

# APPENDIX 2

Napa County Health and Human Services Agency  
Diversity Vision and Plan

# **Napa County Health and Human Services** **Diversity Vision**

**HHSA is committed to the creation of an organizational culture that:**

**...embraces diversity,**

**..... works to identify and reduce barriers that impede access to services,**

**..... optimizes the delivery of services to all of the persons we serve.**



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## EXECUTIVE SUMMARY

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HHSA is committed to the creation of an organizational culture that:  
..... embraces diversity,  
.....works to identify and reduce barriers that impede access to services,  
..... and optimizes the delivery of services to all of the persons we serve.

The Diversity Initiative Strategic Plan is a multi-year plan that contains twenty-one recommendations each containing implementation steps, staff resources, and estimated funding amounts. It is a roadmap to creating an Agency culture that embraces and understands the rich diversity of our community. It will provide the design to implement structures, practices and policies to minimize barriers, and provide the best possible service to the Napa County community while meeting the expectations and legal requirements of the various stakeholders of this process.

The recommendations are organized into five sections which address the following areas from a Diversity perspective:

-  Organizational Development and Leadership
-  Workforce Development
-  Standards and Training
-  Access to Quality Care
-  Diversity Program Infrastructure

Staff, Agency partners and clients brought years of experience, passion and innovative thinking to create this plan. The research done to create the recommendations resulted in many heartfelt, compassionate comments as well as concerning facts, which helped identify where the implementation energy and resources should be placed.

The recommendations have been sequenced over a four-year period to assure the implementation has the greatest impact, is manageable and sustainable. Although the recommendations have been developed with some flexibility, they complement one another and work in concert. Hence, to achieve the best possible results, the temptation to select two or three recommendations to implement first while waiting to see what else could be accomplished in following years should be avoided. These recommendations work together as a system of change – for example, accountability and education go hand-in-hand.

In order to rise to the vision presented by these recommendations, strong executive leadership and accountability of all involved will be critical.



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## **ACKNOWLEDGMENTS**

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In any meaningful endeavor there are always individuals who poured heart and soul into making it happen. The process starts with a vision. Our leader had a vision: removing barriers to service for our clients. This is the driving focus of our Diversity Initiative. For having the courage and foresight to see this vision, a collective thank you to Randy Snowden, the Agency Director.

For participating in the initial phase of focus groups and interviews, thank you to the staff at Health and Human Services for sharing their thoughts, opinions, hopes and fears. To the community-based organizations, thank you for your honesty and your willingness to work collaboratively on a future of fully accessible and integrated services for our clients.

In Phase Two, the outcome of the Diversity Futures Conference provided the recommendations in this report. The individuals who planned and participated in the DFC are to be acknowledged for their insight, forthrightness and creativity. Their gift of three days intense work is the foundation for this report.

Facilitators who have the knowledge, skills and abilities to take on a project as complex as the implementation of a diversity initiative are not easy to find. Facilitators who can quietly guide the process and at the same time, step back and let the process take over are rare. The Agency hit the mark with Amistad Associates – Juan Lopez and Julie O'Mara. Their support and guidance has been invaluable.

Thank you to the Senior Management Team for their commitment to this initiative. Without their support and willingness to release the staff in their divisions, the progress to date would not have been possible.

Finally, the Diversity Implementation Planning Committee is to be congratulated and honored for their unwavering efforts in compiling all of the data and information into a comprehensive implementation roadmap. This map will guide the implementation through the next phase of our Diversity Initiative toward our goal – removing barriers to client services.

### **Diversity Futures Conference Planning Committee**

Andi Banks  
Frederique Marks  
Robert Cortez  
Lisa Fletcher  
Jennifer Lytle  
Stephanie Hogan  
Lucia Bueno  
Felix Bedolla

## Diversity Futures Conference

George Ayala  
Andi Banks  
Felix Bedolla  
Lucia Bueno  
Valerie Cahill  
John Camacho  
Linda Canan  
Monica Delgado  
Delores Espinoza  
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## Diversity Implementation Planning Team

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Lucia Bueno  
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Theresa Richmond  
Halsey Simmons  
Shirin Vakharia  
Diana Velazquez



*“Human diversity makes tolerance more than a virtue;  
it makes it a requirement for survival.”*

~René Jules Dubos, Pulitzer Prize Winner~

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## INTRODUCTION

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### NAPA County HHSA'S Diversity Vision

HHSA is committed to the creation of an organizational culture that:

- ..... embraces diversity,
- .....works to identify and reduce barriers that impede access to services,
- ..... optimizes the delivery of services to all of the persons we serve.

### Why Strive to Meet this Vision?

The intent of the Health and Human Services Diversity Initiative is to build a stronger, more cohesive vision of ourselves as a diverse agency able to serve a multicultural community with awareness, competency, and professional expertise. The Initiative promotes an agency culture that minimizes barriers to service and is responsive to the needs of the community.

When individual differences are respected, appreciated and valued, diversity becomes an organizational strength. Talent will be attracted to and remain with the Agency if there is a commitment to an environment where trust, respect, positive relationships, and opportunities are demonstrated.

As an organization, we must develop the ability to adapt and change. To do this we must strive to employ a culturally and linguistically competent workforce that is representative of the community. Not only will we have to devise more imaginative recruiting practices; we will also have to work harder to keep our most talented people, all the while promoting long-term professional growth, development, and advancement within the Agency.

The diverse and ever-changing demographics in Napa County will continue to transform client populations thereby changing the needs and how we serve the community. If we are committed to eliminating barriers and providing high quality service in a cost-effective manner to all individuals and families who seek service we must have structures and processes in place that will allow the Agency to anticipate and adapt to the needs of the entire community.

*There are recurring challenges reported by human services and behavioral health agencies statewide, including:*

- *the inability to fill vacant positions at all levels,*
- *the inability to hire staff that reflect the ever-changing diversity of people using services,*
- *and the shortage of trained and licensed staff.*

- *By 2010, 40% of Napa's population will be non-white*
- *By 2020 over half of the population will be composed of groups now considered "minorities"*
- *By 2010, the estimated population of those 65 and older living in Napa County will increase by 16% and by 2020 will increase an additional 36%.*
- *The US Census Bureau reports that 12% of the Napa County's population over age 5 is disabled.*

The journey towards cultural competence is an ongoing process of change and education, therefore training and assessment must be ongoing and involve employees at all levels of the organization. In creating an organization in which the philosophy and practices of diversity are embedded in the culture, clear standards of behavior and culturally competent best practice service models must be researched and developed.

To fully optimize access and service delivery the Agency must develop specific strategies aimed at reducing barriers and increasing access to quality care. Those strategies must be incorporated into the Agency's strategic planning. The Agency will need to begin the process of conducting regular community and program assessments to better understand the needs of those we serve. Client records will need to include current demographic and cultural information and must be integrated into the Agency's information systems in a way that allows for analysis by program. The Agency must also ensure that patient materials and forms are accessible, appropriately translated and easily understood for all dimensions of diversity. It is also apparent that it will be necessary for the Agency to strengthen relationships with our community partners to move towards more effective, integrated services.



■ HHS Core Values indicate:  
*“community groups and local organizations are partners in service delivery, in the obtaining of resources, and in the creation of leadership and advocacy for the needs of those we serve.”*

■ The National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards) recommend that:  
*“organizations develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement.”*

Undertaking the above mentioned tasks will require a distinct infrastructure in order to manage, monitor and be accountable for results. Lack of an infrastructure will seriously jeopardize the work done to date and the Agency risks falling short of the desired outcomes.

This Diversity Initiative Strategic Plan will provide Agency management, staff, key partners and other stakeholders with a well thought-out framework to implement the various recommendations that were generated through the Diversity Initiative Planning process. It is a roadmap to optimize effective services in an atmosphere of mutual respect and understanding.

### **Far-reaching Benefits**

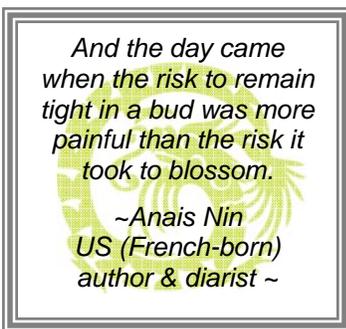
This Diversity Initiative Strategic Plan will affect everyone associated with this Agency.

- Clients will find a more inviting atmosphere, better coordination of services, and an enhanced attitude of respectful cultural competency.

- Staff will appreciate the care taken to break down the barriers to service delivery, streamline processes and develop a plan to address the multilingual and multicultural issues that can arise in the workplace.
- Service partners and regulatory agencies will find a more inclusive and responsive Agency, prepared to meet its statutory requirements and its community obligations.

## The Process to Create This Plan

The process that has led to the generation of this Diversity Initiative Strategic Plan is one that was carefully planned and incorporated staff participation and collaboration at every step to ensure inclusion of diverse perspectives and experiences.



The development of the plan included the solicitation and selection of consultants, data gathering through focus groups and interviews, compilation of county and organizational statistics relevant to diversity, the Diversity Futures Conference (DFC) Planning Committee, the DFC, and the Diversity Implementation Planning Team.

This plan was built on past and current successes, experience, and a desire to create something that will live well into the future. The input of the people who participated in the DFC as well as the feedback provided by Agency and community stakeholders at every level has been distilled through hours of careful consideration, conversation and exchange of ideas into a plan of incredible magnitude, broken into a timeline of achievable steps. The plan broadly defines diversity and has implications across the organization including program planning, service delivery, workforce development, and relationships with external organizations. It attempts to address the various dimensions of diversity across every area of the Health and Human Services Agency and considers the expectations and legal requirements of the various stakeholders involved in the process.

Appendix A of this report details the process and timeline taken during this very deliberate journey.

## Stakeholders and Requirements Considered During Plan Development



## **Definitions to Clarify Concepts and Provide Guidance**

To ensure understanding of and communication about the terms diversity, culture, and cultural competence in the context of this report and within our agency; clear and succinct definitions have been developed.

### **Diversity**

*Diversity* is inclusive of the variety of backgrounds and characteristics, visible or not, that distinguish one individual from another. It refers to all aspects of human similarities and differences. Diversity transcends concepts of age, race, ethnicity, gender, sexual orientation, socio-economic status, abilities, disabilities, religious beliefs, political beliefs, background, geographical location, and family composition. Dimensions of diversity are dynamic and may not always be static.

### **Culture**

*Culture* is the integrated pattern of human behavior that includes thoughts, communications, languages, practices, beliefs, values, customs, courtesies, rituals, manners of interacting, roles, relationships, and expected behaviors of a racial, ethnic, religious, or social group.

### **Cultural Competence**

*Cultural Competence* comprises congruent skills, knowledge, behaviors, systems, and policies that work together to enable an individual or organization to effectively and appropriately serve diverse individuals and communities. Cultural competence is a long term developmental process that involves tailoring delivery of services to meet social, cultural, and linguistic needs of the community.

Please read the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Appendix C. These are national standards for culturally and linguistically appropriate services (CLAS) in health care developed by the U.S. Department of Health and Human Services, OPHS Office of Minority Health in their 2001 National Standards for Culturally and Linguistically Appropriate Services in Health Care Report.



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## PLAN COMPONENTS

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*“Diversity is on the backburner in this Agency. It needs to be a common daily conversation.”*

*~Generation Focus Group Participant ~*



*“Management is segregated and exclusive.”*

*~ Disciplines/Levels Focus Group Participant~*



*“Those who are bilingual are called on more often and their performance is rewarded with more work.”*

*~Discipline Levels Focus Group participant ~*

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### Organizational Development and Leadership Overview

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In efforts to effectively serve the community, it is essential to strengthen staff by increasing awareness and developing an organizational culture that embraces diversity. The Diversity Implementation Planning Team has compiled five recommendations for ongoing improvements related to organizational development and leadership within the Health and Human Services Agency (HHS).

These five recommendations in this Diversity Initiative Strategic Plan call for a self-analysis of internal HHS organizational practices to best identify opportunities for growth and to reduce barriers and optimize service delivery. The goal of these recommendations is to improve relationships and enhance the safe working environment, establish continuous communication systems for issues of diversity, develop a bilingual taskforce, create a venue for diversity-related complaints, and to establish a system of accountability to increase transparency of diversity practices.

The resources needed to accomplish these specific recommendations primarily consist of existing staff time, aside from the recommendation to implement professional staff development practices. The Diversity Officer (See Recommendation 16) shall be the primary staff contact for coordinating and organizing the implementation of these recommendations.

