period, including the following (see attached HELI Overarching Framework & SF HELI Theory of Change documents established by the SF HELI team):

- Established a meaningful relationship and trust between Faith-based leaders, District 10 community members, and the CBHS HELI members
- Defined and identify a strength-centered health disparity (job readiness) and develop strategies and objectives for implementation
- Increased the number community-based organizations partnering with the participating church faith-leaders, and
- Increase hope among the community members accessing the program

SFDPH System-level Initiative

Black/African American Health Initiative (BAAHI) - The SFDPH leadership has made a commitment to the Black/African American San Franciscans by making

their priority through this collaborative initiative. The Department engaged a strategic planning process to develop a comprehensive plan that focused on the adoption of continuous quality improvement approach to improve the community-centered delivery of public health services that are culturally relevant and culturally sensitive.

Despite incremental forward steps to improve the health of San Franciscans, significant health disparity continues to exist among Black/African Americans in comparison to other ethnic, cultural and racial groups. The Initiative; thus, identified four health indicators (health issues) were identified and prioritized for this System-level initiative, including:

- Percent of Black/African American with heart disease
- Mortality rate of Black/African American with breast cancer
- Rates of Chlamydia among young Black/African American women, and
- Mortality rates among Black/African men due to alcohol use/abuse

The SFDPH Leadership and public health champions from each of SFDPH Branches, Sections, Divisions, and civil service programs are currently in a focused and deliberate comprehensive planning process to develop Department-wide goals, objectives, and action plans in addressing the identified health indicators (See attached listing of Project Advisory Committee members).

The BAAHI current efforts include development of the BAAHI Project Advisory Committee (public health champions), who have been consistently engaged in providing community-informed input and guidance in developing a culturally-relevant and culturally-affirming strategic planning, identifying and voicing other social determinants of health, and system-specific challenges and barriers. As well, the BAAHI Project Advisory Committee members are actively engaged in three workgroup that focus on 1) Collective Impact - in developing a continuous quality improvement & evaluation measures, 2) Cultural Humility - in developing cultural relevance and culturally-affirming strategies centered on community partnership, workforce development and addressing systemic discrimination, and 3) Workforce Development - developing career pathways for Black/African American para-professionals and professionals through policy change, improvising workplace experience for Black/African American civil service staff (supervision, performance appraisal, etc.), and providing ongoing training to all levels for civil service staff on cultural humility, cultural competence, micro-aggression, and race-based trauma. Each of these WorkGroup goals, objectives and strategies are overlapping - in many cases support each other.

The Value Statement of the BAAHI states: The Black/African American Health Initiative Project Implementation Team will ensure that the values listed are kept throughout the project life cycle:

- Open communication of methods, processes & results
- Collaborative
- High credibility, trust and competency (humility)

- Accurate, relevant and informative
- Practical use of existing communication vehicles and tools, and
- Methods for measuring results and feedback loop

Training

Attached is a list of all trainings related to cultural and linguistic competence that was organized and coordinated by the Training Department and the Office of Cultural Competence. Participants in these trainings include civil service and contract program staff. *It should be noted that all **Cultural Competency Report** trainings are required trainings to support the annual reporting requirement.*

Office of Cultural Competence also provided training on the enhanced CLAS Standards (in collaboration with Chinese Health Coalition – NICOS) to over 80 contracts and all civil service direct service programs as part of the Cultural Competency Report trainings. SFDPH has been recognized as a Cultural and Linguistic Competence Champion by the California Community Alliance for CLAS for these efforts (see attached certificate of recognitions).

Multicultural Student Stipend Program (MSSP)

The Office of Cultural Competence coordinates the Multicultural Student Stipend Program, a human resources development program established in 1988, to address the need to recruit staff with special skills and sensitivities to provide culturally and linguistically competent mental health services to San Francisco's increasingly diverse population.

Stipends are available to students interning in mental health, substance abuse, and integrated treatment programs of Community Programs. The program is designed to assist students in their development of skills to work with culturally diverse populations, to encourage ethnic and cultural diversity amongst our Community Programs interns and to increase the pool of applicants with special skills and knowledge, including language, culture, disabilities and principles on wellness and recovery for future employment with Community Programs. As part of our human resource development commitment, the MSSP is aimed at providing support to students interested in public sector work, community behavioral health services, working with populations with health disparities and shortages of culturally and linguistically competent staff.

A total of \$50,000 in stipends will be allocated during the academic year 2014-2015 (providing stipend support to 19 multicultural and bilingual interns) and a total of \$25,000 during the summer academic sessions in 2014 to 12 bilingual and bi-cultural, disabled, and older adults student interns.

Data & Outcomes

The Office of Cultural Competence currently collects and maintains a database on staff information from all contract and civil service programs for Community

Behavioral Health Services, Housing and Urban Health, HIV Health Services, Community-Oriented Primary Care, and Placement.

The following data and information is collected and updated on an annual basis:

- Name, job title, license type, certification or highest degree and full-time equivalent (FTE)
- Ethnicity
- Function by FTE
 - o Administrative/Management position
 - o Direct Service Staff
 - o Support Staff
- Language Skills other than English
- Language Proficiency
- Self identity as peer or consumer staff

The chart below is provides a very general illustration of the SFDPH CBHS workforces by language spoken - threshold languages and English based on data collected by the Office of Cultural Competence in 2014.

