

Sacramento County



Agency Self-Assessment of Cultural Competence October 2006

Sheila Brush
Program Planner
Research, Evaluation and Performance Outcomes
Sacramento County, Division of Mental Health

Executive Summary

This document reports data collected in October 2006 from agencies contracting with the Sacramento County Division of Mental Health to provide outpatient services. Agencies were asked to rate themselves on 10 dimensions of cultural competence. Agencies rated themselves on a scale of 1-5, with "5" representing the ideal condition for that dimension. The scale's authors (Siegel, Haugland & Chambers) suggest that the use of the scale should move and promote organizations and their personnel toward culturally competent behaviors in the delivery of mental health services. This is the first year the Division has utilized the scale.

Major Findings

- 82% of contracted providers completed the Agency Self Assessment.
- The median total rating was 36.5 (of a possible 60) and individual agency rated themselves between 16 and 52.
- For the 10 areas agencies rated themselves on, the average area rating was 3.1.
- Across all respondents the following three areas were rated above the average of 3.1:
 - RECRUITMENT, HIRING AND RETENTION OF STAFF FROM OR EXPERIENCED WITH THE 1ST, 2ND AND 3RD MOST PREVALENT GROUPS OF SERVICE USERS.
 - LANGUAGE CAPACITY/INTERPRETERS.
 - LANGUAGE CAPACITY/BINLINGUAL STAFF.
- Although Cultural Competence is high in the area of staff recruitment and retention, several agencies noted a concern around the shortage of bilingual/bicultural staff.
- Across all respondents, the two areas with the lowest ratings were:
 - CULTURAL INPUT INTO AGENCY ACTIVITIES – Many agencies report that while Cultural Competence is addressed in other forums, no separate Cultural Competence Committee exists in their agency.
 - LANGUAGE CAPACITY: KEY FORMS - Agencies have some translated versions of key documents available, but could strengthen efforts in this area.
- Many agencies agreed that this self assessment process was helpful, and made them aware of the need to:
 - Formalize Cultural Competence activities by development of Cultural Competence committees, and
 - Formulate official policies and procedures that address Cultural Competence.

Background

In 1999 the Sacramento County Division of Mental Health started asking Mental Health providers to rate themselves in several areas related to cultural competence on a biennial basis. In 2006, recognizing the continued development of more advanced cultural competence assessment tools, the Division changed instruments and adopted a slightly revised version of a more recent instrument developed by Siegel, Haugland and Chambers called the Cultural Competence Assessment Scale.

This Cultural Competence Assessment Scale is based on a SAMHSA/CMHS funded project in which performance measures of Cultural Competence in behavioral health settings were selected and benchmarked. Siegel, Haugland and Chambers indicate that “.. the use (of the scale) is expected to move and promote organizations and their personnel toward culturally competent behaviors in the delivery of mental health services.” Moreover, the Cultural Competence Assessment Scale is also compatible with work of other groups, in particular with Culturally and Linguistically Appropriate Standards in Health Care (i.e., CLAS standards).

The scale assesses 11 areas of cultural competence, and agencies are asked to rate themselves on a scale from 1-5 in 10 of those areas. The rating of “5” on an item represents the ideal condition that the expert panel that developed the scale felt was attainable. The 11 areas are:

1. Agency’s commitment to cultural competence
2. Assessment of service needs/identification of threshold-level cultural groups
3. Cultural input into agency activities
4. Integration of cultural competence committee or other group with responsibility for cultural competence within the agency
5. Cultural competence staff training activities
6. Recruitment, hiring and retention of staff from or experienced with the most prevalent cultural groups of service users
7. Language capacity/interpreters
8. Language capacity/bilingual staff
9. Language capacity/key forms
10. Language capacity/service descriptions and educational materials
11. Assessment and adaptation of services

Sacramento’s Implementation: Agency Assessment of Cultural Competence

The Division received permission from the authors of the scale to slightly revise the instrument. There were several reasons for this. First, we needed to make it more relevant for Sacramento County providers. Although no substantive content was modified, some phrases and terms not used locally were altered (e.g., “agency and/or parent organization” became “agency”). Second, we did not ask providers to rate Area #2 because threshold-level cultural groups are identified at a county level, not an agency level. Therefore, this area is not applicable to our providers. Third, in order to obtain qualitative input from providers, we asked them to comment on their progress in each area. At the end of the self-assessment, we also asked them to indicate whether they had learned anything as a result of the process of completing the assessment, and whether any new policies or practices would be implemented as a result.