If implemented, the potential impact of the Organizational Development and Leadership recommendations will generally be high and affect everyone within the Agency in various ways. While several potential action items within each recommendation will prove easy to accomplish, others will take a long time to fully implement. The benefits, however, of such recommendations are ongoing and will continue to benefit the Agency and community well into the future.

Recommendations in this section include:

- R-1 Foster a safe and supportive working environment by building and strengthening relationships
- R-2 Establish a feedback process for instances of perceived intolerance
- R-3 Provide a structure for increasing communication on

diversity issues.

- R-4 Ensure accountability for diversity and cultural competence
- R-5 Create an employee task force that focuses on bilingual workload issues



*“We need to listen to one another.”*

Chaim Potok  
21<sup>st</sup> Century American Theologian, Philosopher

**Napa County Health and Human Services Agency**  
**DIVERSITY RECOMMENDATION #1**

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**Title:**

Foster a safe and supportive working environment by building and strengthening relationships on all levels.

**Description:**

Establish process to improve inter- and intra-departmental relationships and ensure a safe and supportive environment by:

- Building trust between staff, supervisors and managers.
- Developing a culture of collaborative management.
- Increasing communication on diversity issues among staff, supervisors and managers. (see Recommendation 3)

**Evidence of Need:**

Through the Diversity Future's Conference, Focus Groups, and the Agency Staff Survey, staff has identified the following reasons as evidence of need:

- Departments within HHSA feel disconnected and have adversarial relationships with one another.
- There is a current culture of cliques and competition that is divisive.
- HHSA employees feel the main campus is "toxic" (according to a recent HHSA employee survey).
- Evidence of "turfism" surfaced during Diversity Future's Conference.
- Staff indicates they don't feel safe to communicate issues of concern. Staff expressed concern that retaliation of varying degree is a real issue.
- Managers and supervisors do not (always) exhibit an openness to listen to employees' concerns nor do they solicit comment.
- Staff, on all levels, does not have a clear understanding of collaborative management.
- There is no definition, roles, responsibilities or established behaviors of collaborative management and how to integrate diversity within collaborative management. Evidence of collaborative management is not consistent throughout the agency
- Not all managers and supervisors exhibit collaborative management behavior.



**Potential Action Steps:**

<b>Improve Inter- and Intra-Departmental Relations</b>	<b>Who Involved</b>	<b>Who Approves</b>	<b>Estimated Time</b>	<b>Notes</b>
1. Develop a questionnaire to further explore possible inter- and intra-departmental improvements.	DSC	SMT	6 months	Survey should examine the desire for a common meeting area on campus and solicit suggestions for ways to decrease 'turfism'.
2. Use a renovated Next-Step to create a place for employees to come together to develop relationships.	HHSA Director, Operations, SMT	SMT, *could require BOS approval	1 year	Consider results from the above survey in implementing this recommendation.  Explore grant funding for resources that would be required to implement this step.
3. Utilize professional staff development resources (i.e., outside company, staff development tools, etc.) for inter- and intra-departmental team building strategies	HR, SMT, Consultants and/or trainers.	SMT, *may require BOS approval if contracting services	On-going	Potential significant cost
4. Ensure specialized training for supervisors, managers, and line staff is incorporated into the annual training plan to support and build on the strengths inherent in the Agency's integrated culture	HR, DSC	HHSA Director	6 months	An example of this may be specialized team-building training

<b>Develop a Culture of Collaborative Management</b>	<b>Who Involved</b>	<b>Who Approves</b>	<b>Estimated Time</b>	<b>Notes</b>
1. Hire consultants specializing in Collaborative Management training.	SMT	HHSA Director	Completed	

2. Create a clearly defined shared vision collaborative management model.	SMT, Amistad and Associates	SMT	In progress	Includes roles and responsibilities, incorporates diversity
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				principles, and promotes open communication across HHSA.
3. Create and implement baseline curriculum for mandatory on-going training of staff, supervisors and managers on the purpose and importance of collaborative management for diversity issues, and the necessary skills needed in creating a culture of collaborative management.	All HHSA Staff	HHSA Director	On-going	Skills training may include communication, time management and conflict resolution and should be a component of all core competencies.

**Estimate the Time Required Implement:**

**Approximately One Year.** (Substantive changes/Implementation)

**Rate the Potential Impact:**

**High** – addresses multiple needs/ large number of people

**Budget Estimate:**

**HIGH.** Over \$50,000



**Napa County Health and Human Services Agency**  
**DIVERSITY RECOMMENDATION #2**

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**Title:**

Establish a feedback process for instances of perceived intolerance.

**Description:**

Develop a process to empower all agency employees to resolve perceived bigotry or intolerance through a peer to peer resolution program that includes follow through and review through existing Agency processes.

**Evidence of Need:**

Participants in the Diversity Futures Conference identified the following as evidence of need for establishing a complaint process:

- Staff report there is a lack of response to intolerance and bigotry that occurs within the agency.
- There is no feedback mechanism for instances of intolerance.
- The Agency does not have a process for disciplinary response and no formal policies for instances of intolerance.

**Potential Action Steps:**

Steps	Who Involved	Who Approves	Estimated Time	Notes
1. Research to determine the legalities, potential Union issues, and experiences of any Diversity Committee or similar body who is involved in peer to peer dispute resolution. Make a recommendation on the role of the DSC in the program related to diversity and inclusion issues.	Special team of 3 persons knowledgeable of diversity; HR; possibly Union official	SMT	6 months	Complaints that may require disciplinary action are confidential and should be handled by management working with human resources professionals, County Counsel, and possibly union officials.  Once the DSC is established and initial education of the DSC is complete, they will review the findings from Step 1 and work with HR, the Union and other necessary groups to determine the peer to peer dispute resolution process.
2. Designate appropriate staff and define the process for referring concerns of intolerance to the peer to peer resolution	HR, Compliance, DSC	HHSA Director	6 months	In general, matters should be filtered initially through an individual's supervisor or manager and then disseminated either to Human Resources or



program.				Compliance as necessary. Eventually, the Diversity Steering Committee may want to be a resource in situations related to diversity issues
3. Develop a policy and procedure that addresses appropriate processing of issues, explains how to identify situations that should be handled by existing Agency and County grievance procedures, and addresses issues of confidentiality,	DSC, HHSA HR	HHSA Director	6 months	
4. Create a process for employees to request concerns of intolerance be handled using the peer to peer resolution program.	DSC	HHSA Director	3 months	Ask petitioner the outcome sought.
5. Disseminate form and train all staff on Policy and Procedure and intent of program.	DSC, HR	HHSA Director	On-going	Training and Education would need to inculcate the fact that repeated instances of intolerance or insensitivity would have consequences.
6. Bi-Annual review of all formal complaints and peer to peer program referrals (respecting confidentiality) to determine trends or issues that indicate training, education or other interventions are needed to reduce the incidents, and to determine if the peer to peer program leads to a reduction in formal complains and behaviors that lead to complaints.	DSC	HHSA Director	Bi- Annually	At best, a review would include numbers and must avoid using names of people who are accused or accusing. Information on demographics would also be helpful.



**Estimate the Time Required Implement:**

Approximately **One year**

**Rate the Potential Impact:**

**High** – addresses multiple needs/  
large number of people

**Budget Estimate:**

**None.** This is already covered in existing  
budgets or doesn't need a budget.

**Napa County Health and Human Services Agency**  
**DIVERSITY RECOMMENDATION # 3**

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**Title:**

Provide a structure for increasing communication on diversity issues.

**Description:**

Supervisors and managers, using tools developed by and made available by the Public Information Officer, the Diversity Steering Committee (DSC), and others, as well as their own initiative, promote diversity through ongoing communication.

**Evidence of Need:**

Participants in the Diversity Futures Conference identified the following as evidence of need for creating a structure to increase communication on diversity issues:

- There is no clear communication plan for implementing the diversity plan. Currently, employees only hear information through the Agency newsletter.
- Diversity is not seen as a priority. Employees decline to contribute for fear of retaliation.
- No vehicle is in place to facilitate communication.
- No clearly defined measures of success.

**Potential Action Steps:**

Steps	Who Involved	Who Approves	Estimated Time	Notes
1. Develop a communication plan utilizing multiple means: <ul style="list-style-type: none"> <li>a. Publish results and recommendations of DFC and Diversity Initiative Strategic Plan on Department intranet page;</li> <li>b. Develop a shared lexicon on diversity components; and</li> <li>c. Develop strategies that promote Agency diversity efforts.</li> </ul>	PIO, DSC, HR, Supervisors and Managers	SMT	3 months	Publish results of Diversity Futures Conference and Diversity Initiative Strategic Plan  Incorporate diversity topics and discussions as a customary agenda item at staff meetings and SAM meetings.  Create focused ongoing multi-unit/divisional forums to discuss diversity topics and challenges, etc  Create a forum for the Senior Management



				Team to be increasingly present and available to communicate about diverse issues.
2. Create handbook on diversity for clients and staff as a guide to reduced barriers and optimized service. This handbook should include the standards and desired outcomes that are developed as part of the implementation of Rec. 8.	DSC, HR/Training, consultants as needed depending on workload.	HHSA Director	6 months to one year	To save cost this handbook could be accessible on the Agency website with some process to have weekly email reminders that feature steps individuals can take to reduce barriers to service as well as reference the entire handbook.  Writing a handbook may require external resources and/or assistance to develop the diversity and cultural competency benchmarks – See Rec. 8.
3. Identify and utilize diversity among staff in an appropriate and sensitive manner to enhance understanding and awareness.	All Staff, Supervisors and Managers lead	HHSA Director, DSC	6 months to one year	Some staff have experience with diversity and/or been active in diversity work - knowledge and resources that could benefit the Agency at no cost. A note of caution, however: the “Ambassador” phenomenon that occurs when one is called upon to ‘represent’ their respective groups (primary diversity dimension) should be avoided. ‘Appropriate’ here means that individual employees have a choice about sharing their diversity background.
4. Update HHSA core values and mission statement to	SMT	HHSA Director	6 months	Tie into Collaborative Management Initiative



include diversity.				
5. Add diversity component to employee survey.	DSC, HHSA Director	DSC	6 months	

**Estimate the Time Required Implement:**

**Multiple Years.** Would take at least a year, perhaps several, to implement

**Rate the Potential Impact:**

**High** – addresses multiple needs/ large number of people

**Budget Estimate:**

**Low.** Under \$5000.



**Napa County Health and Human Services Agency**  
**DIVERSITY RECOMMENDATION # 4**

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**Title:**

Ensure accountability for diversity and cultural competence.

**Description:**

Ensure accountability for modeling diversity and cultural competence standards.

**Evidence of Need:**

Participants in the Diversity Futures Conference identified the following as evidence of need for increased accountability for diversity and cultural competency throughout the Agency:

- Agency staff does not consistently and effectively model diversity.
- Management and supervisors are not perceived as “change agents” by staff as evidenced by staff feedback provided at the Diversity Futures Conference.
- Agency does not provide leadership program(s) for all levels of staff outside the usual career track.
- Management and supervisors are not rated on performance appraisals as to their ability to provide leadership in the context of diversity.
- Staff is not held accountable for reducing barrier to client service through diversity.

**Potential Action Steps:**

<b>Steps</b>	<b>Who Involved</b>	<b>Who Approves</b>	<b>Estimated Time</b>	<b>Notes</b>
1. Develop a tracking system to ensure all staff attend the training as developed as part of Rec 8	HR/Training, SMT	HR	In-progress	Assure that an attendance tracking system is developed and reported to Division directors for all mandatory diversity training.
2. Ensure all staff have read, comprehend, and agree to model the diversity and cultural competence standards, appropriate behaviors and understand the desired outcomes that are developed as part of Rec 8	SMT	HHSA Director	On-going	Develop an agreement form for staff to sign following training.



<p>3. Incorporate leadership in diversity into all supervisors and managers performance evaluations and add diversity components to all staff performance evaluations.</p>	<p>SMT, HR</p>	<p>HHSA Director</p>	<p>1-3 months</p>	<p>Provide a one-year “grace” period. During this time everyone is appraised, but no consequences are provided to allow time for the standards and appropriate behaviors to be fully understood.</p>
<p>4. Include a Diversity heading on the Annual Agency Action Plan/ Strategic Plan. Include a phase in the process during which all division plans are reviewed with “diversity lenses” on.</p>	<p>SMT, DO (DSC to develop alternate plan in the event hiring a DO is not feasible)</p>	<p>HHSA Director</p>	<p>Ongoing</p>	<p>The DO will assist Division Directors in crafting relevant annual plans, setting annual goals and assuring that division’s diversity issues are surfaced and addressed. Review of progress on the plans should occur quarterly.</p>

**Estimate the Time Required Implement:**

Approximately **One year**

**Budget Estimate:**

**Low.** Under \$5000

**Rate the Potential Impact:**

**High** – addresses multiple needs/ large number of people



**Napa County Health and Human Services Agency**  
**DIVERSITY RECOMMENDATION # 5**

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**Title:**

Create an employee taskforce that focuses on bilingual workload issues

**Description:**

Create a task force across programs and levels to address disparities in workload and service delivery including translation services.

