



Department of Health Services
Division of Behavioral Health Services

Behavioral Health Services Equity Update

Presentation to Sacramento County

Mental Health Services Act

Steering Committee

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Health Disparities

“**Health Disparities** are systemic, avoidable, unfair and unjust differences in health status and mortality rates and in the distribution of disease and illness across population groups. They are sustained over time and generations and beyond the control of individuals”.

Adewale Troutman, M.D., M.A., M.P.H.

Important Concepts

- ▶ Equality vs Equity
- ▶ Cultural Humility
- ▶ Cultural responsiveness
- ▶ Community-defined evidence
- ▶ Culturally competent behavioral health care relies on historical experiences of prejudice, discrimination, racism and other culture-specific beliefs about health or illness, culturally unique symptoms and interventions with each cultural group to inform treatment (Cross, Bazron, Dennis, & Isaacs, 1989; Pope-Davis, Coleman, Liu, & Toporek, 2003)

Why Emphasis on Equity, Cultural Humility, Cultural Responsiveness & Cultural Competence?

- ▶ Changing Demographics
- ▶ Eliminate longstanding disparities in behavioral health status of diverse communities
 - ▶ Access to care
 - ▶ Quality of care
 - ▶ Appropriateness of care
- ▶ To improve the quality of service, client engagement, and service outcomes
- ▶ To meet legislative, regulatory and accreditation mandates
- ▶ Decrease the likelihood of liability/malpractice claims

Behavioral Health Services

- ▶ Implementation of Cultural Competence Policy & Procedure

<https://dhs.saccounty.gov/BHS/Documents/BHS-Policies-and-Procedures/PP-BHS-CCES-02-01-Implementation-of-Cultural-Competence.pdf>

- ▶ Cultural Competence Committee is a subcommittee of the Quality Improvement Committee
 - ▶ Advises BHS on cultural competence issues
 - ▶ Sexual Orientation, Gender Identity and Expression Data workgroup example
- ▶ Annual Cultural Competence Training Requirements
- ▶ BHS programs that provide additional cultural competence training to their staff are required to track attendance of their staff and submit training information to BHS on an annual basis (2010 Cultural Competence Plan Requirements)

Behavioral Health Services

- ▶ Assurance of Cultural Competence Compliance
 - ▶ Contractual obligation (excerpt below)



**DIVISION OF BEHAVIORAL HEALTH SERVICES
ASSURANCE OF CULTURAL COMPETENCE COMPLIANCE**

This document assures compliance with various federal, state and local regulations, laws, statutes and policies related to culturally and linguistically competent services to diverse populations as outlined in the Sacramento County Division of Behavioral Health Services (BHS) Cultural Competence Plan Objectives and the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

In a culturally and linguistically competent system, each provider organization shows humility, respect for and responds to individual differences and special needs of the community. Services are provided in the appropriate cultural context and without discrimination related to, but not limited to race, ethnicity, national origin, income level, religion, gender identity, gender expression, sexual orientation, age, or physical disability. Culturally competent and responsive providers are aware of the impact of their own culture on their relationships with consumers, and know about and respect cultural, ethnic, socio-economic, gender identity and expression, and sexual identity differences, intersections and complexities. They adapt their skills to meet each individual's, family's and community's values and customs. They strive for behavioral health equity, and they exhibit accountability to the communities they serve. Cultural competence is a developmental and dynamic process – one that occurs over time and is never ending.

Cultural Competence Plan Requirements

- ▶ Cultural Competence Plan Requirements (CCPR) were issued in 1997 as part of the Phase II Consolidation of Medi-Cal Specialty Mental Health Services.
- ▶ Applicable to all BHS County & Contract providers
- ▶ Annual reporting of cultural competence related expenses
- ▶ Annual Human Resource & Language Proficiency Survey
- ▶ Biennial Agency Self Assessment of Cultural Competence based on CLAS Standards
- ▶ Since 2019, CCP began including both Mental Health and Substance Use Prevention and Treatment Services systems

Cultural Competence Plan Requirements

- ▶ To view the Sacramento County Cultural Competence Plans (CCP) and CCP Updates, please visit our BHS Reports and Workplans page:

<https://dhs.saccounty.gov/BHS/Pages/GI-BHS-Reports.aspx>

BHS Mission & Vision

- ▶ To provide a culturally competent system of care that promotes holistic recovery, optimum health, and resiliency.

