



**Substance Abuse Prevention and Control
Los Angeles County Department of Public Health
Cultural Competency Strategic Plan
2016-2020**

Message from the Director

Misuse and abuse of drugs, alcohol, and other substances is a significant public health concern, resulting in addiction, overdose, serious impairments in mental health, and higher rates of motor vehicle crashes, injuries, and violent crimes. Individuals with substance use disorders (SUD) can suffer from permanent health and social consequences, and in turn, severely impact the lives of individuals, families and the communities around them.

The County of Los Angeles Department of Public Health—Substance Abuse Prevention and Control (SAPC) is tasked with implementing policies and strategies to prevent substance use disorders and treat those who are directly or indirectly affected by alcohol and other drug misuse. Furthermore, SAPC contracts with approximately 150 providers spread out over 300 sites in order to provide SUD prevention and treatment services to the residents of Los Angeles County.

Additionally, Los Angeles County is home to more than 10 million people of diverse ethnic, economic and social backgrounds. These socio-cultural factors often play an important role in influencing perceptions about addiction and can serve as both incentives and barriers to prevention and treatment services. As such, SAPC must address a wide range of socio-cultural factors affecting individuals with SUD, in order to appreciably move the needle on the misuse and abuse of drugs, alcohol, and other substances.

In response, the SAPC Cultural Competence Committee (CCC) was established to develop and implement the Cultural Competency Strategic Plan (Plan) in order to enhance the cultural competency of SAPC and its service delivery system, and build upon the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care and the DHHS Final Rule on Nondiscrimination in Health Programs. We believe that increased communication and language capabilities are the basic foundations to building cross-cultural understanding, which in turn improves health literacy and access. Such communication incorporates appropriate languages of various ethnic groups, along with other important considerations such as gender, sexuality, physical ability, and other cultural diversity. Thus, our strategic plan initially focuses on improving language access and competency for our staff and providers to best serve their community in an atmosphere that welcomes and includes diversity.

This Plan will be a starting point in strengthening cultural competency both within SAPC, and in our collaborations with other agencies, providers, and communities to ensure that all Los Angeles County residents have the opportunity to live a life without the burden of substance abuse and addiction.

Wayne K. Sugita, M.P.A.
Interim Director

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SAPC Values and Mission

SAPC Vision Statement

All people and communities in Los Angeles County have a chance to pursue their dreams and to fulfill their promise without the burden of alcohol or drug abuse and addiction.

SAPC Mission Statement

SAPC leads and facilitates the delivery of a full spectrum of prevention, treatment and recovery support services proven to reduce the impact of substance abuse and addiction.

SAPC Cultural Competence Committee Mission Statement

All programs, policies, initiatives, and program standards promote a culturally competent service delivery system comprised of a wide array of services that are developmentally, culturally, and linguistically appropriate.

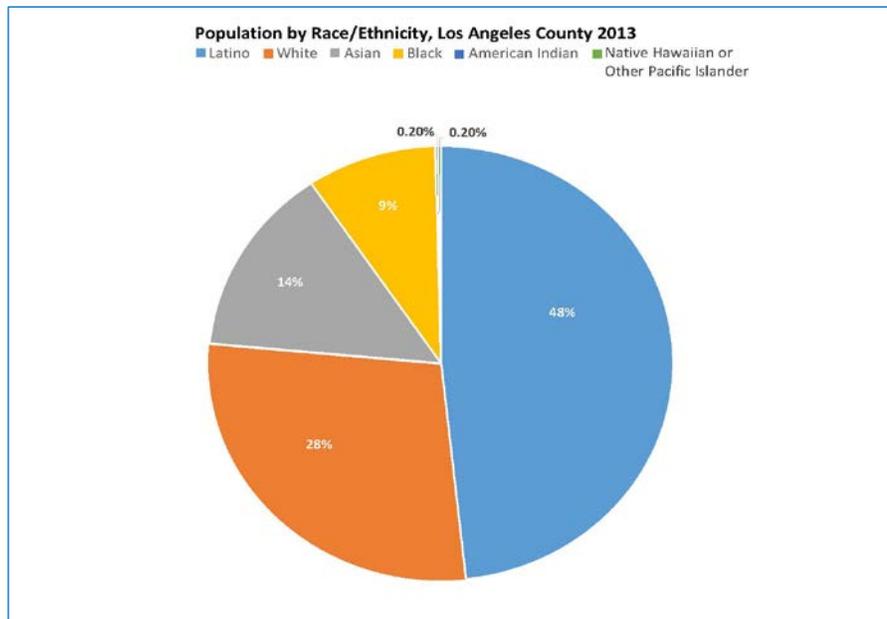
Introduction

The Los Angeles County Population

Los Angeles County is the most populous county in the United States, home to over 10 million people. Out of California's total population of 38 million, it comprises roughly 27% of the state population.