**Evidence of Need:**

As identified at the Diversity Future's Conference, as well as in Focus Groups, there is a disproportionate amount of work placed on employees who provide translation services in addition to their routine job duties. The following is evidence of need for the creation of a multilingual employee taskforce:

- There are insufficient translators & interpreters to meet HHSA client needs for culturally competent services.
- Workload assessment lacks diversity dimensions and cultural competency. Bilingual workers who provide translation services express distress and feelings of being overworked and burnt out due to disproportionate workloads. Bilingual employees have revealed that they are denied time off and discouraged from participating in conferences/ workshops / training due to lack of bilingual coverage.
- Bilingual employees feel they have no support from supervisors and managers for their translation skills. A mechanism does not exist to hear bilingual employee issues and concerns outside of individual programs or divisions.
- Bilingual employee issues, when raised, seem often to be dismissed or overlooked. Bilingual employees fear they will be labeled as negative or worse, that there will be retaliation for speaking up.
- There is a current negative workplace environment which discourages potential candidates from applying for bilingual positions.

**Potential Action Steps:**

Steps	Who Involved	Who Approves	Estimated Time	Notes
1. Create a task-force across programs and levels to address bi-lingual employee and service delivery issues at HHSA	SMT, DSC	HHSA Director	3 months	Bilingual task force must have clear boundaries and be clear on purpose. Specific goals, mission objectives, and processes will be needed. It should be a voluntary agency-wide committee with representation from



				<p>each division.</p> <p>Other considerations include:</p> <ul style="list-style-type: none"> <li>• Will the committee be strictly advisory?</li> <li>• Will the committee be structured to report up through the DSC as an advisory body?</li> <li>• What will the member selection process and term of office be?</li> </ul> <p>Roles and responsibilities may include:</p> <ul style="list-style-type: none"> <li>• Looking at best practices (example: bilingual pay) in private sector and other counties</li> <li>• Making recommendations based on those best practices</li> <li>• Looking at the nuances of language and translations/ interpretation services</li> <li>• Determining service gaps related to clients primary languages.</li> </ul>
2. Research and analyze the issues regarding translation, workload inequities, staffing and resources needed to serve community. Include perspectives of staff, supervisors and clients.	Managers, Supervisors, and Division Line Staff, BTF (Bilingual Taskforce)	SMT	3-6 months	Each program/unit must establish a workload baseline in order to start addressing these issues. Bring in experienced contractor to establish baselines.
3. Create a process and designate an ombudsman with whom employees can raise language related concerns and be assured issues will be addressed	BTF, DO (DSC to develop an alternate plan in the event hiring a DO is not feasible)	HHSA Director	6 months	Ensure no fear of retaliation for those employees that participate in task-force or who voice concerns.



4. Ensure supervisors and managers are aware of translation and workload issues.	BTF, SMT	HHSA Director	<1 year	Include at least one managers and one supervisor on taskforce.
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**Estimate the Time Required Implement:**

**Multiple Years.** Would take at least 2 years, perhaps several, to implement

**Rate the Potential Impact:**

**High** – addresses multiple needs/ large number of people

**Budget Estimate:**

**None.** This is already covered in existing budgets or doesn't need a budget



*“Supervisors do not promote growth. I have to advocate for my own growth. I wonder how the message is conveyed upward.”*

*~Latino Focus Group Participant~*



*“Going above and beyond expectations is not rewarded.”*

*~ Latino Focus Group~*

*“I do not feel my degree is valued.”*

*~Discipline Levels Focus Group Participant~*

## Workforce Development Overview

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The Diversity Initiative Strategic Plan incorporates two recommendations intended to create more imaginative, practical and effective recruitment and hiring practices, assist the Agency in keeping its most talented people, and promote long-term professional growth, development, and advancement within the Agency. The Diversity Initiative Planning Team recommends the creation of an equitable and transparent advancement process, a diverse recruitment and retention plan, and a shift in focus to create an increasingly diverse staff for the future. The goal of these recommendations is to develop and maintain a staff composition that reflects the community served by the Agency.

The costs for the implementation of these workforce-related recommendations are relatively low and the impact will be high in addressing the multiple needs of numerous individuals. The majority of resources associated with the implementation of these recommendations will require contributed time from current staff members. It is anticipated that many action steps within each recommendation will be relatively simple to accomplish, while others will require long-term planning and design.

Recommendations in the section include:

- R-6 Develop transparent and equitable career and advancement opportunities that further diversify the HHSWA workforce and meet the present and future needs of the Napa County community.
- R-7 Recruit and retain adequate staffing to meet the needs of the community



*“Life is change.  
Growth is optional.  
Choose wisely.”*

*~Karen Kaiser Clark*

*Contemporary consultant, Lecturer, Educator and Author~*

**Napa County Health and Human Services Agency**  
**DIVERSITY RECOMMENDATION #6**

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**Title:**

Develop transparent and equitable career and advancement opportunities that further diversify the HHSA workforce and meet the present and future needs of the Napa County community.

**Description:**

Develop and implement an ongoing Diverse Workforce Development Program that identifies and prepares a diverse and stable pool of current and future employees to assume leadership roles in Napa County Health and Human Services.

**Evidence of Need:**

As evidenced at the Diversity Futures Conference, as well as in Focus Groups, participants felt that one significant way to ensure service to the Napa County community is to diversify the internal HHSA workforce. The following is further evidence of this need:

- Due to significant evidence of retirement (9.75% of staff are over 60 years and therefore may be retiring soon), there is a need for a succession plan within the Agency.
- Representation of community diversity in the workforce, particularly for leadership positions, is not evident.
- Agency staff has expressed feelings that the Senior Management Team does not always promote the Agency’s vision with a focus on diversity in their internal/external interactions.
- There is a lack of qualified applicants for available positions as evidenced by long-term vacancies & high rates of turnover.
- An advancement process for employees to follow as they pursue career development is not clearly defined.
- Employees with translation abilities perceive they are passed over for promotion due to the need for those special services and a lack of qualified staff to replace them.
- Performance is not directly related to step increases, there is no mechanism to reward outstanding employees at the top of the scale short of promoting to supervisor.
- Employees perceive favoritism and discrimination in the promotional process.
- Employees indicate there is a need to feel valued and have a clear plan for career development within the Agency.

**Potential Action Steps:**

<b>Workforce Development Committee and Plan</b>	<b>Who Involved</b>	<b>Who Approves</b>	<b>Estimated Time</b>	
1. Formation of a Workforce Development Committee	HR, SMT	HR, SMT	3-6 Months	



(WDC)				
2. Convene WDC to develop comprehensive, multi-phase Diverse Workforce Development Plan (DWDP) to address short and long-term workforce needs.	HR, SMT, Schools, WDC, DT HR	HR, SMT	1-2 years	Workforce data and community data will both be required by the Workgroup in order to put together a community and classification-specific Plan for Workforce Development.
3. Measure short, medium and long term results of the DWDP.	WDC, QM	HHS Director, QM Director	Ongoing	Short term results-process goals;  Medium term - increase in numbers of internal competitors for supervisory and management positions from people of diverse backgrounds;  Long-term - overall increase in staff composition from diverse backgrounds.

<b>Development of an HHS Succession Plan</b>	<b>Who Involved</b>	<b>Who Approves</b>	<b>Estimated Time</b>	<b>Notes</b>
1. Create a more formalized and communicated succession plan that will address the projected needs of HHS for a minimum of 5 years	HR, Operations, WDC, SMT, DO (DSC to develop alternate participation in the event hiring a DO is not feasible)	HR, SMT	6 months to one year	Will involve strategic planning involving projection of community demographics, service needs, program funding, and the skill sets and competencies needed to meet those projections.
2. Create, implement and encourage participation in Individual Development Plan (IDP) process for employees interested in growth and/or future	HR, Operations, DT HR	SMT	3 months	Build infrastructure by encouraging the pursuit certificates and degrees.  Individual



opportunities within HHSA				Development Plans should include rotational opportunities for staff across programs when appropriate.
3. Analyze promotion patterns periodically to assure that there is equitable advancement throughout HHSA Divisions	HR, Operations, DSC, WDC	HHSA Director	Ongoing	Possibly as a monitor in the DSC QM Plan  This information should be obtained during the analysis done by the WDC
4. Enhance the HHSA internal workforce capacity by capitalizing upon employee and local labor resources and statewide workforce development programs such as Title IV-E and the MHSA Workforce Training and Education Initiative.	WDC, HR, Intern Coordinator,	HHSA Director	1-5 years	For classifications which may be critically lacking diversity, more development and/or recruitment strategies may be required.  One of the goals in the plan should be to improve extra-help promotion to FTE avoiding wasted training hours (e.g. internship & mentorship programs).

<b>Develop and Implement an HHSA Leadership Academy</b>	<b>Who Involved</b>	<b>Who Approves</b>	<b>Estimated Time</b>	<b>Notes</b>
1. Identify who would be involved in development and implementation of the leadership academy.	WDC, SMT, HR	HHSA Director	2 SMT Meetings	
2. Research and develop leadership program models with proven curriculum shown to promote diversity in leadership	WDC, HR, Managers., Supervisors	SMT , WDB	6 months	



3. Identify trainers, whether in-house or consultants	WDC, HR and Training Coordinator	WDC, SMT	9 months	
4. Establish objective criteria for selection of participants in Leadership program(s) and capacity of the program.	WDC	SMT	6 months	Establish clear selection criteria to avoid the appearance of pre-selection bias and to consider diverse leadership representation. Criteria must be independent of formal credentials to fully tap the potential of the workforce.
5. Begin a pilot program with limited participants	WDC, HR, Training Coordinator	WDC, SMT	1 year	
6. Implement full program	WDC, HR, Trainers	HHSA Director	18 months, ongoing	Curriculum should capitalize upon existing resources whenever possible.

**Estimate the Time Required Implement:**

**Rate the Potential Impact:**

**Multiple Years.** Would take at least a year, perhaps several, to implement

**High** – addresses multiple needs/ large number of people

**Budget Estimate:**

**None.** This is already covered in existing budgets or doesn't need a budget (**unless the decision is made to hire outside trainers, rather than utilizing internal staff**).



**Napa County Health and Human Services Agency**  
**DIVERSITY RECOMMENDATION #7**

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**Title:**

Recruit and retain adequate staffing to meet the needs of the community.

**Description:**

HHSA will be an employer of choice in Napa County by reflecting the diverse composition of the community within its workforce. HHSA must develop and implement an aggressive recruitment plan to ensure a diverse staff.

**Evidence of Need:**

As evidenced at the Diversity Futures Conference as well as in Focus Groups, the current recruitment plan is insufficient to meet the Agency’s need for a diverse staff. A more comprehensive plan is needed to meet agency and community needs. The evidence of need for a comprehensive recruitment and retention plan are as follows:

- The current recruitment process is not sufficient to attract a diverse pool of applicants. There is a lack of applicants for entry level, management, and skilled professional and licensed staff across the Agency.
- There is a lack of understanding at HHSA of the breadth, depth, and composition of community needs.
- Applicant feedback indicates that the recruitment and hiring process is not relevant to specific positions.
- HHSA lacks a family-friendly environment that is needed to attract and retain additional segments of the population
- Extra-Help staff receive training & development while working at HHSA, but then leave after 6 months.

