



***Placer County***  
***Systems of Care Quality Improvement Committee***

**Cultural and Linguistic Competence Committee Annual Update and Report**

**Fiscal Year 2019-20**

**Committee Purpose**

The purpose of the Cultural and Linguistic Competence Committee (CLCC) is to ensure the development of the necessary skills, knowledge, attitudes, behaviors and policies within Placer County's Systems of Care (SOC), in order to provide culturally responsive and effective care to members of diverse cultural groups.

Towards this goal, Placer County Systems of Care will engage representatives of diverse communities and consumer groups in a collaborative planning process that is informed by the diverse interests, expertise and needs of these groups.

**Committee Function**

In accordance with the California Department of Health Care Services (DHCS) Cultural Competence Plan requirements, the function of the CLCC shall be to:

- Identify unmet needs and mental health disparities in Placer County;
- Review all Systems of Care programs, services, and plans and respond and/or make recommendations with respect to cultural and linguistic competence needs and issues.
- Provide a bridge for communication and accountability between the county and diverse cultural groups and community partners.
- Participate in the development of and monitor the effectiveness an integrated CLC training plan for county staff and contractors.
- Participate in the overall planning and implementation of services, including review of MHSAs and client developed programs.
- Provide reports to Quality Assurance/Quality Improvement programs.
- Provide recommendations directly to the executive level; and
- Prepare an annual report of committee activities

## **Composition and Structure**

The membership of CLCC shall reflect the communities served by Placer County System of Care, including county management level and line staff, clients and family members from diverse cultural groups, providers, and community partners.

The CLCC will be co-chaired by a Systems of Care staff person and a community representative, with agenda preparation and meeting facilitation responsibilities being shared between county staff and community representatives. The SOC Co-Chair will be appointed by SOC Leadership, while the Community Co-Chair will be elected by the community representatives of the CLCC on an annual basis.

In order to facilitate an integrated role of the CLCC into Systems of Care planning, leadership, and quality assurance processes:

- The CLCC shall designate a member to represent this committee on SOC planning, leadership and quality assurance committees (including but not limited to the SOC Leadership Committees, Quality Improvement Committee, SOC Staff Development, Workforce Education and Training (WET), and the Mental Health, Alcohol and Drug Board);
- Representatives will provide reports of relevant SOC committee activities monthly through a standing CLCC agenda item.
- Items needing CLCC attention and review will be brought to the general meeting and sub-committees as needed to prepare recommendations.
- The CLCC shall also provide reports to the Campaign for Community Wellness, SMART Policy Board, Mental Health Director, the Board of Supervisors, and other decision- making groups within the Systems of Care as deemed appropriate.

### **Current/Active CLC Members (unless noted)**

Andrea Salazar	Whole Person Learning/Youth Empowerment Support Program, Youth Representative
Beth Goncalves	Turning Point, Community Representative
Brandy Baggett	Consumer Advocate, MHA Consumer Affairs Supervisor- Discontinued
Christopher Pawlak	SOC QI Manager, Co-Chair- Discontinued
Claire Buckley	Agency on Aging Area 4 - Advisory Council, Placer County Older Adult Advisory Commission, Placer County Aging & Disability Resource Connection Advisory Council, Placer County Mental Health Alcohol & Drug Advisory Board- Community Representative
Connie Falconer	ASOC Admin. Clerk, CLCC Support

Indira Infante	Cal Voices, Community Representative
Jainell Gaitan	ASOC Supervisor, and ASOC Cultural Competence Lead- Discontinued
Jennifer Cook	CSOC Assistant Director
Jennifer Wellenstein	Turning Point, Community Representative
Jessica Luna-Miranda	Whole Person Learning
Julia Soto	SOC QI Manager, Co-Chair
Leslie Medina	CSOC Behavioral Health Manager
Letty Woodworth	AMI Housing Inc., Community Representative
Marie Osborne	ASOC Assistant Director, Co-Chair
Michele Irwin	Placer Independent Resource Services, Community Representative
Natalie Sherrell	Sierra College, TAY Representative
Sue Compton	SOC Training Coordinator, ASOC MHSA Manager, Co-Chair
Twylla Abrahamson	CSOC Director, Co-Chair

**Committee Goals and Accomplishments**

**A. Goal:**

Ensure Access to Services telephone lines are providing linguistically appropriate services to callers. Provide training as needed.