Finally, the Division provided explicit direction on who should participate in the assessment process. In addition to the requirement that those participating should be knowledgeable in activities related to the quality of care at the agency, we suggested that the following participants be included in the discussion: 1) Executive Director, 2) Clinical Director, 3) Quality Assurance staff, 4) Cultural Competency representative, 5) line staff, 6) consumer of Mental Health services (including children of appropriate age) and 7) family member of a consumer.

Summary Findings

The following information is based on agencies' responses to the Agency Self Assessment of Cultural Competence (CC). A total of 36 providers submitted the Self Assessment, representing approximately 82% of the contracted provider system. Recall that agencies are asked to rate themselves on a scale from 1-5, with the rating of "5" representing the ideal condition. (See Appendix A for information reflecting how individual agencies rated themselves in each of the areas)

Area Number	Area Title	Specific Criteria	Average Rating
1	Agency's commitment to CC	A management level person responsible for CC and: <ul style="list-style-type: none"> • A dedicated budget for CC. • A CC plan • Procedures for updating the CC plan 	2.7
3	Cultural input into agency activities	Agency has a CC Committee or other group that addresses cultural issues and has participation from cultural groups of the target community	2.1
4	Integration of CC committee or other group with responsibility for CC within the agency	CC Committee or other group with responsibility for CC is integrated within agency evidenced by the following activities: <ul style="list-style-type: none"> • Reviews services/programs with respect to CC issues at the agency. • Reports to QA/QI program. • Participates in planning and implementation of services. • Directly transmits recommendations to executive level. 	2.9
5	CC staff training activities	Offers staff educational activities in which cultural issues are addressed and requires staff to have an adequate amount of specific training on CC	2.7
6a	Recruitment, hiring and retention of staff from or experienced with the most prevalent cultural groups of service users	Committed to hiring and retaining CC staff who are from or who have had experience working with the most prevalent cultural group of its service users	4.1
6b	Recruitment, hiring and retention of staff from or experienced with the 2 nd most prevalent cultural groups of service users	Committed to hiring and retaining CC staff who are from or who have had experience working with the 2 nd most prevalent cultural group of its service users	3.6
6c	Recruitment, hiring and retention of staff from or experienced with the 3 rd most prevalent cultural groups of service users	Committed to hiring and retaining CC staff who are from or who have had experience working with the 3 rd most prevalent cultural group of its service users	3.4
7	Language capacity/interpreters	Accommodates persons who have limited English proficiency (LEP) by using interpreter services or bilingual staff	4.3
8	Language capacity/bilingual staff	Has staff who speak the language of the most prevalent cultural group of service users with members who have LEP	4.1

9	Language capacity/key forms	Has available translated versions of key documents and forms in the language of the most prevalent cultural groups of its service users	2.5
10	Language capacity/ service descriptions and educational materials	Accommodates persons with LEP by translating service descriptions and accommodates persons with limited reading skills (LRS) by providing service descriptions or educational materials in formats they can understand	2.7
11	Assessment and adaptation of services	Reviews and adapts or introduces services suitable to the most prevalent cultural groups of service users	2.8

The data suggest that as a whole, the system is placing itself midway on the scale of 1-5 (the average area rating is 3.1). However, there is a great deal of variability both across areas and between agencies in each of the areas. In the next section, each area is addressed separately and comments from agencies rating themselves both below and above the average are presented.

Area 1: Commitment to Cultural Competence

The average rating in this area was 2.7, below the average rating of 3.1, with agency scores ranging from 1 to 5. Twenty-nine of 36 (81%) agencies rated themselves below 3.1. Agencies not having dedicated Cultural Competence committees, staff or budget appear to be the reasons for low scores.

Agencies rating themselves below 3.1

- We scored low because we 1) do not have a designated person who is primarily responsible, and 2) No dedicated budget. We do have a written CC plan and we do make a commitment to the most prevalent cultural groups.
- Would like to have individual whose primary responsibility is to ensure CC will be addressed. Management understands and believes in the importance of CC, however limited human and financial resources contribute to our low score.