**Potential Action Steps:**

Step	Who Involved	Who Approves	Estimated Time	Notes
1. Expand diversity recruitment by extending recruitment efforts to include career fairs, local colleges, diverse locations, internal and external diversity groups, and informal community leaders. The Agency must take a strong position on the importance of ensuring diversity in the Agency’s	HR, Intern Coordinator, DSC, DT HR, Community Organizations, Employee Assoc., Community Leaders	HR, HHSA Director	1 year	Suggestions: <ul style="list-style-type: none"> <li>• Revise job application to include language regarding diversity to increase appeal to diverse groups</li> <li>• Create targeted recruitment efforts (ex: attend a greater variety of community events)</li> </ul>



recruitment efforts.				for recruiting; reach out to targeted populations) <ul style="list-style-type: none"> <li>Place ad's in diverse publications</li> <li>Put bumper stickers on County cars for advertising for job openings/general HR information.</li> </ul>
2. Study options and develop plans to propose to increase education reimbursement, flex scheduling for continuing education, mentor program, internships, and County paid education time for the unique needs of the HHSA workforce.	SMT, HR, CEO, BOS, Union	SMT, CEO, BOS, Union	1-2 years	
3. Study, develop and fund incentives to attract applicants including educational programs (such as Title IVE/MHSA), residency incentives and sign-on bonuses	HR, SMT	BOS	6 months to one year	Examples: <ul style="list-style-type: none"> <li>Offer additional benefits and arrangements to attract targeted groups (ex: flexible hours and days, etc.);</li> <li>Offer job placement opportunities for spouses of recruited candidates.</li> <li>Offer a possible sign-on bonus;</li> </ul>
4. Study the possibility of offering child-care, flex scheduling, and job share in an effort to create a more family friendly environment.	SMT, HR, BOS, Union	HR, SMT	1 year	
5. Expand opportunity for extra help employees	HR, SMT, Fiscal	HR	3-6 months	<ul style="list-style-type: none"> <li>Opportunities to work in other departments</li> <li>Allow for agency-wide extra help list (with consideration</li> </ul>



				of Social Services hiring regulations) <ul style="list-style-type: none"> <li>Add bilingual pay for extra help staff.</li> </ul>
6. Study and advocate for the streamlining of Merit Systems current recruitment processes.	HR, County HR,	HR	2 months	Merit processes are a perceived barrier to the hiring process. Testing, interviewing, and selection process for Social Services positions are regulated by state law. Assessment should also include interviewing of non-Merit Counties.
7. Recommend continuation of comprehensive study of salary and compensation packages offered by surrounding counties which also looks at bilingual compensation be included in next Union negotiation.	HR, DT HR, SMT, Fiscal	HHSA Director, BOS, Union	6 months	Focus should be on the classifications identified in WDC Analysis as lacking diversity or hard to fill.

**Estimate the Time Required Implement:**

Approximately **One year**

**Rate the Potential Impact:**

**High** – addresses multiple needs/ large number of people

**Budget Estimate:**

**High.** Potentially over \$50,000



*“Being respectful is not making assumptions about people.”*

*~Sexual Orientation Focus Group~*



*“I would like to see trainings available to staff that encourage cultural sensitivity.”*

*~Interviews and surveys~*



*“If there were conversations like this in the past, we would not be where we are today. We need to keep talking.”*

*~Gender Focus Group~*

## Standards and Training Overview

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Developing standards and designing diversity training strategies and processes is one of the most crucial aspects of the Diversity Initiative Strategic Plan. This recommendation is central to establishing overall standards for diversity and cultural competence and for designing training which builds the necessary skills for staff to implement diversity practices. Establishment of standards and ongoing training will lead to successfully institutionalizing the skills, knowledge, and behaviors thus leading the Agency towards a more culturally competent organization. A well orchestrated, ongoing, multi-level training program is the most effective method to ensure diversity efforts are successful.

The impact of this recommendation is extremely high both on members of the internal Agency and on the community as a whole. While the cost associated with the development of standards and training is likely to be high (estimated \$50,000+), the benefits will far outweigh the associated costs.

Since the development of standards and training is such a central component of the Diversity Initiative, this recommendation is scheduled to begin immediately following the acceptance of the Diversity Initiative Strategic Plan. The training plan associated with this recommendation will be conducted in various phases, but will continue on an ongoing basis. Training will be required of all staff within the Agency.

Recommendation in this section:

- R-8 Create and implement a comprehensive, agency-wide training plan on diversity & cultural competency



*“Prejudices cannot be removed by legislation... they yield only to patient toil and education.”*

*~Mohandas Karamchand Gandhi*

*20<sup>th</sup> Century Leader of Indian Nationalism and a Prophet of Nonviolence~*

**Napa County Health and Human Services**  
**DIVERSITY RECOMMENDATION # 8**

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**Title:**

Create and implement a comprehensive, agency-wide training plan on diversity & cultural competency.

**Description:**

Institute an ongoing, multi-level training program to include a broad spectrum on diversity and cultural competency issues. This will include specific training for managers and supervisors to become fully versed and education in modeling diversity to staff.

**Evidence of Need:**

- There are no stated standards, expectations and no business argument for diversity and cultural competency. Without these and accompanying training there will be no foundation of skills, knowledge and behaviors to build on and no way to ensure accountability.
- Staff & community input through focus groups, interviews and surveys indicate we need to improve agency cultural competence and diversity. Cultural Competence is a long term developmental process that will require ongoing training as a critical tool to disseminate best practices and cultural/diversity competency information.
- Training is inadequate to address the growing and changing needs of the community. There is currently very little training offered on various diversity dimensions and even less training on community specific populations and service areas.
- There is no County or HHSA Policies that addresses or recognizes the scope and dimensions of diversity, defines diversity, acknowledges the changing demographics of the community or recognizes the need for training in these areas.

**Potential Action Steps:**

Step	Who Involved	Who Approves	Estimated Time	Notes
1. Develop Agency diversity goals, diversity standards and expectations for workplace behavior.	DO & DSC  (If the DO is not onboard within 6 months after the SMT revision or approval of the IPT's recommendations, then this step must proceed using a task force)	HHSA Director, SMT	3 months	Utilize model of 'Company Diversity Behaviors'. Behavioral expectations for the Agency:  'a) showing awareness of self and acceptance of others  b) fostering inclusion,  c) knowing and implementing the



				<p>organizations equal opportunity policies and practices.</p> <p>d) creating and maintaining an environment that explicitly values diversity</p> <p>e) ensuring that the Agency exhibits high standards for diversity</p>
<p>2. Clearly identify desired outcomes of training (skills, awareness, reduced complaints), and establish a means of measurement.</p>	<p>DO (DSC to develop alternate plan in the event hiring a DO is not feasible)</p>	<p>DSC</p>	<p>2 months</p>	<p>Link with QM efforts to measure the level of cultural competency in the agency. Agency pre-test and ongoing "testing".</p> <p>Participant feedback and customer/consumer satisfaction surveys should include items about Agency sensitivity/respectfulness, and attitudinal and behavioral change, etc. (See Julie O'Mara's 'Company Diversity Behaviors').</p>
<p>3. Create a Diversity Training Sub-committee to work with HR, Operations and the DSC to design and orchestrate the training.</p> <p>(Perhaps this could be a sub-set of the DSC.)</p>	<p>DSC</p>	<p>DSC recommends to SMT</p>	<p>1 month</p>	<p>Recruitment should start shortly after DO is hired or Senior Management Level staff is identified as responsible for the Diversity Initiative Strategic Plan</p> <p>If it is determined that the work involved is too much for the DSC to take on, an alternate step could be that HR &amp; training create the plan and the DSC (or sub-set) serves as a reviewer / collaborator.</p>
<p>4. Create comprehensive 2-4 year plan for Diversity</p>	<p>Training Sub-Committee (Alternate -</p>	<p>Operations Manager, HHS</p>	<p>3 months</p>	



Training	Training, DSC)	Director		
5. Design and implement diversity and cultural competence training programs that include focus on expected agency standards and accountability.	Training Sub-Committee (Alternate - Training, DSC) and DO (DSC to develop alternate plan in the event hiring a DO is not feasible)	HR, SMT	6 mo.	Consider educational means that engage participants in self-knowledge and the potential disadvantages of an indirect approach, where people could learn to only talk the talk only, versus a more direct, emotion-based approach, where people may become polarized.
6. Deliver diversity and cultural competency training curriculum in phases:  Phase 1—Core Framework; Phase 2—Populations; Phase 3—Service Areas	Identified training bodies (UC Davis, training academies), contractors, or in-house staff	DSC, Operations Manager	To begin within 1 year; Ongoing	
7. Using QM plan process evaluate training programs and Agency Cultural Competency – Recommendation 15	QM, DSC	QM Committee	Ongoing	It is imperative that the goal of the training and transformation has some palpable benefit for our clients.

**Estimate the Time Required Implement:**

**Multiple Years.** Would take at least a year, perhaps several, to implement

**Rate the Potential Impact:**

**High** – addresses multiple needs/ large number of people

**Budget Estimate:**

**High.** Over \$50,000



*“I worry about whether our clients feel they receive equal and fair treatment.”*

*~Sexual Orientation Focus Group~*



*“I think the agency is trying to give everyone equal and fair treatment, but they still have a long way to go.”*

*~Interviews and surveys~*



*“Some clients have felt disrespected and belittled, and some have felt that they have been tricked so they could be denied services.”*

*~Latino Focus Group Participant~*

## Access to Quality Care Overview

The overall goal of the Diversity initiative is ultimately to reduce barriers and optimize service delivery to the community. This set of recommendations identifies potential strategies to increase access to quality care services for the community. Recommendations discussed in this section are intended to accomplish this extensive task by increasing client involvement and outreach efforts, improving forms and publications, expanding service locations, and accessibility modifications.

The impact of these recommendations is extremely high, as their effects span the entire community. There are varying costs associated with these recommendations. Many of recommendations, such as increasing client involvement and outreach are expected to utilize staff resources. It would be feasible to implement most of the recommendations for approximately \$5,000 each; however resources could become substantial depending on the quality and scope of planning. While the majority of these recommendations will take several years to fully implement, the overall impact will continue to increase and benefit the community throughout the future.

Recommendations in this section include:

- R-9 Expand access and outreach opportunities to underserved populations
- R-10 Provide translation, forms and publications sensitive to dimensions and languages
- R-12 Support multi-level client/consumer Involvement
- R-12 Promote an inviting and functional atmosphere for all clients
- R-13 Improve county presence and services Up-Valley and in American Canyon



*“Every individual matters. Every individual has a role to play. Every individual makes a difference.”*

*~Jane Goodal  
Contemporary British Ethologist~*

**Napa County Health and Human Services**  
**DIVERSITY RECOMMENDATION # 9**

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**Title:**

Expand access and outreach to underserved populations and communities.

**Description:**

Increase community awareness of existing Agency services so that access and enrollment by underserved populations is increased.

**Evidence of Need:**

1. Community data surveys and information obtained from focus groups indicate a lack of community awareness about available resources and programs.
2. Outreach to underserved populations is essential in building trust between the Agency and those communities, reducing stigma often associated with many HHS services, and promoting services.

**Potential Action Steps:**

Step	Who Involved	Who Approves	Estimated Time	Notes
1. Convene an agency-wide outreach team to share information across the agency; ensure there is a coordinated approach to outreach and collaborate on outreach efforts to increase the visibility of all HHS programs.	DSC, SMT	HHS Director	1-2 months to convene with regular meetings	
2. Create a master calendar for tracking annual outreach events such as Puertas Abiertas Health Fair, Binational Health Week, etc.	Agency Outreach Team, DSC	Chair of Agency Outreach Team	1 month	
3. Research best practice approaches for promoting access to services such as Promotora Models and services in non traditional settings.	Agency Outreach Team, DSC	SMT	6 months	



4. Identify and implement best practice outreach approaches on a Division or Unit basis	Outreach Team, DSC, Division Staff, Managers	HHSA Director	Ongoing	Need to address budget and staffing issues related to outreach. Also need to address program capacity.
5. Create an Agency Communications Plan to market agency services via the Web, newspaper, brochures, TV appearance, outreach events and radio.	County PIO Agency PIO ITS, DSC	HHSA Director	6-12 months	Consider a point-in-time survey with clients to determine how they heard about our services and where they normally first go to seek out help.
6. Incorporate audio-visual media in other agencies with high volume and exposure.	Operations Manager	SMT	6-18 months (analysis of sites, negotiation, purchase of equipment, if any, etc.)	This could be as simple as a running digital ticker, or piggy-backing on existing devices already in use by other agencies, all the way up to kiosks in high traffic areas
7. Update and disseminate resource guide/directories to staff and the community in Spanish and other languages including Braille and large print. (Refer to Recommendation #10)	Administration, all Agency staff	SMT	12 -18 months	Include community specific information in resource guide/directory.  Link to NapaHelp.info and 211 Network of Care  Need to contact World Institute on Disability (Wid.org) to consult regarding best approaches for communicating with individuals with low vision.
8. Identify Agency staff that are currently participating on the Outreach Network, purpose of the Network, the degree to which the Network is a useful vehicle for conveying information and assign staff to participate from each Program/Division.	SMT	N/A	1-2 months	



**Estimate the Time Required Implement:**

**Multiple Years.** Would take at least a year, perhaps several, to implement

**Budget Estimate:**

**High.** Over \$50,000

**Rate the Potential Impact:**

**High** – addresses multiple needs/  
large number of people



**Napa County Health and Human Services**  
**DIVERSITY RECOMMENDATION #10**

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**Title:**

Provide translation, forms and publications sensitive to various diversity dimensions and languages.

