


County of Marin Behavioral Health and Recovery Services (BHRS)	POLICY NO. BHRS-57 Next Review Date: September 1, 2023
POLICY: <u>CULTURAL COMPETENCY AND HUMILITY, EQUITY AND INCLUSION FRAMEWORK; IMPLEMENTATION OF CLAS STANDARDS</u> SUPERSEDES – MHSUS-ADP-05 CULTURAL COMPETENCY POLICY; BHRS-39 CULTURAL COMPETENCY TRAINING PLAN; MHSUS-16 USE OF INTERPRETERS; 208-17 SERVING CLIENTS WHO ARE DEAF OR HARD OF HEARING	Date Approved: September 14, 2020 By:  Jei Africa, PsyD Director of Behavioral Health and Recovery Services

POLICY: CULTURAL COMPETENCY AND HUMILITY, EQUITY, AND INCLUSION FRAMEWORK; IMPLEMENTATION OF CLAS STANDARDS

I. PURPOSE:

The purpose of this policy is to ensure that diverse populations have equal access to quality services by formally identifying cultural and linguistic competency and humility as an essential standard to be inherent in all aspects of Behavioral Health and Recovery Services (BHRS) continuums of care. It is intended to inform BHRS staff and contractors about existing and ongoing organizational efforts to embrace diversity, improve quality, and eliminate health disparities that align with the National Standards for Cultural and Linguistically Appropriate Services (CLAS Standards).

II. REFERENCES:

National Standards for Culturally and Linguistically Appropriate Services (CLAS)
 Department of Health Care Services (DHCS) CCPR
 U.S. Department of Health and Human Services, Office of Minority Health
 BHRS Cultural Competency Plan FY 2019-2020
 CA Welfare and Institutions Code, Title 9 Section 1810.410
 DMH Information Notice No: 10-02
 County of Marin Racial Equity Action Plan 2017
 State/County Substance Abuse Prevention and Treatment Block Grant Performance Contract

III. DEFINITIONS:

In 2019, the Center for the Study of Social Policy (CSSP) defined cultural competence, cultural humility, equity, and inclusion in their “Key Equity Terms and Concepts: A Glossary for Shared Understanding” as the following:

Cultural Competence: The ability to understand, communicate with, and effectively interact with people across cultures. Grounded in respect and appreciation of cultural

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differences, cultural competence is demonstrated in the attitudes, behaviors, practices, and policies of people, organizations, and systems.

Cultural Humility: When one maintains an interpersonal stance that is open to individuals and communities of varying cultures, in relation to aspects of the cultural identity most important to the person. Cultural humility can include a life-long commitment to self-critique about differences in culture and a commitment to be aware and actively mitigate power imbalances between cultures.

Equity: The effort to provide different levels of support based on an individual’s or groups’ needs in order to achieve fairness in outcomes. Working to achieve equity acknowledges unequal starting places and the need to correct the imbalance.

Inclusion: A state of belonging, when persons of different backgrounds and identities are valued, integrated, and welcomed equitably as decision-makers and collaborators. Inclusion involves people being given the opportunity to grow and feel/know they belong. Diversity efforts alone do not create inclusive environments. Inclusion involves a sense of coming as you are and being accepted, rather than feeling the need to assimilate.

IV. POLICY:

It is our policy that BHRS provides prevention, treatment, and recovery services to inspire hope, resiliency, and connection with others to enhance the lives of those affected by mental health and/or substance use challenges. We are dedicated to advancing the health and social equity for all people in Marin County and for all communities. We are committed to be an organization that values inclusion and equity for all.

The BHRS system of care shall function with cultural and linguistic competency and humility that responds respectfully and effectively to the varying needs of all individuals based on varying axes of identity including but not limited to race, ethnicity, nationality, cultural heritage and beliefs, language proficiencies, socio-economic class, health literacy, spiritual identity, gender identity and expression, age, physical and/or mental status, and sexual orientation. BHRS shall establish and remain committed to a system-wide environment of support, training, and education related to cultural competence and humility to assist the BHRS workforce in advancing equitable and inclusive practices. BHRS will ensure county operated and contracted providers are in compliance with the culturally and linguistically appropriate services (CLAS) standards.

