



**City of Portsmouth, Virginia
Department of Behavioral Healthcare Services**

**Cultural Diversity Plan
2011 -2013**

Overview:

The City of Portsmouth - Department of Behavioral Healthcare Services (DBHS) continues to improve the quality of life for all staff, individuals served, families, and organizations that come into contact with our agency. We are achieving these goals by educating and training our staff members on the dynamics of our growing and culturally diverse community. Through this commitment, we will enhance our awareness, compassion, and ability to interact with others who are different than ourselves with dignity, respect, patience, and understanding.

Embracing diversity in the workplace makes for better creativity, acceptance, tolerance, and innovation. It also broadens the range of knowledge, skills, and abilities of our staff members. Better clinical decisions can be made based on culturally diverse perspectives. As an agency, our focus on cultural competency and diversity will enable us to improve our ability to provide culturally sensitive services to the individuals we serve.

The Virginia Department of Behavioral Healthcare and Developmental Services' (DBHDS) vision for culturally and linguistic competent care is:

- Care that is given with understanding of and respect for individuals' health-related beliefs and cultural values.
- Staff that respect health related beliefs, interpersonal styles, attitudes, and behaviors of individuals, families, and communities they serve.
- Administrative, management and clinical operations that include routine assessments and implementation of processes. This results in a workforce that is culturally and linguistically competent in a system that provides the highest quality of care to all communities.

DBHDS established the Office of Cultural and Linguistic Competency (CLC), in August 2008 to lead efforts to provide improved services to individuals in a multicultural setting and work toward eliminating the disparities within the state's mental health, intellectual disability and substance-use disorder system. The Commissioner of DBHDS and the Assistant Director of DBHS are founding members of the original CLC Diversity Committee.



Definitions

Culture – The life patterns, language and beliefs of a group of people. Culture consists of ideals, values, and assumptions about life that are widely shared among the members. It is also referred to as the behavior and values of a group of people. It is the major way in which human beings adapt to their environment and give meaning to their lives.

Cultural Competency –The word culture is used because it implies the integrated pattern of human behavior that includes thoughts, communication, actions, customs, beliefs, values and institutions of racial, ethnic, religious, or social groups. Competence means that a person has the capacity to successfully function within the context of culturally integrated patterns of human behavior as defined by the group.

Demographics

DBHS provides services to the citizens of Portsmouth, Virginia; which according to the 2010 United States Census estimates, is a community of approximately 95,535 citizens, and can be described as follows:

Race

- African American – 51%
- Caucasian – 45%
- Other – 4%

Language – Only 4.6% of Portsmouth citizens speak a language other than English at home.

Disability – 22% of Portsmouth citizens are identified as having a disability.

Income – The medium house household income is \$43,674 and is approximately 30% below the Virginia medium household income. 12.7% of families live below poverty, which is 24% higher than the United States average.

Religion - There are over 300 churches in Portsmouth alone, with the top three religions being Baptist, Roman Catholic and Muslim. There is a strong Christian faith-based community in Portsmouth who is significant stakeholders of DBHS services.

Process:

In order to promote cultural diversity in the agency, DBHS is engaged in the following activities:

- ✓ Affirmative Action and Equal Opportunity Employment initiatives for hiring under-represented populations.



- ✓ All new employees must review the DBHS Cultural Competency Plan as part of New Employee Orientation.
- ✓ During the interview process, questions regarding one's thoughts and feelings about culture and diversity are asked of each applicant.
- ✓ We assure that a culturally diverse interview panel is available to interview all prospective employees.
- ✓ We conduct an annual assessment of demographic information on the individuals that we serve.
- ✓ Employees are provided with regular training on cultural competency from professional authorities and internal trainers.
- ✓ Select employees present talks, workshops, and/or provide educational information on culturally diverse topics.
- ✓ Professional literature that relates to cultural competency and diversity is routinely distributed to employees.
- ✓ Staff participates in the planning, implementation, and evaluation of multi-cultural celebrations and faith based activities.
- ✓ Managers assure that ongoing and open discussions regarding cultural competency and diversity occur between their employees, which are documented in staff meeting minutes and/or supervision, i.e., HIV/AIDS, homeless.
- ✓ Annual consumer, stakeholder, and neighboring business questionnaires are conducted to address issues of cultural diversity, competency and satisfaction.
- ✓ COSIG plan on website, newsletter on website effective 2012.