**Description:**

Review/modify existing forms and publications to ensure cultural sensitivity and select forms to be translated, corrected or eliminated where necessary.

**Evidence of Need:**

- Focus group feedback indicates need for revision/modification with inclusive language.
- Existing forms are limited in their scope of diversity/sensitivity.
- Forms are not readily available to all HHS employees and to the public at large.
- There is no current Agency protocol standardizing the translation of documents in regards to content and review process.

**Potential Action Steps:**

Step	Who Involved	Who Approves	Estimated Time	Notes
1. Explore other County and Health Care Systems (Kaiser and QVH) to determine best practices in client engagement and implement strategies for engaging with new clients and explaining services prior to asking clients to complete required forms. Additionally, promote awareness around language barriers that may stem from clients who may come from Spanish speaking countries, but whose primary language is not Spanish.	Program Managers	HHSA Director	3 months	Examples: Alumni Greeters, client advocates, etc
2. Review existing forms to determine which forms are required legally as well as which forms are translated properly. Identify forms	Division Managers, Supervisors and Staff,	SMT	3 months	Consider how this might dovetail with a central client registry – See Recommendation 21 Consider how our forms



that don't need to be used.				might be used to help clients make application to other community based organizations.
3. Using a standard tool across the agency, review existing forms and policy & procedures for language sensitivity to diversity, e.g., alternative access, domestic partners, literacy levels, etc. Universal translation protocols should be researched and a competent source contracted in order to prevent additional responsibility on staff to translate. Adequate models of translated material should be identified in order to model competency in translation.	DSC, Social Services Forms Committee, Program Staff, Contractor	DO (DSC to develop alternate approval mechanism in the event hiring a DO is not feasible)	3 months	Identify required resources through staffing and/or contractor. May be other county or state tools available.
4. Select, assign, and update forms and policy & procedures to be translated as needed based on above assessment.	DSC, Social Services Forms Committee, Program Staff, Contractor	Division Manager with DSC as Consultant	6 months	
5. Publish translated, updated & new, and State & Federal forms on Chardonay/Shared drives to ensure consistent service delivery.	Program Staff responsible for Intranet posting, ITS	SMT	Immediately upon approval of form(s)	
6. Inform public on how to obtain translated forms and publications	ITS, Program Staff	SMT	1 month, Ongoing	

**Estimate the Time Required Implement:**

**Multiple Years.** Would take at least a year, perhaps several, to implement

**Rate the Potential Impact:**

**Medium** – addresses several needs/a medium number of people

**Budget Estimate:**



**Medium.** From \$5,000 to \$50,000



**Napa County Health and Human Services**  
**DIVERSITY RECOMMENDATION #11**

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**Title:**

Support Multi-level and Divisional Client/Consumer Involvement

**Description:**

Promote Client/Consumer/Customer involvement in all Agency program systems; in advisory, employed, and oversight capacities related to service delivery and engagement strategies.<sup>1</sup>

**Evidence of Need:**

- Current County practice may not exemplify best practice in a number of service arenas regarding Customer/Consumer participation and employment to improve customer service, inform service philosophy and increase access.
- Currently, programs are primarily designed to meet governmental requirements without input from the people who will utilize and benefit from the services.
- Service delivery should reflect strength-based practice and Motivational engagement principles.

**Potential Action Steps:**

Step	Who Involved	Who Approves	Estimated Time	Notes
1. Identify current agency efforts to involve clients/community/ families in program planning, delivery etc.	Team comprised of program supervisors, staff, and stakeholders	SMT	2 months	Consider how this may dovetail with improved CBO relationships (#19)
2. Examine organizational practices/traditions that promote or impede client/community/family involvement. Determine if strength-based principles are being applied within HHS.	Team comprised of program supervisors, staff, and stakeholders	SMT	2 months	Include data from the Mental Health survey and other Division surveys that may exist.
3. Identify strategies for client involvement such as advisory committees, ad hoc groups etc. Include processes for involvement	Team comprised of program supervisors, staff, and		2 months	

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<sup>1</sup> Client/Consumer involvement in Program Systems as opposed to Administrative Systems



of monolingual client involvement efforts.	stakeholders			
4. Explore the use of alumni/senior peers in service delivery.	Team comprised of program supervisors, staff, and stakeholders	SMT	1 month	
5. Provide a report or recommendations on suggested implementation of strategies identified in above analysis.	Team comprised of program supervisors, staff, and stakeholders	SMT	3 months	
6. Strategic planning by division	Management, consumers, other stakeholders	SMT	6-9 months	Issues will vary widely by division.
7. Plan implementation	Program Managers or Designated Central Steering Committee	SMT	Ongoing	May require training resource with divisional specificity. One example is identifying specific clients who could act as patient advocates for new Adult Mental Health patients and provide peer support while new patients and their families adapt to treatment/meds. Advocates could work with case managers to ensure effective follow up and follow through of appointments.
8. Evaluation by Division using QM process	QM, Stakeholders	QM Committee	Ongoing	May be subject to some form of regulatory accountability already. Determine if there are regulations prior to the development of a plan.

**Estimate the Time Required Implement:**

Approximately **One year**

**Rate the Potential Impact:**

**High** – addresses multiple needs/ large number of people



**Budget Estimate:**

**Medium.** From \$5,000 to \$50,000



**Napa County Health and Human Services**  
**DIVERSITY RECOMMENDATION # 12**

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**Title:**

Promote an inviting atmosphere and functional environment for all clients.

**Description:**

Focus on the unique needs and diverse cultures represented among county programs and, using the principles of Universal Design\*, promote changes in the Agency’s infrastructure that will better reflect those diverse cultures.

**Evidence of Need:**

- Displaying culturally diverse art and other items throughout the campus would immediately demonstrate to the public and staff the Agency’s commitment to diversity.
- Visual inspection of the campus reveals that buildings and access to services do not meet the principles of universal design. Grounds are not easily navigated and the buildings offer a variety of challenges to clients with a variety of abilities.
- Information and forms are not universally accessible to clients with a variety of abilities.
- Setting can help clients be more at ease (example: focus group comments about some use of religious pictures that made persons not of the religion uncomfortable).
- Some facilities may not be in compliance with the Americans with Disabilities Act.

**Potential Action Steps:**

Step	Who Involved	Who Approves	Estimated Time	Notes
1. Once the DSC is established, convene a subcommittee within that group to study the above noted issues and make recommendations.	DC, HHSA Disability Navigator, Operations Manager	SMT	2 Months	Consider consultant in universal design.  Include the disabilities navigator & facilities manager on this subcommittee
2. Identify short & long term goals with costs per each	DC, HHSA Disability Navigator, Operations Manager	DSC	6 months	Establish questions in the needs assessment to gather data on existing culturally-derived décor and celebrations of culturally relevant days and “history months”. Begin process with mandated regulations



				or if none exists consider using least expensive methods to implement.
3. Establish budget & strategic plan for short and long term goals	Committee	SMT	2 months	
4. Implement, seek funding if necessary	Committee	SMT	6 months to one year	
5. Maintain subcommittee to assess results of changes and make further recommendations as appropriate	Committee	SMT	Ongoing	

**\* Additional Information on Universal Design:**

<b>Definition of Universal Design:</b>	The intent of universal design is to simplify life for everyone by making products, communications, and the built environment more usable by as many people as possible at little or no extra cost. Universal design benefits people of all ages and abilities.
<b>Principles of Universal Design</b> <a href="http://www.design.ncsu.edu/cud/index.htm">http://www.design.ncsu.edu/cud/index.htm</a>	<ul style="list-style-type: none"> <li>▪ Equitable use</li> <li>▪ Flexibility in use</li> <li>▪ Simple and Intuitive</li> <li>▪ Perceptible information</li> <li>▪ Tolerance for error</li> <li>▪ Low physical effort</li> <li>▪ Size and space for approach and use</li> </ul>
<b>Examples of Universal Design</b> <a href="http://www.design.ncsu.edu/cud/index.htm">http://www.design.ncsu.edu/cud/index.htm</a>	<ul style="list-style-type: none"> <li>▪ Smooth ground surfaces of entranceways, without stairs</li> <li>▪ Wide interior doors and hallways</li> <li>▪ Lever handles for opening doors rather than twisting knobs</li> <li>▪ Light switches with large flat panels rather than small toggle switches</li> <li>▪ Buttons on control panels that can be distinguished by touch</li> <li>▪ Bright and appropriate lighting, particularly task lighting</li> <li>▪ Auditory output redundant with information on visual displays</li> <li>▪ Visual output redundant with information in auditory output</li> <li>▪ Contrast controls on visual output</li> <li>▪ Use of meaningful icons as well as text labels</li> <li>▪ Clear lines of sight (to reduce dependence on sound)</li> <li>▪ Volume controls on auditory output</li> <li>▪ Speed controls on auditory output</li> <li>▪ Choice of language on speech output</li> </ul>



	▪ Closed captioning on television networks
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**Estimate the Time Required Implement:**

**Multiple Years.** Would take at least a year, perhaps several, to implement

**Rate the Potential Impact:**

**High** – addresses multiple needs/ large number of people

**Budget Estimate:**

**Medium.** From \$5,000 to \$50,000



**Napa County Health and Human Services**  
**DIVERSITY RECOMMENDATION #13**

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**Title:**

Improve County presence and services Up Valley and in American Canyon

**Description:**

Increase co-located services with established community providers in North/South County in order to improve access to services.

**Evidence of Need:**

- Feedback received through interviews and focus groups suggest there is a lack of equitable services to north and south county communities.
- Service utilization by different groups (underserved) would be greatly enhanced over current highly centralized service distribution.
- Transportation and economic issues prevent broad access.
- Specific community service needs are not being understood and evaluated. Having a presence in these areas would promote better more targeted service delivery.

**Potential Action Steps:**

Step	Who Involved	Who Approves	Estimated Time	Notes
1. Identify HHSA programs/services that are currently provided in North/South County.	Team appointed by the Division Management (Regionalization Team)	SMT	1 month	Tie to Recommendation #17
2. Review service data to determine disparities in access to services among American Canyon and Up Valley residents.	Regionalization Team	SMT	2-3 months	Explore classism and racism as potential root causes of disparities.
3. Identify best practices in promoting access to services in geographically isolated communities such as co-location.  Make recommendations based on best practices for resolving the disparities identified in	Regionalization Team	SMT	2-3 months	



step 2.				
4. Determine fiscal impacts of out-stationing/co-location.	Fiscal Analysts	Fiscal Manager, SMT, HHSA Director	2-3 months	
5. Plan Agency presence Up Valley and in American Canyon including identification of potential sites/partner agencies for co-location	Regionalization Team, SMT, CBO's, Facility Planning	HHSA Director, County Counsel, BOS	6-12 months	Directly related to the work in Recommendation #19
6. Implement decentralized services	Regionalization Team	HHSA Director	Ongoing	
7. Promote the opening of facilities/shared space to build community awareness and promote utilization.	Program Supervisors, Management, CBO's if appropriate	HHSA Director	18-36 months	

**Estimate the Time Required Implement:**

Approximately **One year**

**Rate the Potential Impact:**

**High** – addresses multiple needs/ large number of people

**Budget Estimate:**

**Medium.** From \$5,000 to \$50,000



*“Successful makes it sound like it can be completed. The recognition that it is necessary and ongoing will be success.”*

*~Gender Focus Group~*



*“It is exciting to be here now with the opportunities for change.”*

*~Sexual Orientation Focus Group~*



*Diversity is a priority under this leadership so others will be on board. The initiative needs to be linked to the Leadership Team.*

*~Interviews and Surveys~*

## Diversity Program Infrastructure Overview

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In order to fully implement a successful Diversity Initiative within HHSA, it is essential to create an infrastructure that is focused and committed to the development and expansion of diversity and cultural competence. It is recommended that this infrastructure include a Diversity Officer, a Diversity Steering Committee, and a Diversity Quality Management Plan.

The DIPT recognizes that the addition of a full time, management level, Diversity Officer will be a costly burden to an already tight fiscal budget. However, the DIPT feels strongly that the creation of a Diversity Officer who will report directly to the Agency Director will:

- provide a much-needed resource to help assure the plan is effectively implemented with the goals accomplished within the multi-year time frame.
- provide a go-to person when expertise in diversity will help solve a diversity dilemma and/or address diversity-related tensions or simply serve as a coach/educator and diversity voice internally and externally.
- release or reduce other Agency resources who now have diversity and cultural competence responsibility or alternately reduce their workloads so they can focus on other priorities.
- and demonstrate the Agency’s commitment to the success of the Diversity Initiative, thereby inspiring others to work towards the accomplishment of the vision.