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V. AUTHORITY/RESPONSIBILITY:

- BHRS Contractors
- BHRS Admin Staff
- BHRS Support Service Workers
- BHRS Providers
- BHRS Unit Supervisors
- BHRS Contract Managers
- BHRS Program Managers
- BHRS Division Directors
- BHRS Program Manager of Equity and Inclusion
- BHRS Director

VI. GUIDING PRINCIPLES:

A. Organizational Accountability:

1. BHRS shall model and promote cultural competency and humility, and equity and inclusion frameworks as an active part of its organizational culture and will develop and / or provide necessary professional development training to staff in these areas.

2. BHRS shall maintain its Cultural Competence Advisory Board (CCAB), which reflects the diverse views of its communities necessary to provide guidance and feedback in advancing cultural competency and humility, equity and inclusion frameworks throughout all behavioral health service providers. This group shall meet on a bi-monthly basis to discuss any observations and developments within these frameworks. The CCAB’s purpose is to:

Serve as advisors to Behavioral Health and Recovery Services (BHRS) administrators, managers, and direct service staff. The charge of the Board is to examine, analyze, and make recommendations about promising and current behavioral health services and practices that are culturally sensitive, appropriate, and responsive to our diverse consumer community. Additionally, the Board identifies barriers and challenges within BHRS’ system that prevents consumers from adequately accessing needed mental health and substance use services. Barriers may include, but are not limited to, stigma and discrimination, language, and/or lack of cultural awareness. Lastly, the board shall advocate for the rights of consumers and/or family members, when needed and appropriate, to ensure that consumers’ civil rights are respected and protected.

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3. BHRS shall establish guidelines for the BHRS intranet database for cultural competency training tracking purposes, the Annual Cultural Competency Report (narrative), and evaluation methods that will be used to define service/staffing needs, assess and identify opportunities for improvement, develop action plans, and design programs and activities appropriate and relevant to population(s) served.
4. BHRS will strive to strengthen the support and resources for contracted agencies to develop cultural competency plans and spell this out in provider contract terms. BHRS will also strive to increase training and technical assistance opportunities for contracted agencies in regards to these plans.
5. BHRS will strive to stay aware of developing social changes and adapt our organization whenever such changes may affect our multicultural organization, workforce and services.
6. Managers and supervisors will continue to strengthen staff participation in BHRS health equity efforts. This includes but is not limited to the CCAB, the Mental Health Board (MHB), the Mental Health Services Act (MHSA) Advisory Committee, and the Alcohol and Drug Advisory (AOD) Board to address access and quality of care issues and community wellness among underserved, unserved, and inappropriately served communities by exploring appropriate resourcing in terms of staff and funding.
7. BHRS leadership will continue to strengthen the implementation of CLAS standards as a comprehensive approach to improve quality of care and advance health equity and inclusion across all administrative, preventative, treatment, and supportive services. BHRS leadership will continue to support CCAB goals to strengthen personal and organizational capacity to support genuine diversity, equity, and inclusivity.
8. BHRS leadership, managers and staff will implement cultural competency and humility, equity and inclusion principles and goals, and CLAS standards with support and guidance from the Program Manager of Equity and Inclusion and through the state mandated CCAB.
9. BHRS planning and program development processes such as the MHSA, the Cultural Competence Plan Requirements (CCPR), and ad-hoc program planning will engage the CCAB in planning, review, and implementation.