**Action Items/Steps:**

- 1) Maintain a minimum of 36 combined, mental health related, test calls to the Adult Intake Services (AIS) and Family and Children’s Services (FACS) telephone lines annually to ensure that staff provides linguistically appropriate services to callers, and are utilizing the Tele-language Translation Line Service, other provider, and/or TTY.

*Goal met. The Quality Management team with assistance from the Mental Health Alcohol and Drug Advisory Board (MHADB) members, Mental Health America (MHA), and other volunteers completes calls each month and reported to Department of Health Care Services quarterly. 54 test calls were made during the fiscal year.*

- 2) Conduct 12 combined substance use related test calls to the Adult Intake Services (AIS)

and Family and Children's Services (FACS) and Recovery Coach call line(s) to ensure staff provides linguistically appropriate services to callers accessing Placer Drug Medi-Cal-Organized Delivery Services (DMC-ODS) services.

*Goal not met. There was a total of 11 Substance Use Services test calls completed during this period. One was in Spanish. 81.82% met requirements for being logged including Name, Date, and Reason/Resolution of call. This goal will continue in the next fiscal year plan.*

- 3) Maintain a minimum of 8 mental health related non-English test calls on an annual basis.

*Goal partially met. There was a total of 7 test calls made in languages other than English (Spanish).*

- 4) Improve documentation of test calls being logged and including all elements from a combined 70% for all elements to a minimum of 80% through annual training for 24/7 access lines that focus on gathering, offering, and recording all pertinent information.

*Goal not met. 42 of the 54 test calls were logged for Mental Health Services, 29 met criteria (69.05%).*

- 5) Complete biannual 24/7 Urgent Care Access Line training for FACS and AIS.

*Goal not met. Due to the COVID-19 Pandemic, it was not possible to complete trainings in the 4th quarter of FY2020.*

## **B. Goal:**

Monitor the three-year training plan as part of the CLC Plan requirements, taking into account fiscal challenges, to continue to improve cultural competence and experiences of SOC staff through trainings.

### **Action Items/Steps:**

- 1) Facilitate a minimum of two trainings targeted to increase understanding and responsiveness to diverse cultures (i.e. MH Doc & Billing, Beneficiary Protection, Veterans, Homeless, LGBTQ, Native, Latino, Older Adults, etc.) as identified by Workforce Education and Training (WET) Staff development training.

*Goal met. Placer provided MH Doc and Billing training, Beneficiary Protection, Cultural Humility, Implicit Bias as well as 23 engagements from the Speakers Bureau.*

- 2) Continue tracking each staff's training attendance to ensure that each staff member (all levels) participates in a training inclusive of CLC components within the year at a 90% target. Examples of Culturally Responsive trainings may include: Cultural Competency,

Beneficiary Protection, Mental Health Stigma, Stigma Busters, Client Sensitive, Veterans, Homeless, LGBTQ, Native, Latino, TAY, Older Adult, etc.) as identified by the Workforce education and Training (WET) Committee, Staff Development Committee, and/or CLC.

*Goal met. Placer provided several trainings that captured CLC components. The Beneficiary training had 99% attendance, meeting the target goal, staff also attended the following trainings: Cultural Humility – 19 employees, Implicit Bias – 120 employees, and Impaired Brain Chemistry – 70 employees. Indigenous Psychology and Poverty Simulation were cancelled this FY due to COVID-19.*

- 3) Conduct a minimum of six Wellness Recovery Action Plan (WRAP) workshops open to active SOC clients and the community.

*Goal partially met. 5 WRAP Classes were completed in FY2019-20. The 6th WRAP Class was impacted by the COVID-19 Pandemic.*

#### **C. Goal:**

Assess bilingual staff and interpreter skills and provide training.

##### **Action Items/Steps:**

- 1) Provide annual training for staff regarding use of interpreters, including use of the Language line, accessing TTY for hard of hearing/deaf individuals through eLearning trainings/Placer Learns of Beneficiary Rights and Documentation and Billings or by providing instructions/desk guides to SOC staff. Maintain a minimum of 95% completion.