The DIPT further recommends establishing a rotational Diversity Steering Committee to implement the recommendations contained in this Diversity Initiative Strategic Plan. This Diversity Steering Committee will require minimal additional funding, aside from already existing staff resources. The impact of such a committee will be extremely high as it will be the body tasked with overseeing and monitoring the implementation of the Diversity Initiative Strategic Plan.

The DIPT further recommends that the Diversity Steering Committee, under the direction of the Diversity Officer or Director designee, take responsibility for developing and continuously monitoring a specific Quality Management (QM) Diversity Plan. A Diversity QM Plan would keep the Agency focused on continuous improvement and measurement of desired outcomes in the areas of diversity and cultural competency. The impact of this portion of the recommendation is high as it ensures accountability and transparency of the implementation of

this initiative.

Needed resources will include staff time, but no additional fiscal resources are projected to be needed for the implementation of this recommendation.

The creation of a fully committed infrastructure will promote and nurture diversity and cultural competency within the Agency. Without an infrastructure, the recommendations may be pushed aside for other Agency priorities and will certainly take longer to implement the plan. The DIPT recognizes that significant amounts of funding and staff time have gone into the creation of a Diversity Initiative Strategic Plan and hope to see the creation of a fully implemented infrastructure to bring the recommendations to fruition.

Recommendations included in this section:

- R-14 Diversity Program Infrastructure – Diversity Steering Committee
- R-15 Diversity Program Infrastructure – QM Plan
- R-16 Diversity Program Infrastructure – Diversity Officer



*“I have seen that in any great undertaking it is not enough for a man to depend simply upon himself”*

~Lone Man (Isna-la-wica)  
19<sup>th</sup> Century Teton Sioux Tribe~

**Napa County Health and Human Services**  
**DIVERSITY RECOMMENDATION # 14**

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**Title:**

Develop Diversity Infrastructure: Diversity Steering Committee

**Description:**

Create a diverse, agency-wide committee composed of a rotating multi-level membership to guide the Agency Diversity Plan, educate and communicate diversity issues to the agency, our consumers and CBO's, address issues as applicable and monitor the QM Diversity Plan.

**Evidence of Need:**

1. Best practice indicates a cross level, cross function, and cross diversity committee be appointed to focus on diversity as an effective means to develop the necessary culture change in an organization.
2. Focus group feedback indicates need for on-going home for multiple interventions related to improving diversity in our work with each other and our clients.

**Potential Action Steps:**

Step	Who Involved	Who Approves	Estimated Time	Notes
1. Upon approval of Diversity Plan, appoint Interim Chair for DSC	HHSA Director, Amistad & Associates, SMT	HHSA Director	1 month	Consider selecting co-chairs or a group of 3 persons. This would help assure representation of several diversity dimensions.
2. Develop draft charter containing enough information so potential members and their supervisors are clear about the time and energy commitment necessary to perform in this role. Develop roles and responsibilities for DSC members.	Interim Chair(s) SMT	SMT	2 weeks	Must be addressed with the SMT and agreement must be made that spells out time and support needed and length of time serving on DSC. This has to be viewed as part of the employee's duties.
3. Recruit for applicants	Interim Chair(s) with team of 3 persons who		1 month	



	attended the DFC or served on the IPT			
4. Select members	Interim Chair(s) with team of 3 persons who attended the DFC or served on the IPT	Interim Chair(s), SMT	2 month	Use matrix to maximize diversity (similar to DFC)
5. Convene Committee	DSC	Interim Chair(s)	1 month	
6. Facilitate 2 or 3-day initial team building and grounding meeting of new members so they have the knowledge and skills to do the work required.	Interim Chair(s) with assistance of Diversity consultants	SMT	2-3 days	
7. Finalize Charter	DSC	Interim Chair(s)	1 month	Utilize Recommended Best Practices

**Additional Information:**

<b>Component</b>	<b>Recommended Practices</b>
Selection Process	Self Nomination Tapping Supervisor / Manager Approval Application (including diversity dimension, level in agency, etc.) Use matrix to map diversity Final approval from Interim Chair(s) of DSC and SMT
Term	2 – 3 years Staggered rotation on and off
Composition	Diverse as possible (dimensions of diversity, level in agency) 1/3 line staff : 1/3 Supervisors : 1/3 Management
Meetings	Structured (agenda, minutes) Ensure adequate time is allowed. May need to experiment with different times and frequency of meeting depending on agenda. Suggest no less than 2 hour and no less frequent than every 2 weeks for the first several months, then perhaps a half day monthly.
Communication	Public and open Short and frequent



	Minutes and records Informational emails
Leadership	Co-Chair persons
Mission	Guide the Agency Diversity Plan
Functions	Maintain momentum Keep Diversity Plan up to date Advisory body for DO or SMT member responsible for Diversity Initiative Communicate Educate Remain flexible and responsive to issues that arise Be leaders / models / initiators Monitor the QM Diversity Plan. Educate and communicate regarding diversity to the agency, our consumers and CBO's, Address issues as applicable
Learning	At meetings and in between Shared among members Variety (readings, videos, activities, external facilitation, community events)

**Estimate the Time Required Implement:**

**Quick** – Could be easily done within the next six months.

**Rate the Potential Impact:**

**High** – addresses multiple needs/ large number of people

**Budget Estimate:**

**Low.** Under \$5,000



**Napa County Health and Human Services**  
**DIVERSITY RECOMMENDATION # 15**

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**Title:**

Develop Diversity Infrastructure: Quality Management Plan

**Description:**

Develop a QM Plan to measure the effectiveness of the Diversity Initiative and create action plans as needed and applicable.

**Evidence of Need:**

- A comprehensive QM Plan would be the most effective monitor of the Agency’s progress towards goals and standards. A QM Plan would keep the agency focused on continuous improvement and measurement of desired outcomes in the areas of Diversity and Cultural Competency.
- QM Plan would give HHSa the system to track the data necessary to be proactive in planning and adjusting services to appropriately meet the needs of the community.
- In an Agency that embraces Excellence as an operating principle systems must be in place to ensure that the Agency is using evidence-based practices and service models

**Potential Action Steps:**

Step	Who Involved	Who Approves	Estimated Time	Notes
Utilize DSC to develop QM Plan	Interim Chair(s), DSC  (See Recommendation #14)	QM Committee	6 months	Goals would be both Agency-wide and division specific. QM plan would measure projects approved by the SMT and considered part of the Diversity Initiative.
QM Plan approval and implementation	Interim Chair(s) DSC, QM Division, SMT	QM Committee	1 month	Utilize Recommended Practices.

**Additional Information:**

Component	Recommended Practices
Responsibility	Joint ownership exists between the Diversity Officer, the Diversity Steering Committee and the Senior Management Team.
Leadership	Diversity Officer or Interim Chair



"Key Services"	<p>QM Plan will study outcomes from recommendations in each of the Diversity Plan Components, including:</p> <ul style="list-style-type: none"> <li>• Organizational Development / Leadership</li> <li>• Workforce Development</li> <li>• Training</li> <li>• Access to Care</li> <li>• Diversity Infrastructure</li> <li>• External Relationships</li> </ul>
<b>Roles:</b>	
Diversity Officer	<ul style="list-style-type: none"> <li>• Liaison with QM Division to receive reports, prepare responses</li> <li>• Liaison with Senior Management Team to share results for department specific outcomes</li> </ul>
Diversity Steering Committee	<ul style="list-style-type: none"> <li>• Study outcomes, revise plan</li> </ul>
Senior Management Team	<ul style="list-style-type: none"> <li>• Collaborate with Diversity Officer to prepare responses or implement changes, as applicable</li> </ul>

**Estimate the Time Required Implement:**

Approximately **One year**

**Rate the Potential Impact:**

**High** – addresses multiple needs/ large number of people

**Budget Estimate:**

**None.** This is already covered in existing budgets or doesn't need a budget.



**Napa County Health and Human Services**  
**DIVERSITY RECOMMENDATION # 16**

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**Title:**

Develop Diversity Infrastructure: Diversity Officer

**Description:**

Establish and fill a Diversity Officer position reporting to the Agency Director

- Candidates should demonstrate experience and expertise which reflect the same principle and vision of the diversity dimensions (i.e. vocational immersion in working directly with disparate populations). Should also have clear understanding of scope and depth of agency’s need and commitment to change.
- Diversity program will best serve its purpose as a stand-alone program, with the Diversity Officer directly reporting to the Director, and not a function of a current division (i.e. HR, QM). This is because recommendation implementation crosses over many Agency functions and Divisions and thus the initiative does not “fit” in any one Division. Reporting to the Agency Director will allow for direct accountability of efforts, resources, funding, and potential needed actions that arise from QM plan results.

**Evidence of Need:**

- Best practice indicates that a designated staff person is essential to most successfully manage the complex components of a comprehensive and effective diversity effort.
- Creating the role of a Diversity Officer, at a Management level, reporting to the Director, demonstrates the Agency's commitment to the success of the Diversity Initiative (i.e. QM Division).

**Potential Action Steps:**

Step	Who Involved	Who Approves	Estimated Time	Notes
1. Develop Job Description, salary range and recruiting plan.	QM Director, Amistad & Associates, DT HR	HHSA Director	3 months	Utilize components (See additional information below.) Collect and study available job descriptions
2. Recruit	HR, QM Director	QM Director	6 months	
3. Hire	Panel (TBD)	HHSA Director	1 year	Panel to include internal members (HR, Downtown HR, Senior Managers and Director) and external members (CBO, consumer, Amistad & Associates)



**Additional Information:**

Component	Recommended Practices
Reporting	It is best that this position report to the Director.
Level	Manager. The position needs to be positioned in an appropriate level and functional area so that all aspects of the recommendations and goals are recognized and treated equitably. This person should be a part of the administrative senior management team.
Function	<ul style="list-style-type: none"> <li>▪ Diversity Steering Committee Member</li> <li>▪ Monitor Diversity Strategic Plan and QM Plan Results in collaboration with senior managers as needed</li> <li>▪ Coach and act as a resource to Managers, Supervisors and staff</li> </ul>
Scope Within Diversity	<ul style="list-style-type: none"> <li>• Employee relations</li> <li>• Recruiting and retention</li> <li>• Client care</li> <li>• Community relations – CBO's and other agencies</li> </ul>
Desired Knowledge	<ul style="list-style-type: none"> <li>• Content expertise in diversity, inclusion and cultural competence</li> <li>• Knowledge of county civil service</li> <li>• Knowledge of county healthcare practices</li> <li>• Knowledge of Napa County HHSA culture and practices</li> </ul>
Desired Abilities	<ul style="list-style-type: none"> <li>• Ability to work across broad disciplines in health care delivery</li> <li>• Ability to understand the broad scope of the topic and manage their own personal dimensions and special interests in diversity</li> <li>• Ability to establish credibility with all levels of employees so as not to be seen as any group's "person (management, union, HR, etc.). Will be able to do what's right for all individuals and the organization</li> <li>• Ability to interact well with the community</li> <li>• Ability to set priorities</li> <li>• Ability to facilitate committees</li> <li>• Ability to collaborate</li> </ul>
Desired Experience	<ul style="list-style-type: none"> <li>• Experience in diversity-related position in organizations and health care industry</li> </ul>



**Estimate the Time Required Implement:**

Multiple Years. Would take at least a year, perhaps several, to implement

**Budget Estimate:**

**High.** Over \$50,000.

**Rate the Potential Impact:**

**High** – addresses multiple needs/  
large number of people



*“We need to share information on clients and work jointly.”*

*~Community Partners Focus Group~*



*“If I’m trying to get info that helps a client and it takes me 2 days, that’s a problem.”*

*~Community Partners Focus Group ~*



*“There is a disconnect between partner agency staff and HHSA staff.”*

*~Community Partners Focus Group ~*

## Reassigned Recommendations Overview

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### Community and Program Assessment

The overall goal of the Diversity initiative is ultimately to reduce barriers and optimize service delivery to the community. This recommendation identifies potential strategies to increase access to quality care services for the community. This recommendation is intended to fully identify the ongoing needs of the community through assessment,

It was decided through discussions with the Senior Management Team that Recommendation 21 will be assigned to the QM “Plan 11” and the SMT for planning and prioritization. There is likelihood that the assessment required of this recommendation could tie into already planned division needs assessments.