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10. To strengthen the integration of the CCAB into policymaking and creation of organizational practices and to advance health equity and inclusion, the CCAB will participate in CCPR activities including, but not limited to:

- a) Develop, review, and recommend organizational policies, practices, education, and procedures related to cultural humility as needed to support the provision of equitable and inclusive services.
- b) Participate in key BHRS planning, program development and community engagement processes.
- c) Collaborate on annual quality improvement reports.
- d) Provide a forum for contract agencies, community partners, clients, family members, BHRS staff and other members, to coordinate efforts to inform, support, advocate, and address issues of cultural humility, equity, inclusion, and implementation of CLAS standards.
- e) Report recommendations and concerns related to issues of cultural humility, equity, inclusion, and implementation of CLAS standards to BHRS executive leadership.

B. Availability of Appropriate Language Services (Language Interpreters and Translation of Written Materials):

- 1. BHRS will recruit and hire behavioral health professionals who are proficient in non-English languages.
- 2. BHRS shall make services available to all qualified individuals who need them in a manner that promotes, facilitates, and provides equal access. Services shall be delivered in ways that recognize, are sensitive to, and respectful of all individual and cultural differences. BHRS shall provide culturally and linguistically competent interpretation and translation assistance to individuals seeking or receiving mental health or substance use services, including those who do not meet the threshold language criteria, those who have limited English proficiency (LEP), or those who have other language or communication barriers (i.e. visual or hearing impairment), in a manner that affords equal access to these services.

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3. All individuals served by BHRS shall be informed, in a language they understand, that they have the right to language assistance services. BHRS shall ensure that interpreter services are available for all languages at key points of contact to assist individuals with access to specialty mental health and substance use services. BHRS shall ensure that language assistance services are made available in a timely fashion, as is reasonably possible given the time of day and presenting circumstances and are of no cost to the individual.

a) **Under no circumstances shall a client/individual be denied services because of a language barrier.**

4. Key Points of Contact:

a) BHRS shall maintain an operating 24-hour Access telephone line with statewide toll-free access and threshold language capability for individuals provided through Marin County: (888)-818-1115.

b) In addition, threshold language speaking staff and/or interpreters shall be made available at the following key locations:

(1) 3230 Kerner BLVD., San Rafael; Youth and Family Services.

(2) 3270 Kerner BLVD., San Rafael; STAR Program, Adult Outpatient Services.

(3) 250 Bon Air, Greenbrae; Crisis Stabilization Unit and Adult Outpatient Clinic and ACCESS.

(4) 100 6th St, Pt. Reyes; West Marin Service Center.

(5) 20 North San Pedro Road, San Rafael; Administrative Offices.

(6) 10 North San Pedro Road, San Rafael; HOPE Program and Road to Recovery

(7) 1682 Novato Blvd., Ste 105, Novato; ODYSSEY and IMPACT Programs.

5. Use of Interpreter Services:

a) Individuals with limited English proficiency (LEP) and other language or communication barriers shall be identified as early as possible during the initial contact with BHRS.

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b) BHRS shall maintain availability and access to language services 24 hours per day, 7 days per week, depending on the business hours of the program, as to avoid delay in service to benefit individuals with LEP.

c) BHRS shall **NOT** require or expect individuals with LEP to use family members, escorts or friends as interpreters.

(1) In emergency situations, an individual’s adult family members, escorts or friends may be asked to provide basic information in order for the individual to access immediate and appropriate services. This shall not replace but shall take place pending the securing of an interpreter.

(2) An individual with LEP may secure the services of his or her own interpreter at personal expense or through family or friends; however, this does not waive the responsibility of BHRS to provide interpreter services.

(3) BHRS prohibits the use of minors as interpreters.

d) Interpreter services shall be used in all of the following situations:

(1) Interpreter services are necessary for the individual to access any services provided by any county operated mental health or substance use program.

(2) An interpreter is requested by the consumer.

(3) An interpreter is requested by a service provider on behalf of the individual.

e) All individuals will be linked to appropriate services whether or not they meet threshold language criteria.

f) Whenever feasible, and at the request of the individual, BHRS will provide an opportunity to change persons providing the specialty mental health or substance use services, including the right to use culturally specific providers, per BHRS policy (see BHRS Policy BHRS-36, Change of Provider Requests).