Agencies rating themselves above 3.1

- Work plan has a CC component to each goal. Line items have been included in budget for training. Recruitment and events that focus on CC.

Area 3: Cultural Input into Agency Activities

The average rating in this area was 2.1, below the average rating of 3.1, with agency scores ranging from 1 to 5. Agency scores ranged from Thirty-three of 36 (92%) agencies rated themselves below 3.1. Again, absence of official Cultural Competence Committees and policies were the reasons for low scores.

Agencies rating themselves below 3.1

- We do not have CC committee. CC areas are addressed in management team, staff meetings, and clinical meetings. Staff have difficulty participating with high caseloads.
- There is currently no free-standing CC committee in the agency. CC issues are currently addressed through specific board, staff and client meetings and committees. Consumer advisory boards are currently being established across all programs.

Agencies rating themselves above 3.1

- We have a diverse CC committee with active members from identified cultural groups.

Area 4: Integration of CC Committee or Other Group with Responsibility for CC Within Agency

The average rating in this area was 2.9, slightly below the average rating of 3.1, with agency scores ranging from 1 to 5. Twenty-two of 36 (61%) agencies rated themselves below 3.1. Reasons similar to those stated in areas 1 and 3 above, were given here for low ratings.

Agencies rating themselves below 3.1

- The agency is committed to improvement once the CC committee has been developed.
- No CC committee. Other teams, QIC & Management, reviews, reports and makes recommendations to Administration.

Agencies rating themselves above 3.1

- The Program Administrator is a part of the committee overseeing the CC activities. The committee reviews services and programs, participates in planning and assures implementation of services. The committee also oversees the Quality Assurance/Quality Improvement program at the agency.

Area 5: CC Staff: Training Activities

The average rating in this area was 2.7, below the average rating of 3.1, with agency scores ranging from 1 to 5. Twenty-six of 36 (72%) agencies rated themselves below 3.1. Lack of resources for training was cited as the primary reason for low ratings.

Agencies rating themselves below 3.1

- Agency tries to provide annual training for staff on CC issues. Main barrier: financial resources needed.
- We have incorporated CC in our trainings, and all new staff receive a 1.5 hour training. While we encourage staff to attend CC trainings in the community, we have not required that staff attend a minimum of hours each year.

Agencies rating themselves above 3.1

- The agency currently requires all new employees to attend a 4 hr. training on CC. In addition all staff are required to attend an annual 2 hour advanced CC training.

Area 6 a, b and c: CC Staff: Recruitment, Hiring and Retention of Staff From or Experienced With the Most Prevalent Cultural Groups of Service Users

This area was broken into three separate responses asking agencies to rate themselves on having staff available who were from or had experienced working with their a) 1st, b) 2nd and c) 3rd most prevalent groups of service users. In all three areas, agencies rated themselves above the average of 3.1, with agency scores ranging from 1 to 5.

Agencies rating themselves above 3.1

- We have hired staff members who are from or have experience working with the most prevalent cultural group at all three levels: direct care, supervision and admin.
- We recruit through culturally specific media and also recruit ethnically diverse interns.
- While the number of staff who are member of or have experience working with these client groups fluctuates with turnover, we have members of our clients 3rd most prevalent cultural group in each of the 3 areas of Direct Services (and clinical), Supervisory however at this time we have no staff in the Administrative who meet this description.

Area 7: Language Capacity: Interpreters

The average rating in this area was 4.3, considerably above the average rating of 3.1. Twenty-six of 36 (72%) agencies rated themselves above 3.1, with agency scores ranging from 2 to 5. Bilingual staff, as well as access to contracted Interpreter services (Assisted Access Teams) and language lines, were all reasons given for high ratings.

Agencies rating themselves above 3.1

- The agency is able to provide services at all contact points through language line services or contracted interpreters, as well as bilingual staff.
- All program sites accommodate persons with limited English proficiency. This includes utilization of bilingual staff and/or contracting with interpreting services and or individual professional interpreters to provide services for clients speaking any language at any point of contact/service.
- All cultural groups are accommodated with staff who provide direct services. Language Line and interpreters are used when necessary.