*Goal partially met. Interpreter and Translation Training completion was 85%. Desk guides were updated and distributed to all staff as a new language vendor as well as new budget coding was implemented at the end of the FY.*

#### **D. Goal:**

Continue to create opportunities for consumer advocates, family advocates, Consumer Navigators and Peer Advocates to attend and feel welcomed at SOC meetings, including Quality Improvement Committee (QIC), Campaign for Community Wellness (CCW), CLC, leadership meetings, wraparound etc.

##### **Action Items/Steps:**

- 1) Continue to ensure participation of consumers in performance improvement projects such as the System Improvement Project (SIP) for Child Welfare Services (CWS), and Performance Improvement Project (PIP) for the Placer-Sierra Mental Health Plan and Drug Medi-Cal Organized Delivery System.

*Goal partially met. For the MHP and ODS PIPs, the consumer liaison had opportunity to review and provide feedback on PIPs during monthly Quality Management Committee meetings.*

- 2) Continue to include Consumer/Family member participation (whenever possible) on employee hiring interview panels. Maintain a combined minimum of consumer/family participation on 25 interview panels or 50% of eligible interviews.

*Goal partially met. While at least 25 interviews had a consumer/family participant on the panel, they constituted only 15% of interviews conducted overall.*

- 3) Continue to provide opportunity for the Consumer Liaison and/or the Consumer Council to review and provide feedback on letter templates, brochures and any other informing materials that may be used to distribute information to consumers.

*Goal met. Forms and other documents were brought to the Consumer Council meetings for consumer review. The Consumer Liaison also had the opportunity to review documents and provide input at monthly Quality Management meetings.*

- E. Goal:** Track staff participation in trainings and presentations through Trilogy eLearning and/or Placer Learns training module for all SOC staff.

**Action Items/Steps:**

- 1) Continue to monitor required internal trainings in eLearning/Placer Learns to ensure 90% SOC compliance depending on target audience for the following: Compliance Training (all staff), Beneficiary Protection Training (all staff), MH Documentation and Billing Training (MH direct service staff), and Service Codes Training (MH direct service staff).

*Goal met. Compliance Training completion was 99% completion, Beneficiary Protection Training was 99% completion, MH Documentation and Billing Training was 90% Completion and Service Codes Training was 97% completion.*

- 2) Continue to monitor training reports and review at Children System Of Care (CSOC) leadership meetings, Adult System Of Care (ASOC) managers meeting, ASOC Org Leadership, and/or Staff Development meetings to ensure trainings are being monitored at least biannually.

*Goal met. Training reports were reviewed within various leadership meetings. Additionally, in new e-platform Placer Learns, supervisors may also go in and run their own reports for staff monitoring.*

**F. Goal:**

SOC Managers and Supervisors will create tools and guidelines for successfully integrating cultural curiosity and awareness as a system-wide practice.

**Action Items/Steps:**

- 1) Continue to sustain a training team to assist staff with integrating values and behaviors.

*Goal met. The SOC Staff Development committee is represented by the Workforce Education and Training Coordinator, MHSA Coordinator, Quality Management, Ethnic Services Manager, Consumer Liaison Supervisor, and SOC Leadership.*

- 2) Ongoing Monitoring of adherence to the CLAS Standards across for all Mental Health Plan and DMC-ODS organizational providers.

*Goal met. The Placer County QM team monitors and reports out quarterly during the Quarterly Quality Improvement Committee each organizational provider's report that includes adherence to CLAS standards. Additionally, DMC-ODS providers attest annually to their efforts during annual monitoring.*

**G. Goal:**

SOC leadership will increase cultural diversity in policy making and governance processes through ongoing monitoring.

**Action Items/Steps:**

- 1) Quarterly meetings of the ASOC Consumer Council and monthly CSOC Community Leadership Meetings to create opportunities for consumers to give direct feedback to SOC leadership teams on areas of system operation and improvements. Consumer Council meetings to occur 3-4 times per year.

*Goal partially met. CSOC Community Leadership continues to meet monthly and representatives may also provide direct feedback to the CLC Committee. Quarterly meetings with the ASOC Consumer Council have not consistently occurred as in addition to COVID-19, the group has had a change in leadership and participants during the fiscal year.*

**H. Goal:**

SOC Staff will integrate multi-cultural and multi-lingual communication strategies into a community-based model of care.