- ▶ **Our Vision**

We envision a community where persons from diverse backgrounds across the life continuum have the opportunity to experience optimum wellness.

BHS Values

- ▶ Respect, Compassion, Integrity
- ▶ Client and/or Family Driven Service System
- ▶ Equal Access for Diverse Populations
- ▶ Culturally Competent, Adaptive, Responsive and Meaningful
- ▶ Prevention and Early Intervention
- ▶ Full Community Integration and Collaboration
- ▶ Coordinated Near Home and in Natural Settings
- ▶ Strength-Based Integrated and Evidence-Based Practices
- ▶ Innovative and Outcome-Driven Practices and Systems
- ▶ Wellness, Recovery, and Resilience Focus

BHS Equity Vision Statement

- adopted 12/20/2021

- ▶ Sacramento County Behavioral Health Services (BHS) envisions a community where all Sacramento County residents thrive and have equitable access to optimal behavioral and emotional wellness. By racial equity we mean closing the gaps so that race does not predict one's success, while also improving outcomes for all.

HOW TO GET TO GOAL

- ▶ BHS seeks to be an organization where staff and clients feel welcome and have a sense of belonging, that includes all cultural/ethnic identities.
- ▶ We seek to create an organizational culture that is client/family driven and reflects community diversity at all agency levels.
- ▶ As a member of the wider Sacramento community, and through mutual collaboration and partnerships, BHS prioritizes strategies that consider harmful impacts, advance unbiased results, and takes accountable action so that cultural/ethnic identity no longer predict behavioral health wellness.

BHS Equity Core Values

- ▶ Client and family driven
- ▶ Mutual collaboration and partnership
- ▶ An environment of belonging, emotional safety, and promotion of expressions of diversity
- ▶ Staff reflective of community served
- ▶ Accountability, impact, results
- ▶ Innovation/fundamental change

Behavioral Health Racial Equity Collaborative (BHREC)

- ▶ Pilot: Targeted Universalism Approach to Behavioral Health Equity with communities of people who identify as African American/Black/of African Descent (AA/B/AD)
- ▶ Began in Fiscal Year 2020/21 with Facilitation support provided by California Institute for Behavioral Health Solutions (CIBHS)
- ▶ Guided by a BHREC Steering Committee - Community members and BHS Executive Leadership
- ▶ 7 BHS providers joined BHS in this learning collaborative and remain committed in the current Implementation Phase

BHREC Vision Statement

- ▶ The Sacramento County Division of Behavioral Health Services (BHS), in collaboration with communities of people who identify as African American/ Black/of African Descent, strives for a Sacramento County where Black behavioral health matters and race no longer predicts wellbeing and life outcomes.

We envision a Sacramento County where:

- ▶ Communities of people who identify as *African American/Black/of African Descent* have equitable opportunity for emotional health and wellness,
- ▶ Communities of people who identify as *African American/Black/of African Descent* communities are supported to prosper to their fullest potential,
- ▶ Sacramento County Division of Behavioral Health Services fully integrates a racial equity lens in organizational hiring and other practices,
- ▶ Sacramento County Division of Behavioral Health Services and the community work together to ensure equity through continued examination of the systems that shape service provision, and in the collection and disaggregation of data to define goals and evaluate outcomes,
- ▶ Community led strategies, as well as transparency and accountability in decision making are prioritized.

BHREC Values

- ▶ Follow through
- ▶ Accountability
- ▶ Honesty
- ▶ Transparency
- ▶ Community Centered/Defined
- ▶ Timely Implementation
- ▶ Relationship Building
- ▶ Bold/Vulnerable Communication

BHREC Racial Equity Action Plans - Sacramento County BHS

- ▶ Build trust with the community through equitable resource distribution across different areas of Sacramento County
- ▶ Increase effective and re-occurring equity trainings (ex. topics: implicit bias, cultural humility, historical and community racial trauma, trans-competent care, racial justice, gender bias, LGBTQ+ issues, intersectionality) and increase accountability for skill development and behavior change in staff following training. Accountability strategies examples include pre/post surveys of consumers and community assessment committees
- ▶ Increase outreach to the AA/B/AD community regarding job openings, application processes, and career pathways. Partner on outreach with local and national groups known to focus on the AA/B/AD community (e.g., historically Black colleges and universities, Black LGBTQ+ groups, the Association of Black Psychologists and the Sacramento Cultural Hub).
- ▶ Increase recruitment, retention, and leadership development of AA/B/AD and transgender individuals who know the community.

Thank you

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