Agencies rating themselves below 3.1

- Agency has a long standing commitment to providing interpretive services for our most prevalent LEP group. Will strive to identify other LEP groups and address the issue.

Area 8: Language Capacity: Bilingual Staff

The average rating in this area was 4.1, above the average rating of 3.1. Twenty-eight of 36 (78%) agencies rated themselves above 3.1, with agency scores ranging from 1 to 5. Despite the shortage of bi-lingual/bi-cultural staff, agencies reported having written goals regarding the hiring and retention of bilingual staff.

Agencies rating themselves above 3.1

- We have recruitment and hiring goals regarding bilingual staff, and have several staff who speak the language of the most prevalent cultural group of service users.
- Agency has a long standing commitment to recruiting and retaining staff who are bilingual in the languages of the client groups we serve.
- As mentioned above, we have 11 staff members who speak a second language. 4 Spanish speakers, 1 Russian speaker, 1 Hmong speaker.

Agencies rating themselves below 3.1

- We currently employ one individual that speaks the language of our 2nd population. Challenges - High demand, limited resources.

Area 9: Language Capacity: Key Forms

The average rating in this area was 2.5, below the average rating of 3.1. Twenty-six of 36 (72%) agencies rated themselves below 3.1, with agency scores ranging from 1 to 5. Agencies report they do not have all key documents available in all of the threshold languages, but also cite goals to accomplish this.

Agencies rating themselves below 3.1

- We have translated documents of 2 of the 4 documents listed.
- We have access to all of the key forms in the language of the most prevalent cultural group of service users via translatable software, but as of this meeting we do not have them readily available.
- We are working on this. We do provide an interpreter to explain key forms.

Agencies rating themselves above 3.1

- We have available all four of the key forms translated into the language of the 1st & 2nd most prevalent cultural groups of its service users with LEP.

Area 10: Language Capacity: Service Descriptions and Educational Materials

The average rating in this area was 2.7, below the average rating of 3.1. Twenty-seven of 36 (75%) agencies rated themselves below 3.1, with agency scores ranging from 1 to 5. Agencies report that

while they do not have service descriptions and educational material available in all of the threshold languages, they verbally help clients to understand what is available to them.

Agencies rating themselves below 3.1

- At this time we do not have alternate forms to accommodate persons with LEP or LRS. We do verbally assist persons in need to ensure understanding.
- The agency provides service descriptions in English formats. Goal is to research and develop descriptions in other threshold languages.
- We currently have no materials that accommodate LRS clients. We will assist all clients with these limitations to understand the written materials when providing services.

Agencies rating themselves above 3.1

- We have educational materials in formats of pamphlets, audio video-cassettes, DVDs and flyers in most of languages offered by the agency.

Area 11: Assessment and Adaptation of Services

Agency Summary Comments

The average rating in this area was 2.8, below the average rating of 3.1. Twenty-six of 36 (72%) agencies rated themselves below 3.1, with agency scores ranging from 1 to 5. Agencies report they do not have a formal process in place to review and assess the cultural appropriateness of their services.

Agencies rating themselves below 3.1

- At this time our program has not developed services to address specific cultural groups and their issues.
- Goal of 06-07 work plan is to introduce additional services to more of the prevalent cultural groups of service users.
- We currently have no procedure for doing this. Until recently we did have a group for clients with a common language and culture.

Agencies rating themselves above 3.1

- All of our services are family voice and choice driven. Services all include linkage with culturally appropriate resources in the family's community.

Additional Information

At the end of the self-assessment, we asked agencies to indicate both whether they had learned anything as a result of the process of completing the assessment, and whether any new policies or practices would be implemented as a result. Specific responses can be found in Appendix B. In general, however, agencies reported that the process was a good experience that helped them identify strengths and weaknesses in their agency's quest to become Culturally Competent. Many agencies committed to developing more policies and guidelines around Cultural Competence.

Plan for follow-up

Each agency will receive a copy of the final results of the Agency Self Assessment that they submitted. Since each of the ten areas of the Agency Self Assessment contains levels of achievement, agencies will work with the county to formulate goals based on incremental improvement of performance measures in the area(s) where improvement is needed to achieve the benchmark standard of 5. Improvement in the areas will result in improved service delivery by our MHP and a reduction of the mental health disparities experienced by the multicultural communities in Sacramento County.