**Action Items/Steps:**

- 1) Continue to Integrate Native American/American Indian and Latino services Team into CSOC through maintaining a minimum 90% of appropriate referrals ending up on the correct service team. Continue to hold monthly meetings Sierra Native Alliance (SNA) and quarterly meetings with Latino Leadership Council (LLC) to ensure assignments to

correct service teams and staff for multicultural/multilinguistic referrals and cases.

*Goal partially met. CSOC continues to hold monthly meetings with SNA and LLC to coordinate consumer cultural and linguistic needs. Developing a standardized methodology to measure appropriate linkage to Native American and Latino services teams is in development. As a standard practice, workers consistently make referrals to SNA and ongoing tracking is made regarding LLC consumers that are shared with CSOC (both former and current mutual consumers) and continue to meet monthly.*

## **I. Goal:**

Human Resource Development: Expand the skills, experiences, and composition of SOChuman resources to better serve consumers from diverse cultures and communities

### **Action Items/Steps:**

- 1) Require service delivery, supervisory and management staff to participate in a minimum of two culturally relevant trainings each year. One of the trainings may have culturally responsiveness included in the training.

*Goal met. All supervisors completed Beneficiary protection, in addition to one or both of the following: Implicit Bias or Cultural Humility.*

- 2) Continue to review and revise forms (e.g. intake, assessment, treatment plans, probation terms and conditions, FRCC referrals) for language translation and cultural needs and coordinate with Electronic Health Record (EHR) implementation as needed and/or issued by DHCS.

*Goal met. During the past fiscal year, the following forms were updated: HIPAA forms (June 2020) Informed Consent (June 2020), Care 015 (2019), NOABD amendment (April 2020).*

- 3) Complete Back Translation for documents (forms/fliers) to ensure accuracy.

*Goal met. Placer County continues to utilize certified bilingual employees when back-translating materials. Additionally, Placer County used a vendor to translate written materials, who have their own multi-point backtranslation business practice in place.*

- 4) Continue to monitor the SOC use of Interpreters to ensure that beneficiaries receive services in their preferred language. During FY18/19 687 of 63,835 progress notes (1.08%) indicated the use of an interpreter. There was a total of 4,506 distinct individuals with 84 requiring interpreter services (2%).

*Goal Met. The SOC continues to monitor the number of notes completed in all languages. During FY 2019/20, there were 65,965 notes completed. Less than 1% indicated that there was an interpreter used. It should be noted that some staff are*



*certified in the language provided and did not require a 3rd party to complete the interpretations. There was a total of 4,833 distinct individuals with 115 requiring interpreter services (2.38%).*

- 5) Conduct a minimum of one training on Cultural competence or humility intended for all SOC staff, contracted providers, and community partners.

*Goal met. Placer provided two opportunities for all SOC staff, partners, and providers: Cultural Humility (9/5/19) and Implicit Bias (6/23/20).*

**J. Goal:**

Client Sensitivity Training is an annual required training for all staff.

**Action Items/Steps:**

- 1) Provide annual opportunities for Client Sensitivity Training or activities two times a year. May be implemented by Speaker's Bureau activities and trainings, outside trainings, Director's Forums, community events, etc.

*Goal met. There were 23 presentations by the Speakers' Bureau conducted.*

**K. Goal:**

SOC Managers will work in partnership with community-based organizations to support the development of best practices for community advocacy services.

**Action Items/Steps:**

- 1) Ongoing monitoring of the submission of Program Outcome tools from Organizational providers and report out results annually.

*Goal met. Quarterly reports were completed and reported out on during MHSA annual report.*

**L. Goal:**

Contract providers will be culturally competent.

**Action Items/Steps:**

- 1) Track and review quarterly reports for MHSA/MHP contractors and SOC Contractors for monitoring of recruitment, training, and retention of a culturally and linguistically competent staff.

*Goal partially met. Placer County QM continues to monitor submission of organizational providers' quarterly reports to the quarterly Quality Improvement Committee. Some providers have had difficulty submitting their reports with all the required elements. This goal will continue into the next fiscal year with additional technical assistance offered to providers.*

- 2) Ongoing monitoring of Network Providers attendance and/or completion of an annual culturally specific or competence training.

*Goal partially met. This is monitored via providers quarterly QI reports, network adequacy for both MHP and ODS, the provider directory for ODS and during annual QA reviews.*

Respectfully Submitted,

Julia Soto, LCSW  
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Co-Chair, Cultural Linguistic Competence Committee Placer  
County Health and Human Services