6. Steps for Securing Interpreter Services:

a) Whenever possible, a BHRS bilingual employee shall be used to facilitate bilingual communication.

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(1) The names, phone numbers, work locations, and times of availability of bilingual staff will be placed on a centralized list at each service site.

(2) Clinical bilingual staff should always be used to facilitate bilingual communications **prior** to using contracted interpreter services such as the Language Line Services.

b) In the absence of a BHRS bilingual employee, BHRS staff will offer and secure a certified interpreter from the agency currently contracted by Marin County Health and Human Services and BHRS to provide interpreter services. Interpreters are available in 240+ languages 24/7. **See Attachment A.**

c) When reception receives a phone call from an individual with LEP, the Language Line Services will be used as the primary response when bilingual reception staff is not available.

d) All staff will receive training in the use of the Language Line at the time of employment, and periodically thereafter.

7. Translated Written Materials

a) Major written communications of BHRS services shall be made available in the county's threshold language(s), Spanish and Vietnamese, as well as in English.

b) Translation of English documents into the county's threshold language(s) shall be obtained from official federal, state, or county government publishers or from a contracted language translation agency.

c) All translated materials shall be field tested prior to public release.

(1) Field testing will be provided by a bilingual/bicultural staff person from a Community Based Organization or BHRS.

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d) Major written communications, usually displayed and easily accessible to individuals in all public reception areas of BHRS, shall be made available in the threshold language(s).

e) Major communications mailed to individuals from BHRS shall be made available in the threshold language(s) as well as English.

f) For translation of written materials see **Attachment B**.

8. Documentation of Use of Interpreters:

a) The types of encounters and procedures which are performed by providers who do not speak the primary language spoken by the consumer and which may require the use of interpreter services, include, but are not limited to:

- (1) Obtaining psychiatric and medical histories;
- (2) Providing emergency psychiatric services;
- (3) Explaining any diagnosis and plan for treatment;
- (4) Discussing any mental health issues or substance use concerns;
- (5) Explaining medication instructions or change of regimen of medications, and potential side effects;
- (6) Explaining the use of seclusion or restraints;
- (7) Obtaining informed consent;
- (8) Individual and group counseling sessions.

b) The documentation of the provision and the means of provision of interpreter services shall be recorded in the medical record.

9. Monitoring and Authorization:

a) The Quality Improvement Committee will be responsible for annually monitoring the implementation of the Quality Improvement Work Plan as it pertains to language access and the delivery of culturally competent behavioral health services.

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C. Diversity Leadership and Employees

1. BHRS will build a workforce able to address the cultural and linguistic needs of the County of Marin residents and provide appropriate and effective services as required by Federal, State, and County laws, regulations, and policies. BHRS will promote a system of recruitment and retention of qualified staff from diverse backgrounds that understand their client cultures and communities in order to provide better service to the community.
2. The BHRS goal of staff diversity will be disseminated and incorporated into the organization’s mission statements, strategic plans, and goals and objectives.

D. Cultural and Linguistic Competency Trainings

1. BHRS will provide the necessary tools, skills, and knowledge to support, improve, and evaluate culturally competent practices. This includes creating a workplace environment that empowers staff to work comfortably and effectively across the cultural and linguistic boundaries presented by clients/individuals and with other BHRS staff, interns, and volunteers.
2. BHRS will develop and provide training opportunities on cultural and linguistic competency for all staff, interns, volunteers, and senior management, as well as clinicians and providers and other contracted and affiliated personnel. These trainings will include the linkage between cultural and linguistic care and improved health access, legal requirements, and policies including the BHRS policies and procedures, quality of care issues and the importance of using qualified interpreters. BHRS staff at all levels, have the responsibility to undertake training and practices that promote culturally responsive care.
3. It is the policy of Marin BHRS to ensure compliance with DHCS and adhere to the County of Marin Racial Equity Plan 2017. This includes ensuring that steps are taken to provide:
 - a) Maintain a 3-year training plan.
 - b) Provide cultural competence training to 100% of staff annually.
 - c) 100% of staff will participate in cultural competence training at a minimum of 4 hours per year.