This recommendation has the potential to significantly impact the Diversity Initiative at HHSA and will remain in the plan to highlight its importance as a strategy to remove barriers to access.

- R-17 Perform periodic community and program assessments to identify needs and disparities in care to inform program planning for Napa County’s diverse population



### External Relationships

The DIPT recommends that the Diversity Initiative encompass improvements in developing and maintaining relationships with external entities, such as community-based organizations, educational institutions, and other public and private organization. It is recommended that the Agency take the lead in creating strategies to share information between the Agency and community-based organizations to best serve shared clientele.

To achieve the mission of the Agency, the DIPT recommends that efforts be made by the Agency to collaborate with school districts within Napa County to increase partnerships across areas of common concern. There is no anticipated additional cost aside from the

resources of staff time for this recommendation. Further, the anticipated impact associated with the implementation of this recommendation is likely high and will affect multiple needs and numerous individuals.

The DIPT further recommends working towards improving relationships with community-based organizations and collaboration to best serve clients who may be receiving services from multiple entities. Costs associated with such recommendations are minimal and will mainly involve the utilization of resources in the form of staff time. The benefits and impact of these recommendations are viewed as high as multiple individuals and greater needs will be served as a result of implementation.

It was decided that the recommendations involving external relationships be assigned to the Agency Director for prioritization and planning. These recommendations have the potential to significantly impact the diversity initiative at HHSa and will remain in the plan to highlight their importance as strategies to remove barriers to access.

Recommendations in this section include:

- R-18 Improve County Collaboration with Napa County Unified School Districts and Napa County Office of Education
- R-19 Improve relations with community-based organizations
- R-20 Improve coordination of client services between County HHSa and community-based organizations and other external agencies



### **Central Client Registry**

The DIPT recommends that the Diversity Initiative encompass the development of a central client registry base to more efficiently serve clientele. Client records will need to include current demographic and cultural information and must be integrated into the Agency's information systems in a way that allows for analysis by program.

It was decided through discussions with the Director that Recommendation 21 will be assigned to the Senior Management Team for prioritization and planning. This recommendation has the potential to significantly impact the Diversity Initiative at HHSa and will remain in the plan to highlight its importance as a strategy to remove barriers to

access. The cost of development of a central client registry, due to the technological applications that may be required, is projected to be in excess of \$50,000.

R-21 Develop a Central Client Registry of HHSA clientele.



**NAPA County Health and Human Services**  
**DIVERSITY RECOMMENDATION # 17**

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**Title:**

Perform periodic community and program assessments to identify needs and disparities in care to inform program planning for Napa County’s diverse population.

**Description:**

Take the pulse of the community and divisions at intervals to ensure that services are relevant, culturally competent, and “diversely” distributed with an emphasis on providing a comprehensive, effective safety net service for all. All programs providing services to clients should assess whether services are provided equitably to all groups. Reports should be issued on disparities with regard to diversity dimensions.

**Evidence of Need:**

- The Agency continues to struggle to serve certain groups in our community: Latinos, Filipinos, the disabled, AOD addicted, youth in crisis, and other diverse populations.
- Although a comprehensive needs assessment was conducted pursuant to MHSA requirements, there is currently have no information regarding disparities in care for all areas of the Agency. An ongoing process of identifying community demographics, disability distribution patterns, and service distribution inequities across regions and different client populations will help ensure that all of our services are keyed to the needs of the community, and remain so.
- Services should be tailored to community need in as accurate, timely, and culturally competent manner.
- Accurate depiction of who the Agency serves will diffuse misperceptions about HHSA’s services.

**Potential Action Steps:**

Step	Who Involved	Who Approves	Estimated Time	Notes
1. Review existing needs assessment plans that are already developed throughout the agency and review needs assessments/strategic plans from San Diego County MH, Stanislaus County Behavioral Health and Santa Barbara County to identify best practices in planning.	DSC, SMT Delegates	SMT	3 months	AOD Administrator may be able to assist in obtaining those needs assessments from other counties.  DSC to determine Best Practice content of needs assessments
2. Identify agency personnel and/or consultant	SMT, DSC	SMT	2-3 months	May be in-house or consultant. Quantitative



resources to define scope and methodology of needs assessment.				and qualitative – should provide accurate demographic information.
3. Determine program specific data needed by each Division's portion of the needs assessment	SMT with DSC assistance	SMT	2-3 months	
4. Conduct assessment at intervals	Identify staff consultants	Managers	Annually or every two years	After initial community needs assessment, assessments would be repeated as determined by division managers and program staff to ensure services keep pace with community needs
5. Analyze & interpret data	Mgmt., QM	Managers	3 months	
6. Incorporate trend analysis into program planning, program redesign, preferred service delivering options (CBO vs. County, central/regional)	QM Committee, CBO, Coalition, Mgmt., w/ community input	Managers	3 months	Emphasis on identifying critical services not being equitably distributed among diversity of customers/consumers
7. Services delivered <ul style="list-style-type: none"> <li>Impact assessed by next periodic needs assessment, in the manner of a Quality Management cycle.</li> <li>Ultimately becomes part of the "QM Plan 11" which monitors agency-wide measures, w/QI/stakeholder accountability, and oversight</li> </ul>	Diverse HHS programs; QM	SMT	6-24 months	

**Estimate the Time Required Implement:**



**Multiple Years.** Would take at least a year, perhaps several, to implement

**Rate the Potential Impact:**



**High** – addresses multiple needs/ large number of people



**Budget Estimate:**

**Medium.** From \$5,000 to \$50,000

**Napa County Health and Human Services**  
**DIVERSITY RECOMMENDATION #18**

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**Title:**

Improve Agency collaboration with all Napa County school districts and the Napa County Office of Education.

**Description:**

Increase meaningful collaboration between NVUSD, NCOE, and Up Valley districts with the Health and Human Services Agency across areas of common concern and occasional conflict. Use increased partnership to achieve the mission of the Agency to better serve the increasingly diverse community, and specifically, children and youth.

**Evidence of Need:**

- Schools have indicated their desire for outreach in many areas, such as prevention services.
- There is concern that there is a lack of comprehensive school-based services (such as multi-disciplinary student health centers).
- There have been complaints that the County fails to address gang issues which affects education and the community at large.

**Potential Action Steps:**

Step	Who Involved	Who Approves	Estimated Time	Notes
1. Using Needs Assessment (Recommendation #17) determine HHSA concerns, school district concerns, and current areas of collaboration,	Department Managers and Supervisors of Divisions which provide direct client services, School Administrators	Director, School Board & Superintendent	6 months	
2. Establish a Schools & HHSA joint taskforce	Managers and Supervisors to recommend appropriate staff; schools to recommend appropriate school staff and parent representatives	Director, School Board & Superintendent	6 months to one year	Produces agenda detailing areas of concern and areas of desired collaboration in five policy oriented meetings.
3. Develop workgroups from	Parents, Line	HHS Director,	3 months	Work-groups are time-



the taskforce to address specific concerns, and develop ideas.	Staff, School Staff, Co. Staff	School Board and Superintendent		limited and project/problem focused
4. Taskforce will develop a strategic plan based on workgroup recommendations	Parents, Line Staff, School Staff, Co. Staff	HHS Director, School Board and Superintendent	9-12 months	
5. Review of strategic plan with recommendations for implementation, budget and staffing impact	Senior Management	HHSA Director	1-4 months	
6. Implementation of the plan as recommended by Senior Management	Managers and Supervisors	HHSA Director	Short, middle and long term project timelines—will vary.	
7. Develop QM indicators for key elements of the Plan	Staff who are implementing plan and QM staff	Managers	Ongoing	

**Estimate the Time Required Implement:**

**Multiple Years.** Would take at least a year, perhaps several, to implement

**Rate the Potential Impact:**

**High** – addresses multiple needs/ large number of people

**Budget Estimate:**

**None.** This is already covered in existing budgets or doesn't need a budget.



## Napa County Health and Human Services

### DIVERSITY RECOMMENDATION #19

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**Title:**

Improve relations with Community-Based Organizations (CBO's)

**Description:**

Develop strong working relationships with Community-Based Organizations to foster excellence in community service delivery which acknowledges and honors our county's diverse populations.

- Improve relations with CBO's.
- Improve coordination of client services with CBO's
- Develop and implement a "transparent" RFP process.
- Develop and implement a grievance process for issues arising between CBO's and HHSA.

**Evidence of Need:**

One of the Agency's top priorities is to collaborate and partner more effectively with CBO's to provide appropriate services to residents of Napa County. In addition, CBO Focus Group participants and input from employees attending the Diversity Futures Conference revealed the following:

- From the focus groups and through conversations, some CBO's expressed disenfranchisement and a feeling of neglect by Napa County. These individuals reported that they believe the Agency does not trust the competence of their staff.
- Some CBO's stated that there does not appear to be an organized Agency presence with CBO's. These individuals noted a lack of response from Agency staff as evidenced by unanswered responses to CBO inquiries.
- During the focus groups and through conversations, the CBO's represented described a lack of clarity regarding procedures used by the Agency to award contracts. These individuals expressed a concern that program funding was not fairly distributed. There was an expressed desire for an RFP boilerplate with accompanying policy and procedures for awarding contracts.
- Individuals representing the CBO's stated that the Agency does not have a formal grievance procedure when issues involving CBO's and Agency staff arise. There is concern over the lack of acknowledgement and action when grievances or concerns are voiced as well as a general concern over the perceived lack of confidentiality and potential retaliation when such matters arise.
- Both the Agency and CBO's expressed the desire to be able to seamlessly serve clients in a manner that appropriately distributes benefits to clients and avoids redundancies.\*
- There is no mechanism to identify shared cases or information regarding client cases. Effective use of all community resources, reduction of duplicate efforts with clients and the ability to get the most appropriate service to clients in need are critical to serve our community efficiently and effectively.\*



\*The evidence of need expressed in these two statements lead to the creation of a separate recommendation regarding sharing information and caseloads. However, these two statements also will inform the work of those who will be working to enhance our collaborations with the CBO's.

**Potential Action Steps:**

<b>Improve Relations with CBO's</b>	<b>Who Involved</b>	<b>Who Approves</b>	<b>Estimated Time For Each Task</b>	<b>Notes</b>
1. Initiate a Non-Profit Coalition Director and Senior Management workgroup to resolve issues between CBOs and HHSA.	SMT, CBO representatives	HHSA Director, CBOs	1 to 2 months (Group may be on-going.)	This workgroup will convene for as long as necessary to resolve issues between CBO's and the Agency.
2. Develop a structure by which issues can be processed by the workgroup such as:	Workgroup	HHSA Director-appointed delegates from Agency and CBO representative(s)	1 month	Continuous process: forum is continuous but may become less active as results are achieved. Workgroup approves changes in priorities, based on outcomes.
2a) An on-going forum	Workgroup		On-going	
2b) Developing action steps, making implementation plans, assessing outcomes, and analyzing resulting change	Workgroup		On-going	
2c) For the long term, a future search or strategic change summit could occur.	HHSA, CBO's, and Community	HHSA Director, CBO's	Medium Term 6 to 12 months	A future search-type process is a facilitated 3-day multi-organizational process similar to the Diversity Futures Conference.