Plan of Action

As we continue to develop and improve our cultural competency and diversity plan, we make sure that the following are always incorporated: (1) assistance of professionals who have cultural expertise, (2) participation in cultural competency and diversity activities by all staff, (3) an observation and implementation process, and (4) follow-up activities that incorporate feedback and input from participants.

The goals of this cultural diversity plan is to raise the consciousness of the organization regarding culture and diversity by recognizing the need for ongoing training, dialogue, feedback, and input from all employees. It is important that all staff, new and current, are involved in the process of making DBHS a culturally aware and sensitive environment to all with whom we come into contact.

Cultural competency is the self-examination and in depth exploration of one's own cultural background. This involves the recognition of one's biases, prejudices, and assumptions about persons who are different. Without being aware of the influence of one's own cultural or professional values, there is risk that the provider may engage in cultural imposition.



As a team, we are committed to creating an environment conducive for recovery from behavioral health disorders for all who seek services. We affirm our commitment by making the organization a “hands on” learning experience. Not only do we seek the education of culture and diversity from professional trainings and literature, we also create activities that encourage individual research, group presentations, and culturally centered social gatherings. Through this experience, we learn a great deal about others. More importantly, we learn even more about ourselves.

We accomplished many of our 2010-2013 Goals

Goal I: Continue to improve employees’ awareness of services available relative to cultural awareness and competency.

Objective: Disseminate information and training on the following:

- battered women/women in trauma, pregnant women
- single parents;
- co-occurring population;
- individuals taking methadone who also have mental health disorders;
- evidence based practices dealing with people in recovery;
- women of color;
- Recovery and Transformation information;
- wounded warriors and veterans;
- people of various cultures, socio-economic status, religions, and linguistic profiles;
- cultural awareness/diversity and competency;
- advocacy groups e.g. NAMI, SAARA – Started Portsmouth Chapter
- Organizational roles in cultural competence.

Action Step/Measures	Persons Responsible	Target Date
<ul style="list-style-type: none"> ➤ Increase staff cultural competency and group dynamics ➤ Disseminate information monthly 	<ul style="list-style-type: none"> ➤ A-Team ➤ E-Team ➤ Assistant Director 	<ul style="list-style-type: none"> ➤ Ongoing

Objective: To reduce stigma regarding working with persons with HIV/AIDS and to increase awareness of healthcare concerns.



Action Step/Measures	Persons Responsible	Target Date
<ul style="list-style-type: none"> ➤ Facilitate HIV/AIDs training for staff annually 	<ul style="list-style-type: none"> ➤ HIV/AIDS Coordinator ➤ Assistant Director ➤ Prevention staff ➤ SA staff 	Annually Progress Review: <ul style="list-style-type: none"> ➤ Discuss in staff meetings, ➤ Follow-up with research information

Goal II: Provide HIV/AIDS, Hepatitis and other STD Education

Objective: To reduce stigma regarding working with persons with HIV/AIDS and to increase awareness of healthcare concerns.

Goal III: Provide cultural diversity training annually to build competency of staff

Objective: Increase staff competency in working with diversity in recovery programming.

Action Step/Measures	Persons Responsible	Target Date
<ul style="list-style-type: none"> ➤ Select staff to attend training on best practices ➤ Have input on recovery transformation 	<ul style="list-style-type: none"> ➤ E-Team ➤ A-Team ➤ Director ➤ Assistant Director 	Ongoing Progress Review: <ul style="list-style-type: none"> ➤ E-Team and A-Team discussion

Goal IV: Continue to maintain a workforce reflective of the DBHS clientele

Objective: Promote diversity in a work environment and strengthen cross-cultural collaboration.

Action Step/Measures	Persons Responsible	Target Date
<ul style="list-style-type: none"> ➤ Monitor cultural competency and dynamics of workforce ➤ Cross train staff ➤ Provide monthly diversity calendar 	<ul style="list-style-type: none"> ➤ E-Team ➤ A-Team ➤ Assistant Director ➤ Prevention Staff 	Ongoing



Goal V: Continue to strengthen relationships of individuals served through diverse group dynamics.

Objective: To continue to monitor, develop, and facilitate cultural competent groups based on needs of individuals.

Action Step/Measures	Persons Responsible	Target Date
<ul style="list-style-type: none"> ➤ Monitor group interactions, notes and presenting problems; ➤ Survey results and individual's recommendations ➤ Clients' survey on groups 	<ul style="list-style-type: none"> ➤ QMC ➤ E-Team ➤ Recovery Advisory Board ➤ Co-occurring Unit ➤ SA/MH staff 	Ongoing progress: <ul style="list-style-type: none"> ➤ Review groups and program development ➤ Review Survey for program development

Goal VI: Strengthen relationships of staff

Objective: Build staff morale and professional relationships

Action Step/Measures	Persons Responsible	Target Date
<ul style="list-style-type: none"> ➤ Provide regular all staff meetings ➤ Measure, monitor and survey staff ➤ Coordinate training on various topics for all staff ➤ Recruit new members for Recovery Champions 	<ul style="list-style-type: none"> ➤ Recovery Champions 	Ongoing progress <ul style="list-style-type: none"> ➤ Survey results ➤ Staff feedback

Goal VII: Conduct assessment through communicating and assessment tools.

Objective: Conduct staff assessments to guide program development

Action Step/Measures	Persons Responsible	Target Date
<ul style="list-style-type: none"> ➤ Conduct initial and ongoing self-assessments, e.g. Compass, or other surveys ➤ Integrate competent measures in internal audits ➤ Conduct performance improvement program, evaluations, suggestion boxes 	<ul style="list-style-type: none"> ➤ Recovery Champions ➤ QMC ➤ E-Team ➤ A-Team ➤ IT Systems Manager ➤ QA Administrator ➤ SA Managers 	Ongoing



Goal VIII: Ensure that all individuals receive effective understandable and respectful care provided in a manner compatible with their cultural beliefs and preferred language.

Objective: Services will be provided in a culturally sensitive and respectful manner.

Action Step/Measures	Persons Responsible	Target Date
<ul style="list-style-type: none"> ➤ Continue to promote Person Centered Treatment ➤ Motivational Interviewing, ➤ Best practices of Recovery, ➤ Programming, training/ workshops 	<ul style="list-style-type: none"> ➤ A-Team ➤ E-Team ➤ Orientation ➤ Human Rights Advocate ➤ Director ➤ QA Administrator 	<ul style="list-style-type: none"> ➤ Ongoing

Goal IX: Provide language or interpreter assistance when needed

Objective: Provided assistance to Individuals who do not understand English so they can understand and participate fully in treatment

Action Step/Measures	Persons Responsible	Target Date
<ul style="list-style-type: none"> ➤ Develop a resource guide of interpreters ➤ Hire diverse staff who speak languages other than English and/or are certified in sign language 	<ul style="list-style-type: none"> ➤ QA Administrator ➤ Supervisors ➤ Personnel Analyst II ➤ Human Resource Management 	<ul style="list-style-type: none"> Ongoing

Summary

There is a great deal of work to be done and the majority of DBHS staff and stakeholders are ready and willing to engage in improving the agency’s cultural and linguistic competence. We at DBHS have addressed these issues in many forums. Past and current efforts to build cultural and linguistic competency were the implementation and continuation of Person Centered Planning and Motivational Interviewing, establishing the Recovery Champions, Recovery Advisory Board and Substance Abuse and Addiction Recovery Alliance (SAARA) Chapters, NAMI (National Alliance of Mental Health Institute) referrals as a part of our services and program development.