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d) Staff are permitted to fulfill their 4-hour annual requirement outside of BHRS with pre-approval from the Equity and Inclusion Manager, who will review outside course material to ensure alignment with BHRS Cultural Competency annual training requirement.

e) Embed cultural competence into all trainings.

f) Engage Administration/Management; Direct Services, Counties; Direct Services, Contractors, Support Services; Community Members/General Public; Community Event; Interpreters; Alcohol and Other Drug and Mental Health Board and Commissions; and Community-Based Organizations (CBO)/ Agency Board of Director, and if available, include if they are clients and/or family members. To ensure that introductory training on racial equity and inclusion, followed by ongoing dialogue are provided for all staff and key decision makers.

g) The County will provide CEU and Non-CEU level trainings. When CEU's are issued for training, the training will adhere to the standards of the governing body that possesses the highest standards.

h) The county maintains accreditation with a minimum of three (3) licensure governing bodies and maintains accreditation with these governing bodies through administrator appointed by the BHRS Director or the Program Manager of Equity and Inclusion.

i) If training is led by an entity other than the Program Manager of Equity and Inclusion, it is the responsibility of the Designated Training Coordinators for that training to inform the Equity and Inclusion Manager. These trainings will be reviewed to ensure that they adhere to the same standards set forth by the DHCS, County of Marin Racial Equity Plan 2017, and this policy.

j) Training announcements will be made through flyers and distributed through e-mails and may be promoted through staff, community members, peers, and other means when appropriate.

k) Flyers will be created and reviewed for approval at least five (5) weeks prior to the training date. Training announcement will be made at least four (4) weeks prior to the training date. All training flyers must be

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approved by the Equity and Inclusion Manager prior to distribution. Training Flyer shall include:

(1) Title, date, location, time, cost, level of instruction, description, objectives, instructor info, CEU information, enrollment information, and accessibility information.

l) It is the responsibility of the Designated Training Coordinator/event organizer to record and submit to the Equity and Inclusion Manager the following:

(1) Roster of attendees that includes their organization/affiliation, Sign in forms (for CEU trainings these forms shall include sign out fields), instructors' tied agenda and resume/CV, evaluation forms, training flyer, and course/training syllabus.

m) The Equity and Inclusion Manager will maintain a record of attendees and notify BHRS staff biannually of their completion status for the required trainings.

n) BHRS will develop, manage, and maintain a tracking system that enables the Equity and Inclusion Manager to track BHRS line staff and management staff to ensure that Administration/Management; Direct Services, Counties; Direct Services, Contractors, Support Services; Community Members/General Public; Community Event; Interpreters; Mental Health Board and Commissions; and Community-Based Organizations/ Agency Board of Director participate. As well as ensuring that 100% of staff receive cultural competence training over a three year period.

o) The Equity and Inclusion Manager will ensure that the following are included in cultural competence trainings:

(1) Cultural Formulation, multi-cultural knowledge, cultural sensitivity, cultural humility, cultural awareness and social/cultural diversity, interpreter training in mental health settings, training staff in the use of mental health interpreters.

(2) Trainings may also include, equal employment opportunity, rights and responsibilities, management academy, leadership

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academy, structural racism, racial equity tools, intersectionality, anti-oppressive practice and supervision, how to participate in a hiring panel, and process-based decision making.

Use of Interpreters

For on-demand translation services and walk-up clients:

Interpreters can be available within minutes of calling the Language Line Services. The interpreter will also be able to dial out and/or make conference calls while on the line. To request call 1(877)-261-6608.

To request interpreter services ahead of a planned service:

The request should be made with as much notice as possible with at least 5 business days lead time to secure interpreter availability. For simultaneous interpretation requests, please provide a 2-week lead time when headsets are requested. Call (866)-908-5744 for Linguistica International.