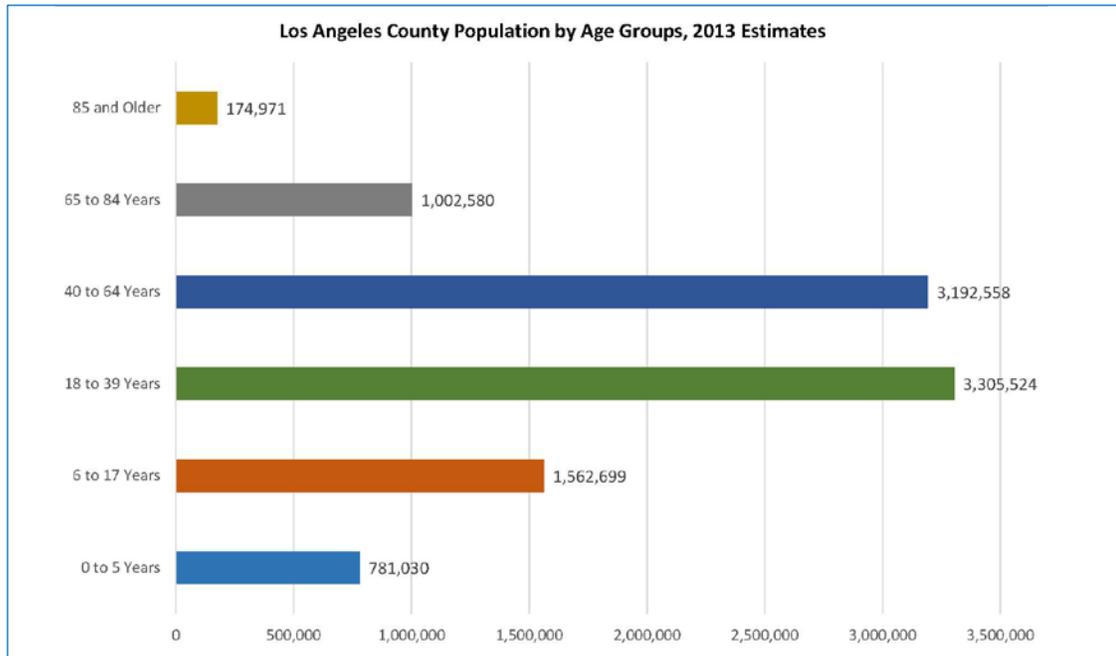
In addition to being populous, Los Angeles County is geographically broad and represents a diverse pool of residents:

- 72% of County residents belong to racial or ethnic groups that are historically considered minorities, including 48% Latino, 14% Asian, and 9% black.



- 4% of adults identify as gay, lesbian, or bisexual, and an additional 9% of adults report that they are unsure of their sexual identity.
- There are an estimated 14,428 transgender individuals.
- Nearly 1 in 5 adults report having a disability.

- Over a 20-year period, the older adult population (aged 65 and older) is projected to double in size from 1.1 million in 2010 to 2.2 million in 2030.



- 44% of adults have a high school diploma or less, 27% have completed some college or associate’s degree, and 30% hold college or post-graduate degrees.

Languages Spoke in Los Angeles County

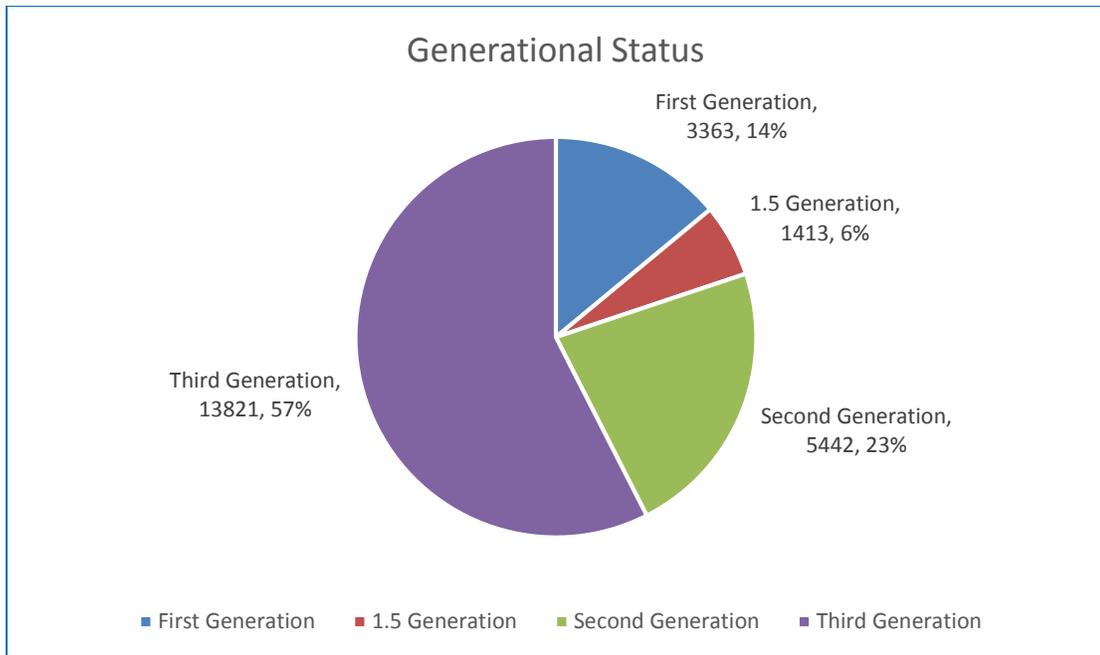
- Over 200 languages are spoken Countywide; 61% of adults mostly speak English at home, while 39% speak a different language at home. The twelve non-English threshold languages for the County are listed in Table 1. Among the Medi-Cal eligible population, at least 52.8% indicate a language other than English as their primary language spoken. Furthermore, Medi-Cal expansion has increased the beneficiary population that does not speak English well or at all.

Spanish	Other Chinese	Armenian
Vietnamese	Russian	Tagalog
Cantonese	Korean	Farsi
Mandarin	Arabic	Khmer (Cambodian)

Substance Use Disorder Survey Findings in Los Angeles County

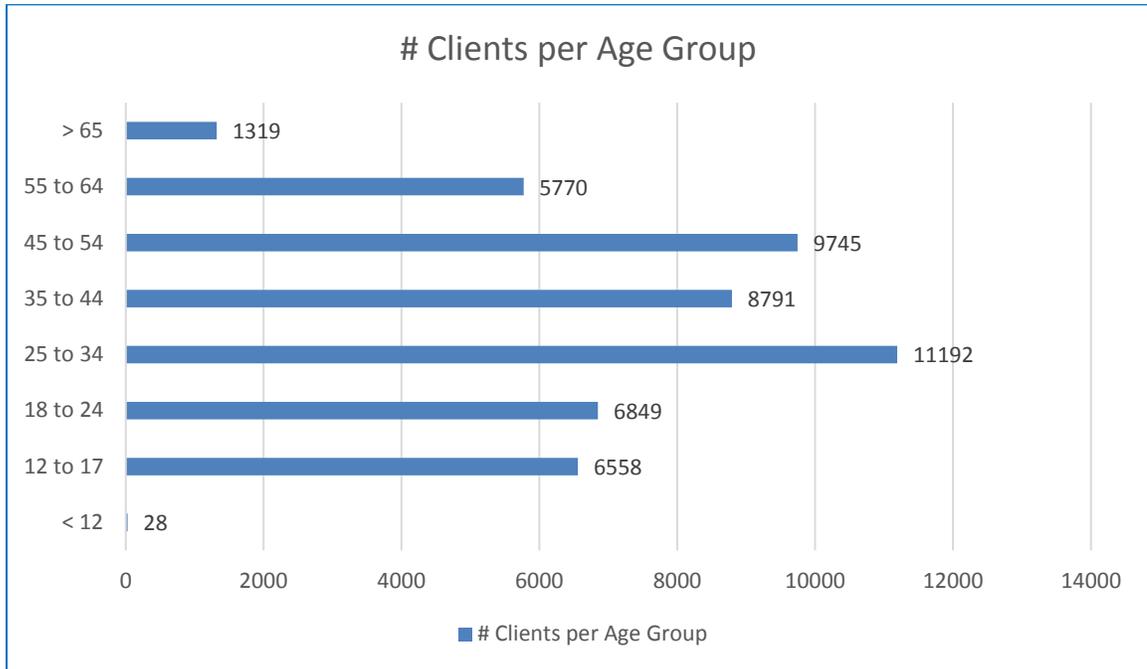
Substance use disorders adversely affect individuals, families, and communities across the population spectrum in Los Angeles County. According to the Los Angeles County Participant Reporting System—which collects self-reported information about treatment participants at admission and discharge—of the 50,252 unique clients who were admitted for SUD treatment in SAPC programs in 2014:

- 62.5% were male, 37.5% were female, and 0.06% were other.
- About 45% were Latino, 29.66% White, and 20.18% were African-American.
- About 13.99% were first-generation Americans, and an additional 29% had parents who were immigrants.

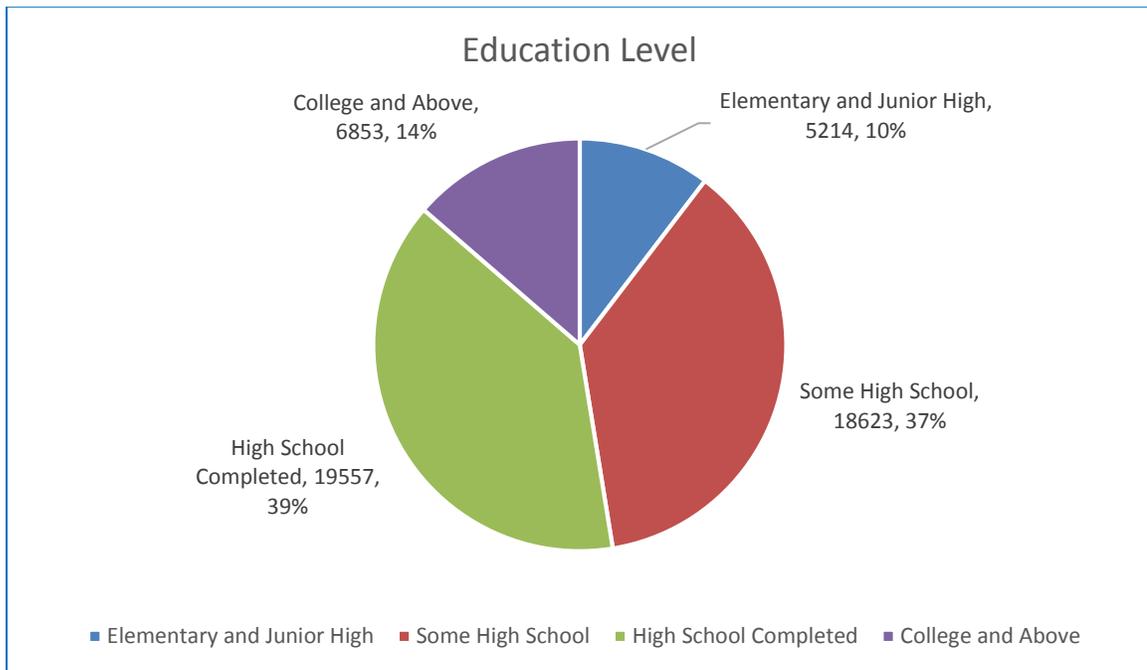


- About 28% have one or more children under 18 years old.
- Less than 14% were employed full or part-time. Over 70% were unemployed.
- Many of the clients were also homeless (14.97%), had co-occurring mental illnesses (22.93%), and interactions with the criminal justice system (84.47%) at the time of admission.

- 24.52% were ages 16-25 (transitional aged youth), followed by ages 23-34 at 22.27%, and ages 45-54 at 19.39%.



- 13.64% had a college education and above, and 38.92% had completed high school.



A SAPC provider survey reveals that of the 179 programs that responded, 130 (72.6%) provided bilingual services. The most prevalent language service was Spanish (126 programs), followed by Farsi (9), Korean (6), Tagalog (5), and Vietnamese (4). Other languages reported were Mandarin, American Sign Language, Arabic, French, Japanese, and Russian among others.

With the diverse nature and critical needs of the Los Angeles County population, it is ever more important to ensure equitable access to services. The National Survey on Drug Use and Health reports that of the approximately 23 million Americans who need treatment for SUD, less than 11 percent receive them. Many individuals who need treatment remain untreated or unidentified due to various social, institutional, economic, and cultural barriers.

SAPC's CLAS Objectives

In an effort to reduce health disparities and improve services and treatment outcomes, Federal and State laws require health service providers to implement National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS). SAPC is committed to its vision and mission to provide effective and appropriate prevention, treatment and recovery services to people with SUD in Los Angeles County communities. Integral to this commitment is the continual development and improvement of culturally competent services, which ensure that the SUD system of care is effectively engaging and meeting the needs of the individuals and communities served. SAPC acknowledges the need for leadership that promotes and reflects diversity, and a workforce that can address the broad range of cultural, developmental, linguistic, and socio-demographic needs of Los Angeles County. Furthermore, robust engagement, communication and collaboration with our providers, partner organizations, and the community is necessary to address the challenges of race and racism, gender and sexism, prejudice, stigma and discrimination.

The Cultural Competence Committee (CCC) will be an active and guiding body with representation by relevant SAPC departments, subject matter experts, and key stakeholders. The CCC will meet on a quarterly basis and ongoing participation by its members will provide leadership to develop action plans focused on enhancing cultural knowledge and skills to enhance SAPC as an organization and the development of a culturally competent system of care.

Furthermore, overcoming communication barriers by using appropriate terminology, language, and context for various dimensions of diversity (race/ethnicity, sexual and gender identity, age, income, disability, education, etc.) is an important step towards overcoming the social, institutional and cultural barriers to treatment. As such, SAPC will focus on improving data collection and monitoring, and implementing standards for language and communication services during the next five years.

The Cultural Competency Strategic Plan represents an ongoing process to enhance prevention, treatment, and recovery efforts for all people and communities of Los Angeles County by developing effective and culturally competent communication. It establishes goals and activities to serve as a guide for policy and budget development, strategic planning, resource allocation, and data collection. The strategic plan also begins to address recruitment and culturally competent services within SAPC and throughout its network of provider agencies.

As SAPC continues to promote greater access to and delivery of services to all populations, the values and goals of the strategic plan will be incorporated into a holistic approach and plan to ensure availability of and access to a broad range of services that effectively meet the unique needs of Los Angeles County's diverse population.

National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

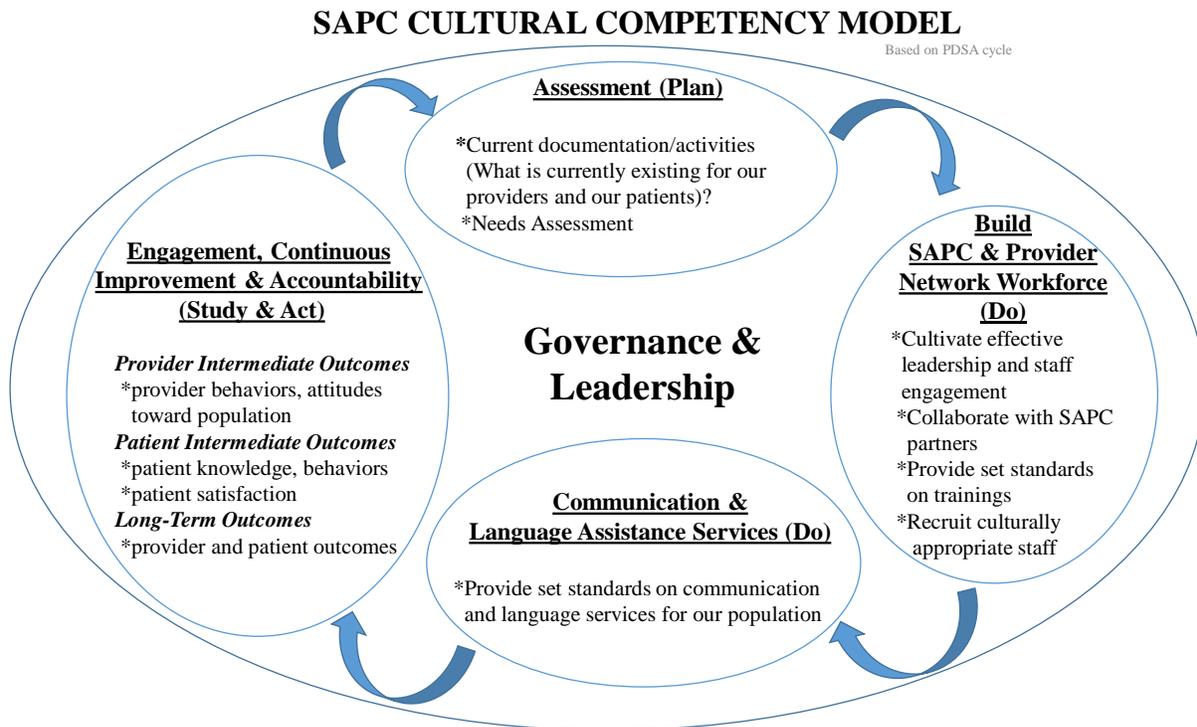
SAPC Cultural Competency Strategic Plan

Framework

A culturally appropriate approach to how we implement our services requires us to take a holistic view of health and include cultural and health practices to treat the physical, mental and emotional health of our diverse and underrepresented populations. Furthermore, linguistic competency is required to provide non- and limited English-speaking clients with translated materials and interpreter services to enhance their understanding of their care.

The SAPC Cultural Competency framework illustrates the connectivity among the key priority areas and how we will bring culturally and linguistically appropriate services for our LA County residents by: assessing and documenting our services to better strategize and improve any gaps in services; building our SAPC and our Provider Network Workforce by offering set standards on trainings, cultivating leadership and engagement for collaborating with our SAPC partners; recruiting culturally diverse staff reflective of the County we serve; developing set standards on communication and language services; and providing continuous quality engagement by evaluating our provider and patient outcomes.

The work of each group naturally flows to other areas focusing on continuous development, assessment, and improvement. Regular assessment of the internal processes and external engagement, open communication, and strong collaborations among leadership, SAPC staff, and community providers will ensure that SAPC provides practical, comprehensive, and attuned services compatible with the changing diversity of Los Angeles County.



Principal Standard: Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. [CLAS Standard 1]

Key Priority Areas

- 1. Culturally Competent Governance, Leadership, and Workforce**
- 2. Communication and Language Assistance**
- 3. Culturally Competent Planning and Operations**
- 4. Data Collection, Regular Assessments and Accountability**
- 5. Community Engagement and Continuous Improvement**

Objectives and Action Items

Key Priority Area #1

Culturally Competent Governance, Leadership, and Workforce

Objective 1 [CLAS Standard 2, 3, 4]

Increase efforts to recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the particular populations in relevant service areas.

Action Items

- Recruit more employees who can address the needs of a multicultural/multilingual population and better reflect the patient community
- Review recruitment process to ensure reach of opportunities to a culturally and linguistically diverse workforce
- Annually assess the process for recruiting and hiring a diverse workforce for SAPC and our contractor agencies
- Review and revise cultural competency criteria in staff performance evaluations
- Review LA County Equal Opportunity Employer Plan to ensure and expand cultural competency

Partners: LA County Department of Human Resources; County Counsel

Objective 2 [CLAS Standard 2, 3, 4, 9]

Improve education and training of governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Action Items

- Prioritize effective communications with diverse populations
- Promote cultural competence in management and supervision issues within SAPC and throughout the service system
- Establish core cultural competencies consistent with staff responsibilities
- Review County's Diversity training program, manager's leadership courses, and other relevant cultural competency trainings to ensure up-to-date and comprehensive materials; update and revise as necessary
- Provide technical assistance in areas of cultural competence to all levels of management in SAPC and throughout the system of care
- Incorporate CLAS training into the mandatory contractor trainings, with required documentation of SAPC staff and contractor participation

Partners: LA County Department of Human Resources; Los Angeles County Management Council; Office of Organizational Development and Training

Objective 3 [CLAS Standard 2, 3, 4, 9]

Develop and nourish a climate that supports and promotes a diverse work group.

Action Items

- Reward staff and departments that work to improve communication
- Incorporate cultural competency discussions and practices into newsletters, bulletins, and other relevant internal communications
- Encourage and support staff participation in cultural activities
- Create a welcoming multi-cultural physical environment that reflects the persons who work there
- Review and ensure benefits support to alternative family arrangements
- Develop mechanisms/strategies to address and reduce potential cross-cultural tensions in the workplace

Partners: LA County Department of Human Resources; Office of External Relations and Communications

Key Priority Area #2

Communication and Language Assistance

Objective 1 [CLAS Standard 5, 6]

Expand and improve language assistance to individuals who have limited English proficiency and/or other communication needs to facilitate timely access to all health care and services.

Action Items

- Review existing services, such as the beneficiary access line, to ensure accessibility and compatibility
- Assess and standardize baseline outcomes for SAPC contracted providers, in particular for providing services in the language requested by the client per contract specifications, and providing referrals to other appropriate SAPC contracted agencies when culturally or linguistically appropriate services are not provided as requested
- Encourage staff and providers to get patients more involved in their health care decisions by increasing linguistically appropriate and culturally competent communication, including, without limitations, for patients with disabilities and diverse spiritual, religious, sexual, gender and other cultural identities.

Partners: Service providers

Objective 2 [CLAS Standard 5, 7, 9, 13]

Ensure the competence of staff providing language assistance services, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

Action Items

- Standardize processes and procedures for accommodating the language needs of individuals seeking services
- Standardize processes and procedures of ensuring competence of staff providing language assistance services

- Train providers, update and improve service as needed for language and interpreter services
- Update contracting and monitoring procedures as necessary to ensure all SAPC-contracted providers are following standardized processes and procedures
- Ensure bilingual/multilingual and interpreter trainings and proficiency testing include, but are not limited to, basic understanding of medical terminology, ethics including confidentiality, intervention techniques, and protocols and procedures

Partners: Service providers; DPH Contracts and Grants Division

Objective 3 [CLAS Standard 2, 5, 9, 13]

Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the population in relevant service areas, and digitally on the SAPC website.

Action Items

- Assess language needs and target audience for various messaging
- Standardize process for translation services for print and multimedia materials
- Make sure that intake documents (i.e., consent,, complaint/grievance, patient rights and responsibilities, billing and financial information, appointment reminders, education materials, etc.) are translated into (a) languages(s) that is/are relevant for the population that the SAPC-contracted agency is serving; have referral(s) for translator services and/or a qualified interpreter translate the documents, when necessary
- Work with providers to ensure materials and signage are in target audience language per contract specifications
- Work with providers to ensure decorations and related materials create an inclusive and welcome environment for culturally diverse populations

Partners: Office of External Relations and Communications; Service providers

Key Priority Area #3

Culturally Competent Planning and Operations

Objective 1 [CLAS Standard 2, 9, 10, 11, 12]

Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organization’s planning and operations.

Action Items

- Develop and disseminate cultural competence standards and incorporate into SAPC provider contracts where applicable
- Circulate clinical/rehabilitation linguistic and cultural competence standards
- Use feedback and data on language access to improve communication skills
- Develop performance measures based on the adopted cultural competency standards, particularly with regards to language and communication services
- Integrate cultural competency into new initiatives and programs

Partners: Service providers

Key Priority Area #4

Date Collection, Regular Assessments and Accountability

Objective 1 [CLAS Standard 11, 12]

Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

Action Items

- Develop mechanisms that identify and assess the addiction needs of the population including ethnicity and language preference
- Develop mechanisms that evaluate the extent to which treatment is culturally and linguistically appropriate to clients being served, i.e. surveys, audits, etc.

Partners: Service providers

Objective 2 [CLAS Standard 11, 12, 14]

Conduct regular assessments of community health assets and needs, and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

Action Items

- Develop and conduct provider and client satisfaction measurement process, (e.g., surveys) and assess processes that are effective/ineffective

- Adapt and implement provider and client assessment and diagnostic instruments that are culturally sensitive
- Incorporate CLAS measurement questions into annual audits conducted by SAPC Contract Program Auditors (CPA) and ensure that this information is used to address concerns and deficiencies
- Use data to assess communication and language service capacity at baseline for small, medium and large providers. Use results to inform how to better standardize communication and language services for our providers.
- Provide reports that identify language needs/preferences (i.e., language assessment) of our contractor agencies for SAPC and our contractor agencies.

Partners: Service providers

Objective 3 [CLAS Standard 10, 11]

Conduct ongoing assessments of SAPC’s CLAS-related activities and integrate into measurement and continuous quality improvement activities.

Action Items

- Develop language access standards, benchmarks, and outcomes methods
- Develop data elements and collection mechanisms that support the performance/outcome measures
- Analyze and aggregate data and utilize findings to develop improvement strategies

Partners: SAPC internal units; Contracted evaluation vendor

Key Priority Area #5

Community Engagement and Continuous Improvement

Objective 1 [CLAS Standard 9, 13, 14, 15]

Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

Action Items

- Develop a system of care that demonstrates an understanding of linguistic and cultural competence and cultural diversity when rendering services to clients, their families, and networks

- Adopt clinical protocols that will consider the impact of culture, language, race, ethnicity, and gender/sexual identity in the delivery of SUD services
- Contract and collaborate with community-based organizations that have been successful in serving ethnic, cultural, and other minority/underserved groups to:
 - Introduce cultural competence guiding principles to providers
 - Explore program models that are working to identify elements that are effective
 - Incorporate specific language into SAPC provider contracts aimed at achieving and improving cultural competency
 - Promote and sustain stakeholders and intersystem partnerships

Partners: Service providers; Community organizations

Objective 2 [CLAS Standard 2, 4, 9, 13, 15]

Enhance communication for collaboration at all levels of operation.

Action Items

- Communicate SAPC’s progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public
- Develop mechanisms to assure that there is a mutual flow of information on multicultural issues and activities among divisions and employees, SAPC, and all staff
- Utilize existing communication mechanisms to gather and disseminate information on ways to enact principles of cultural competency
- Maintain website/intranet of cultural competency information including instrument, articles, evidence-based practices, etc.

Partners: Other DPH programs, providers, DPH Office of External Relations and Communications and other LA County public information offices

Objective 3 [CLAS Standard 2, 9, 10, 14]

Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

Action Items

- Assess current resolution processes for cultural and linguistic competency

- Standardize processes and procedures for accommodating the language needs of individuals utilizing resolution processes
- Appropriately intervene if staff are not respectful towards each other or patients

Partners: Department of Human Resources

Timeline

2016-2017

- Use Language and Communications Services Pilot Project to engage community partners to define and assess the cultural and linguistic competency gap
- Work with partners and leadership to develop appropriate follow up assessments and interventions
- Intervene with focused training and education to close this gap
- Use data and community partnerships to research and develop written communications guidelines

2018-2019

- Work with community partners and leadership to standardize processes and procedures for assessing language proficiency of language service providers
- Work with community partners and leadership standardize processes and procedures for referrals and links to appropriate language services providers (e.g., manuals, Memoranda of Understanding among providers, contract improvements, etc.)
- Engage internal and external leadership to increase existing and new staff capabilities for bi/multilingual and culturally competent communications

2020

- Practice continuous quality improvement by collecting data from sites to inform decision-making processes
- Use data to better structure future contracts and better implement language and communication services to better serve special populations (e.g., LGBTQ and persons with disability)
- Continue to build on work with community partners and leadership for improved language and communications to create a culturally-competent, inclusive and welcoming system of care

Summary

In Los Angeles County, the field of substance use disorder (SUD) treatment and services is poised to undergo one of the greatest transformations to date as it readies to expand treatment and improve treatment quality through the Drug Medi-Cal Organized Delivery System pilot program. As we expand our services to more Medi-Cal eligible populations to provide patient-focused services, we must ensure that SUD leadership, workforce, and system as a whole operates in a culturally and linguistically competent manner.

Within the next five years, through internal and external collaborations, SAPC will work actively to increase effective and culturally competent communication. Increasing respectful, patient-centered communication that effectively incorporates culturally competent language and actions will improve the health literacy and outcomes of the individuals served.

Regardless of race, ethnicity, age, gender/sexual identity, disability, income, education, religion, or culture, all clients served within the SAPC system of care should feel welcome and understood on their journey towards recovery. SAPC will continue to work and evolve to ensure that the individuals we serve are not simply clients, but partners in recovery.