The Division of Mental Health will analyze the survey results to make refinements for the future.

APPENDIX A – Individual Area Scores by Agency

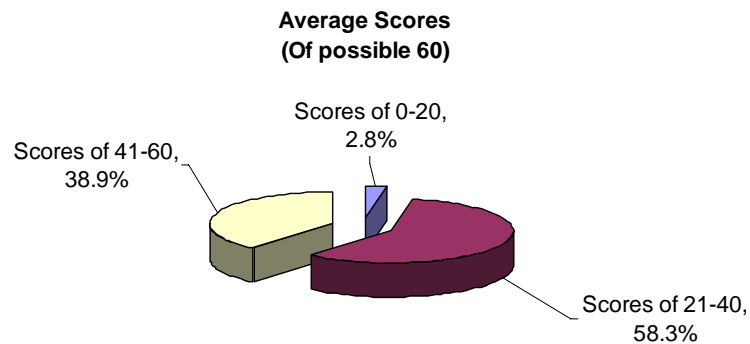
	C1	C3	C4	C5	C6a	C6b	C6c	C7	C8	C9	C10	C11	TOTAL
Agency 1	3	2	4	2	5	5	5	5	4	5	4	4	48
Agency 2	2	2	3	3	4	3	4	5	4	1	5	2	38
Agency 3	2	2	1	2	1	1	1	2	1	1	1	1	16
Agency 4	4	4	3	2	4	2	2	3	4	5	4	4	41
Agency 5	1	1	1	2	1	1	1	3	4	3	2	1	21
Agency 6	3	2	3	2	3	1	1	2	3	3	2	2	27
Agency 7	2	2	3	2	3	3	3	4	3	2	2	2	31
Agency 8	1	1	1	3	5	4	4	3	5	2	2	4	35
Agency 9	3	1	1	1	4	4	1	3	3	5	4	3	33
Agency 10	3	2	2	2	3	3	3	3	5	1	4	2	33
Agency 11	3	2	3	4	5	5	4	5	5	2	2	3	43
Agency 12	5	2	5	3				5	3.8	2	2	5	32.8
Agency 13	5	3	4	5	4	4	4	5	4	5	3	5	51
Agency 14	1	1	1	2	5	4	4	2	1	1	2	1	25
Agency 15	3	2	3	4	4	4	5	5	5	2	1	1	39
Agency 16	2	2	2	2	4	3	3	5	4	1	3	4	35
Agency 17	2.5	2	2	2	3	4	3	5	5	2	2	1	33.5
Agency 18	3	2	5	4	5	4	4	5	5	5	5	5	52
Agency 19	3	2	4	4	5	5	5	3	5	2	4	3	45
Agency 20	2	1	2	3	5	5	5	5	5	5	2	2	42
Agency 21	1	2	5	4	5	5	4	5	5	3	2	3	44
Agency 22	3	2	4	4	5	5	5	5	5	4	5	5	52
Agency 23	5	4	4	2	5	4	3	5	5	3	3	3	46
Agency 24	2	2	5	5	5	5	5	5	5	4	4	3	50
Agency 25	3	2	5	2	5	3	3	5	4	2	3	5	42
Agency 26	3	5	2	2	5	5	4	5	5	1	1	2	40
Agency 27	5	3	4	4	5	5	5	5	2	5	3	3	49
Agency 28	2	2	5	2	5	3	3	4	4	1	3	3	37
Agency 29	4	2	5	2	4	3	5	5	3	2	2	2	39
Agency 30	2	1	1	4	3	2	1	4	5	1	2	1	27
Agency 31	3	3	3	2	4	1	3	5	4	1	3	2	34
Agency 32	5	3	3	2	3	3	3	5	5	1	2	1	36
Agency 33	2	3	3	2	4	5	3	5	5	4	3	3	42
Agency 34	3	2	2	3	3	3	3	4	3	2	2	2	32
Agency 35	1	2	1	2	5	5	5	5	5	1	2	5	39
Agency 36	1	1	1	2	3	3	3	3	4	1	2	2	26

2.7 2.1 2.9 2.7 4.1 3.6 3.4 4.3 4.1 2.5 2.7 2.8 37.7

= Above Average

= Below Average

- Of a possible 60 points, total scores ranged from 16 to 52.
- Over half (53%) of agencies' rated themselves above average.
- Item average = 3.1



APPENDIX B – COMMENTS MADE BY AGENCIES

What has your Agency learned by participating in this process?