- Provide account number: 11327
- Your name
- Contact name (if different from person making request)
- Your department/program
- Contact telephone number
- Appointment details: *language(s) to be interpreted, meeting type, number of participants, time, date, location, where interpretation services will be provided.*

To request service for American Sign Language:

Interpreter services should be made with as much advance notice as possible to secure interpreter availability. Interpreters scheduled with less than 2 full business days' notice *will incur an additional hourly charge*. Interpreters scheduled for assignments taking place outside of normal business hours *will incur an additional hourly charge*.

- Cancellations: The County will be billed in full for any assignment not cancelled with 2 full business days' notice.
- E-mail your request to Purple Communications:
 - Complete and email the Purple Request Form to: purpleoakland@purple.us
 - Do NOT include any client information on the request form.
 - Please include your county email address in your contact information as they will use the "@marincounty.org" as part of validating that your request is covered under our contract.
 - You should receive an email confirmation with a reference number for your request.
- To make a request by phone: Call (800)-900-9478 (x1154) and you will be connected to a scheduling team.

Translation of Materials

For translation of written materials:

Such as documents, forms, etc., ensure documents are final versions that do not require further review and revision within the County to avoid multiple translation requests for the same document.

- Allow lead time of at least 7 business days for translation requests to be completed.
- Additional service fees will apply for “rush requests” (defined as requests made within 3 business days of desired delivery date).
- Documents for translation should be sent by email as document attachments(s) to: translations@linguisticainternational.com
 - Please include in the body of email request:
 - Account number: 11327
 - Language(s) you want your document(s) translated into. (It is strongly suggested that the document be written at the same reading level that you would like in the translated document).
 - Special requests (such as formatting)
 - Target or hard due date to the County
 - Your name
 - Contact name (if different from person making request)
 - Contact department/program
 - Contact telephone number

Requests for live captioning:

(CART) services should be made with as much notice as possible to secure availability through Quick Caption.

- Fill out CART request form to email your service request for CART services directly to the vendor.

BHRS
Checklist for New or Revised Policies and Procedures

Please submit this checklist to the BHRS Policy and Procedure Working Group Lead along with the first draft copy of your policy and accompanying documents.

Date of initial submission: 09/14/2020

Type of Update:

- New – Justification: Multiple former policies were
- Revision to Existing Policy or Procedure, Policy Number:

Complete Title of Policy:

Lead Staff Name / Subject Matter Expert: Jennifer Moore, LCSW

Other Staff Involved in Drafting of Policy: Kaitlyn Motley, Catherine Cr

System(s) of Care Affected: ALL BHRS Mental Health Only SUDS only

1. For **new** policies, summarize what the policy covers and explain the need for a new policy.
OR

For **revised** policies, summarize the changes that need to be made to the existing policy:

The policy covers BHRS' commitment to cultural competency and cultural humility princ

2. List any existing governmental regulations that relate to policy or state "None":

National Standards for Culturally and Linguistically Appropriate Services (CLAS); Depa

3. Describe how policy will impact consumer access to care or state "N/A":

Informs staff of correct use of interpreters or translation of written materials, informs Bl

4. Have you compared this policy to similar policies in other counties? Yes No
If so, list counties whose policies were reviewed:

San Francisco and San Mateo

5. Will this policy require staff training? Yes No

If so, indicate what staff will need to be trained and what training will be needed.

Staff will need to be trained in CLAS standards and culturally responsive care, cultural

6. Will forms need to be developed or revised for this policy or policy update? Yes No If so, list forms that will need to be developed or revised (please list form number if available):

7. Describe any other changes that will need to be made in Behavioral Health (financial, consumer care, etc.) as a result of this policy:

BHRS
Checklist for New or Revised Policies and Procedures

8. Who needs to review this policy?

BHRS staff: Jei Africa

Other County Staff:

Community partners: