



## **7.3.10 CULTURAL COMPETENCE**

Issue Date: 08/24/2015

Revision History: 12/08/2025

References: United States Code 42 §§2000d and 2000d (1-7): Public Health and Welfare, Chapter 21 Civil Rights  
2013 National Cultural and Linguistically Appropriate Services (CLAS) Standards: Office of Minority Health, U.S. Department of Health and Human Services  
Welfare and Institution Code, § 5600.2(g)  
California Code of Regulations, Title 9, § 1810.410  
Drug Medi-Cal Organized Delivery System Intergovernmental Agreement with the California Department of Health Care Services

Policy Owner: Behavioral Health Division, Quality Assessment and Performance Improvement (QAPI), Quality Assurance Manager

Director Signature: **Signature on File**

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### **I. Policy Statement**

Sonoma County Department of Health Services, Behavioral Health Division (DHS-BHD), Substance Use Disorder (SUD), and Community Recovery Services section will provide SUD services using the best practices of cultural and linguistic competence to comply with all applicable state and federal requirements.

### **II. Scope**

This policy applies to all DHS-BHD Covered Persons including employees (full-time, part-time, extra-help), unpaid interns, paid interns, temporary agency workers, registered volunteers, and all individual providers contractually designated as covered persons. Covered Persons do not include Community Based Organization (CBO) staff.

### **III. Definitions**

Not Applicable

#### **IV. Policy**

- A. Sonoma County Department of Health Services, Behavioral Health Division (DHS-BHD) Substance Use Disorder (SUD) and Community Recovery Services section will comply with all relevant state and federal laws, regulations and contractual requirements relating to Cultural Competence.
- B. DHS-BHD fully incorporates and recognizes the value of racial, ethnic, and cultural diversity within the SUD service delivery system by providing cultural competence, awareness, and sensitivity to the needs of diverse and underserved populations seeking substance use prevention, treatment, and recovery services.
- C. The National Standards for Culturally and Linguistically Appropriate Services (CLAS) reflect the efforts toward providing services in a culturally and linguistically competent manner, ensuring equal access for clients seeking services.
- D. DHS-BHD provides organizational support and structure to meet the culturally diverse needs of Sonoma County by ensuring that SUD and contract providers not only implement the National CLAS Standards but also integrate into the daily organizational operations.
- E. According to the Welfare and Institutions Code, Section 5600.2(g), Cultural Competence means “All services and programs at all levels should have the capacity to provide services sensitive to the target populations' cultural diversity”. Systems of care should:
  - 1. Acknowledge and incorporate the importance of culture, the assessment of cross-cultural relations, vigilance towards dynamics resulting from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally unique needs.
  - 2. Recognize that culture implies integrated patterns of human behavior, including language, thoughts, beliefs, communication, actions, customs, values, and other institutions of racial, ethnic, religious, or social groups.
  - 3. Promote congruent behaviors, attitudes, and policies enabling the system, agencies, and mental health professionals to function effectively in cross-cultural institutions and communities.

#### **V. Procedures**

- A. DHS-BHD conducts annual monitoring for compliance with the National Standards for CLAS and the California Code of Regulations regarding Cultural Competence.
  - 1. The monitoring site visit will include:

- a. Review of administrative policies, procedures, practices, documentation, and forms, to support the provision and compliance with National Standards for CLAS and Cultural Competence.
- b. Monitoring to ensure SUD staff received Cultural Competence training.
- c. Any deficiencies or findings will result in the immediate completion and implementation of a corrective action plan to ensure compliance with the requirements related to Cultural Competence.

#### B. Provider Directory

1. The provider's cultural and linguistic capabilities, including languages (including American Sign Language), offered by the provider or a skilled medical interpreter at the provider's office, and whether the provider has completed cultural competence training.

#### C. Access and Cultural Considerations

1. DHS-BHD will employ methods to promote the delivery of services in a culturally competent manner to all members, including those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and regardless of gender identity.
2. These methods will ensure that members have access to covered services that are delivered in a manner that meet their unique needs.

#### D. Care Coordination

1. Care coordination services will include one or more of the following components:
  - a. Coordinating with ancillary services, including individualized connection, referral, and linkages to community-based services and supports, including but not limited to educational, social, prevocational, vocational, housing, nutritional, criminal justice, transportation, childcare, child development, family/marriage education, cultural sources, and mutual aid support groups.

#### E. Cultural Competence Plan

1. DHS-BHD will develop a cultural competency plan and subsequent plan updates.
2. DHS-BHD will promote the delivery of services in a culturally competent manner to all beneficiaries, including those with limited English proficiency and diverse cultural and ethnic backgrounds.

#### F. Performance Requirements

1. DHS-BHD will ensure that in planning for the provision of services, cultural, and/or ethnicity barriers are considered and addressed.

G. Network Adequacy Standards

1. In developing its network adequacy, DHS-BHD will consider the ability of network providers to ensure physical access, reasonable accommodation, culturally competent communications, and accessible equipment for Medicaid enrollees with physical or mental disabilities

**VI. Forms**

None

**VII. Attachments**

None