- Our group decided that we should look at whether or not a designated management level person should have primary responsibility for CC within the organization since we have considered it all staff's responsibility.
- We do a good job overall in regards to CC. We feel that we may benefit from the development of a committee that focuses specifically on CC.
- We have work to do.
- We need to find some way to become more CC.
- By identifying areas of strength and need we can see where we can apply some effort to develop new practices, especially in the area of access to limited reading skills and in the area of developing specialized services for our most prevalent cultural groups.
- The Agency has learned about the limits of its practices with regard to limited language proficiency and changing client needs. The agency will utilize this learning experience to improve services to clients, language competency and CC as a whole.
- Better understanding of implementing CC in business practices.
- Documentation of procedures/policies for existing practices. While we engage in many of these CC elements, they are not systematically integrated and there is limited documentation.
- Strengths, weaknesses and needs.
- It resulted in a review of our current activities. We serve a select group of youth in our level 14 facilities and believe we meet the cultural needs for each of the clients and adjust our services as necessary.
- The agency needs to develop written goals and procedures to recruit culturally diverse consumer staff as well as provide educational/service materials in languages other than English.
- Going through this process was helpful in that it suggested specific benchmarks.
- In 2004 the agency engaged in strategic planning and identified CC as one of 7 priorities. We then established a clear goal to integrate CC into all aspects of the organization. Although we have made substantial progress toward this goal over the past 3 years, this assessment has helped us review that progress and identify several areas of improvement. We've also learned once again that integrating CC into all aspects of the organization is not a simple task, but we must remain focused and diligent in our efforts.
- We learned about the bilingual forms and informational materials our agency provides staff.
- We have learned that we come from different backgrounds. We approached this CC as a team with an open mind to new or better ways to make sure we're available in terms of service, language, material and sensitivity. Our goal overall is to serve all ethnic groups but

we also want to maintain networking with other agencies for interpreter services that can help or at least assist in our effort to serve other groups.

- The need to formalize documentation process better.
- We have always had the mission to serve in a culturally and linguistically relevant manner. However this assessment revealed that we do not have a formal procedure and structure to ensure our level/quality of CC. We have been committed to better serve the communities and will extend services to the Russian and Latino communities. In order to make it more relevant and credible, we will have to organize our CC plan and define the process.
- Our agency focus has been on educating service staff on providing CC services and recruiting bilingual staff, however limited time and energy has been spent on assessment of service need and development of multilingual materials.
- How to define and quantify all elements of CC.
- Although all threshold languages are represented, we have not been proficient at making our client with LEP or reading skills feel welcome. We have focused on the new documentation & training. We rely heavily on staff who speak other languages to bridge the gaps. We need to create a welcoming environment.
- CC should be included in training and translated program descriptions.
- The survey is useful as intended in providing some measurable guidance towards our providers becoming more culturally sensitive. We often are only able to determine new goals and objectives on an "as needed" or more appropriately "as discovered" basis.
- This process has served to focus our attention on the importance of cultural sensitivity in all aspects of our service delivery (such as hiring practices, retention, provision of culturally appropriate services and training).
- This process has helped identify strengths and areas in which need addressing regarding CC. In addition we have learned that we do have a culturally diverse staff for a small agency.
- That we need to improve our practices related to Cultural Competence.
- We need to continue to focus on this issue.
- If you are referring to this reporting process, not much. It is, however, apparent that we need to get to work on translating key documents.
- Becoming CC is a developmental process that incorporates at all levels the importance of culture, the assessment of cross-cultural relations, consideration of the dynamics that result from cultural differences that affect services, the expansion of cultural knowledge, and the adaptation of services to meet culturally-unique needs.
- A minimum of three required CC trainings for employees and administration annually should be implemented as a way to enhance our existing services.
- No formal commitment to CC is within the agency. Non centralization makes it difficult to get commitment and consistency.

- Agency excels in some areas but have room for improvement in several key criteria.
- This has been an educational process that will help us considerably moving forward. We had not looked at having our Diversity Committee review services/programs and prepare reports to QA. We have had a goal of creating a strategic plan around CC for some time. This will help us frame the goals more clearly.

Do you plan to implant any new practices or policies as a result?

- Translating key documents into the language of the most prevalent cultural groups. More training. Discuss having a CC committee with the management team.
- We plan to develop a CC task force/committee.
- We will have discussion at all levels to see where we can improve.
- Agency will look into the feasibility of assigning CC responsibilities to a staff member and creating a CC plan.
- It is likely that we will begin to evaluate the need for certain culture specific treatment/support groups based on language or other relevant cultural issues. We can also benefit from developing more written materials that will address accessibility issues. At the larger system level, it would be beneficial to explore our process for understanding and evaluating the cultural needs present in the populations that we serve.
- Yes. Through the formation of the CC committee and revised policies and practices, the agency will become more responsive to clients with regard to CC.
- Yes, enhance training program in implementing and dealing with CC.
- Yes, plan to do better documentation and assessment/training of staff on CC issues.
- Yes, more specific attention to measurable goals.
- We will review our scores with the work teams and determine if a course of action is necessary.
- I plan to formalize our informal policies and practices to recruit culturally diverse consumer staff who can convey the philosophy of self help and empowerment to members from their respective communities.
- Doing the Agency Self Assessment was a helpful process for our agency. We were able to identify areas in which we could improve. We will present this to our administrative team and use it to formulate goals for the agency. We will post minutes from our agency's Cultural Diversity Task force which meets monthly so that the rest of the agency can be informed of the committee's discussion.
- Yes. Through a similar report that was completed for the San Francisco Dept. of Public Health in October of 2006, we have already made progress towards the following objectives:
*Redesign initial cultural diversity training to better address programmatic needs and issues

*Design and implement annual cultural diversity refresher and build capacity of internal trainers *Develop informational materials on all programs in all threshold languages (as defined by San Francisco County). Through this assessment, we plan on ensuring that informational materials related to medical issues are available in Spanish across all sites consistently. We also plan on exploring the creation of a dedicated CC committee.

- We are implementing a cultural experience & knowledge staff resource bank. Polling staff for their experiences and knowledge and creating /contributing to an online data bank where people can go to get information and ask questions re: culture via the website, email or phone.
- Yes - today team spoke about building a committee that will help put a policy in place regarding CC.
- Putting together a binder to document training. Require minutes at every meeting.
- As a result of a group discussion, the group decided to propose a CC committee and start reviewing current procedures (assessment, input, integration, reviewing process).
- Yes, primary goal is to develop multilingual materials and materials for persons with LRS in English and other threshold languages.
- Provide CC training to all staff to better understand other cultures.
- Goal already set to implement some of this in 2007. Just haven't finished analysis yet.
- We plan to review current policy & procedure to determine what needs to be implemented. We plan also to review current forms for translation and how we can revise our Orientation Group to better include persons with LEP or LRS. We will look at feasibility of a separate CC committee.
- Not at this time.
- We will continue to expand our current strategies to more thoroughly respond to the needs of any cultural groups to whom we provide services. We will continue to train and recruit staff to meet the cultural needs of the population we serve.
- The Clinical Director will coordinate 2 in services per year regarding CC. All staff will attend these in-services.
- Probably.
- I plan to join our CC education committee and develop trainings that will allow BBSE CEUs to be offered to clinical staff.
- Not from this process, no.
- We recognize that the metropolitan Sacramento region is racially and culturally diverse, and our clients and customers bring that diversity to their relationships with our company. In order to appreciate this diversity, and to work effectively with clients and customers in cross-cultural situations, we have developed this CC Plan.

- Yes I will propose to require a minimum of 3 CC trainings annually to all staff and administration. I will refer to Human Resources.
- Possible improvement of performance (IOP) to further develop/implement CC practices and procedures agency wide.
- Yes, we will definitely be implementing new practices as a result of this process. As stated above, this has given us a direction for the Diversity Committee to build and make a significant contribution to service delivery in our agency. We will be printing up key forms in target languages, and reviewing our practices as to LEP and LRS clients and families. The Diversity Committee will also be a resource for our Training Department to ensure we begin offering comprehensive, ongoing trainings in these areas.