<b>Improve Coordination of Client Services with CBO's</b>	<b>Who Involved</b>	<b>Who Approves</b>	<b>Estimated Time For Each Task</b>	<b>Notes</b>
1. Inventory existing collaborations with CBO's in their various forms; meetings, case conferences, trainings, multi-agency collaborative	SMT	HHSA Director	6 months	What collaborations exist? What meetings are attended? Are they an effective use of time? Are the right people attending? Is the Agency hosting meetings? Should we take the lead and host more of them? Is there



				a mechanism to share information from the collaborations with other stakeholders in the Agency and CBO's? The Needs Assessment (Recommendation #17) could include the gathering of this information.
2. Assign staff as necessary to additional collaborative opportunities and reassign staff to existing opportunities as appropriate, based on the assessment of the effectiveness of current/past participation	County staff appointed by Program Managers with oversight from SMT.	SMT	3 months	
3. Develop a mechanism by which information gathered at collaborative meetings can be shared with appropriate stakeholders.	DSC	SMT	3 months	This could be simply sharing minutes with stakeholders, but it will require someone developing and maintaining a matrix of collaborative meetings and interested stakeholders.
4. Annual audit of staff attendance in CBO's and vice versa, to ensure effective use of time, proper representation of County, and inclusion of CBO's wherever relevant to the service needs of the community.	SMT Program Managers and Supervisors, QM	SMT	Annually	

<b>Transparent RFQ/RFP Process</b>	<b>Who Involved</b>	<b>Who Approves</b>	<b>Estimated Time</b>	<b>Notes</b>
1. Create detailed guidelines for release of proposals in HHS	County Counsel, Contract Specialist, Purchasing, SMT representatives and CBO	HHSA Director	3 months	Include development of a policy and procedure



	representatives.			
2. Create boilerplate RFP for specific use in HHS, to include diversity-related requirements and inclusive language as well as formal appeal language	Contracts, County Counsel, DSC	HHSA Director	3 months	Access and use larger County's sample (e.g. San Francisco), if necessary.
3. Train County and CBO personnel on the RFP process	Contracts Specialist (or delegate) to teach those who will participate in the process of awarding/applying for RFP	HHSA Director	6 months	This is critical, as uniformity is one of the things chiefly lacking at this time.
4. Track RFP appeals to identify problem areas that arise.	Operations Manager; QM	HHSA Director appointed delegates and CBO representative(s)	On-going	This could become a component of the grievance procedure

Grievance Process	Who Involved	Who Approves	Estimated Time	Notes
1. Develop and implement structured process for CBO's to file grievances and address concerns	Compliance Staff, Division Managers & Supervisors	HHSA Director, QM Director	6 months	<p>Protocol to include:</p> <ul style="list-style-type: none"> <li>All issues are referred to QM or Division Manager. (this needs to be determined.) Issues directly involving HHSA staff will be referred to HHSA HR via QM</li> <li>Definition of terms and concepts, i.e. what constitutes a formal complaint (failure to follow our own process) vs. a voiced concern (staff are difficult to reach via telephone)</li> <li>Who to report grievance to and in what format.</li> <li>Guidelines for action to be taken.</li> <li>Notification of program/division</li> </ul>



				head. <ul style="list-style-type: none"> <li>• Acknowledging grievance receipt.</li> <li>• Follow-up w/CBO to confirm complaint/ issue was addressed.</li> <li>• Logging system.</li> <li>• Time frames for response.</li> </ul>
2. Educate CBO's on grievance procedure	Compliance, QM Staff	DSC	6 months to develop and implement then on-going to handle grievances.	
3. Provide quarterly reporting to Division Managers	QM	Division Management, QM Director	Quarterly	Include: <ul style="list-style-type: none"> <li>• Types of grievances</li> <li>• Determine root cause of issues and track to resolution</li> </ul>

**Estimate the Time Required Implement:**

Approximately **One year**

**Rate the Potential Impact:**

**High** – addresses multiple needs/ large number of people

**Budget Estimate:**

**Medium.** From \$5,000 to \$25,000



**Napa County Health and Human Services**  
**DIVERSITY RECOMMENDATION #20**

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**Title:**

Improve coordination of client services between County HHSA and Community-based Organizations (CBO'S) and other external agencies

**Description:**

Expand the ability to share caseloads and client information between County programs and CBO's as well as other outside agencies such as schools, hospitals, and the Regional Center.

**Evidence of Need:**

- Agency personnel, CBO's and other outside agencies have expressed the desire to be able to seamlessly serve clients in a manner that appropriately distributes benefits to clients and avoids redundancies.
- It was felt by the CBO Focus Group that there is no mechanism to identify shared cases or information regarding client cases. Effective use of all community resources, reduction of duplicate efforts with clients and the ability to get the most appropriate service to clients in need are critical to serve our community efficiently and effectively.

**Potential Action Steps:**

Step	Who Involved	Who Approves	Estimated Time	Notes
<p>1. Establish questions for the needs assessment that will provide information regarding areas in which caseload and client information is already shared</p> <p>Determine which County programs and which outside agencies have intersecting points which could benefit from a collaborative partnership to foster improved client services</p> <p>Determine what information would be needed to facilitate shared service, improve appropriateness of referrals and reduce service duplication</p>	DSC with input from SMT	HHSA Director	6 months	<p>Potential needs assessment questions:</p> <ul style="list-style-type: none"> <li>▪ What about these partnerships work?</li> <li>▪ What barriers exist?</li> <li>▪ Do the partnerships exist because of law?</li> <li>▪ Do any multidisciplinary teams exist?</li> <li>▪ Are we missing any legally bound partnerships?</li> </ul>



(Tie to Recommendations 17, 19, 20 and 21)				
2. Determine what information can legally be shared	HIPAA Compliance Officer and County Counsel, as well as program managers and outside agency personnel	HHSA Director	4 months	
3. Develop secure methods for sharing information	See above	HHSA Director	4 months	
4. Concurrently develop policies and procedures for sharing information	SMT and Contracts Analyst	HHSA Director, Risk Manager, BOS	4 months	
5. Develop Interagency Agreements with new partners and modify existing Interagency Agreements with partners as needed to address new information sharing policies	Department managers and supervisors, Contracts Analyst	Contracts Analyst and existing contracts process participants	2 months	
6. Evaluate the process to determine the success and if the coordination of client services has resulted in improved care and the reduction of disparities.	TBD		Annually	



**Estimate the Time Required Implement:**

Approximately **One year**

**Budget Estimate:**

**Medium.** From \$5,000 to \$25,000

**Rate the Potential Impact:**

**High** – addresses multiple needs/  
large number of people



**Napa County Health and Human Services**  
**DIVERSITY RECOMMENDATION # 21**

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**Title:**

Develop a Central Client Registry of HHSA clientele.

**Description:**

Develop a secure, internet-based database of client information. It will include diversity dimensions to allow for ongoing analysis of population dynamics. It will streamline access to care and allow programs to exchange information in such a way that allows for faster, more effective referral to other appropriate services, allow clients to use a single application form and provide data which allows for analysis of how the entire agency serves a given client.

**Evidence of Need:**

- There are no current means to assess HHSA client population data as a whole.
- There is no current means to assess client eligibility for multiple programs at once, both financially and programmatically.
- There is no current means to determine if inequities or duplications in service exist; misperceptions could be dispelled by actual data.
- There is no current electronic means to determine if client is served by other county or CBO programs.

**Potential Action Steps:**

Step	Who Involved	Who Approves	Estimated Time	Notes
1. Gather information from other counties which have successfully implemented a central client information database	County Privacy Officer, ITS, HHSA Records Coordinator	SMT	3 months	
2. Determine whether commercial product that addresses this need exists	SMT, ITS	SMT	2 months	Determine if Anasazi program could be used as a central registry.
3. As products are analyzed, determine whether state, federal and HIPAA regulations are met in regards to protecting client information.	County Privacy Officer, Risk Manager, HHSA Records Coordinator	SMT	3 months	
4. Determine financial	Fiscal,	SMT	1 month	



feasibility of the project	SMT			
5. Develop RFP if the decision to create a database is made	ITS, SMT, County Privacy Officer, DSC	HHSA Director	3 months	DSC involved at this stage to assure that RFP contains the need to collect diversity data and to incorporate diversity and cultural competency needs.
6. Identify vendor and purchase software if the decision to use commercially designed software is made	ITS, SMT County Privacy Officer	HHSA Director	3 months	
7. Develop or purchase system	Divisions, developer, ITS	SMT	1-2 years	
8. Enter client data and test system	ITS, Division staff	ITS, Division staff	3 months	
9. Develop and implement staff training plan	ITS, Division staff	ITS, Division staff	6 months	
10. Develop and implement a means to keep database updated with business rules related to changes in program eligibility and regulations	SMT	SMT, Division staff	Ongoing	

**Additional Information:**

Database should be designed in such a way that:

- Client information can be de-identified to “minimum necessary” (as defined by HIPAA) so information can be accessed for data gathering
- Clients can use a single application to determine potential eligibility for multiple programs (including non-County programs)
- System users can determine in which other programs client is participating.
- Data in all areas defined by stakeholders (management team, program directors, CBO’s) can be gathered.
- It is internet-based.



- County staff and clients can access same information from offsite locations

Other considerations:

- A comprehensive consent form to cover release of information will need to be written for those cases in which regulation is more restrictive than HIPAA. All individuals must be given the right to “opt out” of the exchange of information.

**Estimate the Time Required Implement:**



**Multiple Years.** Would take at least a year, perhaps several, to implement

**Rate the Potential Impact:**



**High** – addresses multiple needs/  
large number of people

**Budget Estimate:**



**High.** Over \$50,000



## **SEQUENCING AND IMPLEMENTATION TIMELINE**

The recommendations have been sequenced and steps have been placed along a timeline that covers the next four years. The timeline is aggressive, but achievable, and was developed to:

- show the relationship of the accomplishment of steps within recommendations to other recommendations
- assist those who will be accountable for results
- spread funding over several fiscal years
- manage the workload of staff in a respectful way

To achieve the best possible results, the temptation to select two or three recommendations to implement first while waiting to see what else could be accomplished in next years should be avoided.

### **Year One**

The first year of implementation will primarily involve the formation and training of various committees, development of standards and expectations, data gathering, research and analysis, communication planning, approval to recruit a qualified Diversity Officer, and some shift in recruitment practices.

### **Year Two**

As the plan moves into its second year of implementation the results of the previous year's work should become apparent. The year should begin with the hiring of the Diversity Officer. With vital information gathered and initial training of the committees in place real organizational transformation will begin. During this time, progress will be made in shifting the Agency's culture, training programs, increasing accountability around diversity, developing outreach efforts, creating mechanisms for voicing concern, initial access and service quality changes will be evident, and measurement of outcomes will begin.

### **Year Three**

In the third year, as those recommendations implemented in Year Two become a part of the Agency's way of operating, other recommendations will begin. Year Three will involve significant changes in how the Agency prepares for future staffing needs and addresses employee growth and promotional opportunities. The changes in service delivery, program planning, and access to service will be far more apparent as will the efforts to more actively reach out and seek community participation.

### **Year Four**

By the end of Year Four the majority of the recommendations will be institutionalized as normal operating policies and procedures. Ongoing assessment and measurement of

outcomes will be continuous and the Agency will have built the capacity to change and adapt to the community as needed. Agency culture will be transformed and more importantly, enjoy the means for continuous transformation to meet the challenges of the future.



## RESOURCES

Although the vision of the DIPT and those that came before our workgroup, is that the plan be accepted in its entirety, we realize that implementation will be costly and will require significant staff resources.

Recommended steps have been developed in a way to allow flexibility when it is determined that a step is not feasible due to budgetary or Departmental constraints or concerns without having to delay the entire recommendation. The cost associated with many of the recommendations is variable. The table below shows the flexibility possible in determining the range of fiscal resources needed for each recommendation over the course of the first four years.

		<b>High \$</b>	<b>Low \$</b>
<b>R-1</b>	Foster a safe and supportive working environment by building and strengthening relationships	> \$50,000	\$25,000
<b>R-2</b>	Establish a feedback process for instances of perceived intolerance	\$0	\$0
<b>R-3</b>	Provide a structure for increasing communication on diversity issues	\$0	\$0
<b>R-4</b>	Ensure Accountability for Diversity and Cultural Competency	\$0	\$0
<b>R-5</b>	Create an employee task force that focuses on bilingual workload issues	\$0	\$0
<b>R-6</b>	Develop transparent and equitable career and advancement opportunities that further diversify the HSA workforce and meet the present and future needs of the Napa County community.	\$5,000	\$0
<b>R-7</b>	Recruit and retain adequate staffing to meet the needs of the community	>\$50,000	\$10,000
<b>R-8</b>	Create and implement a comprehensive, agency-wide training plan on diversity & cultural competency	>\$50,000	>\$50,000
<b>R-9</b>	Expand access and outreach opportunities to underserved populations	>50,000	\$5,000
<b>R-10</b>	Provide translation, forms and publications sensitive to dimensions and languages	\$25,000	\$5,000
<b>R-11</b>	Support Multi-level Client/Consumer Involvement	>\$50,000	\$5,000
<b>R-12</b>	Promote an inviting and functional atmosphere for all clients	>\$50,000	\$10,000
<b>R-13</b>	Improve County presence and services Up Valley and in American Canyon	>\$50,000	\$5,000
<b>R-14</b>	Diversity Program Infrastructure – Diversity Steering Committee	\$10,000	\$5,000
<b>R-15</b>	Diversity Program Infrastructure - QM Plan	\$0	\$0
<b>R-16</b>	Diversity Program Infrastructure – Diversity Officer	>\$300,000	>\$300,000
<b>R-17</b>	Perform periodic community and program assessments to identify needs and disparities in care to inform program planning for Napa County’s diverse population	\$50,000	\$5,000
<b>R-18</b>	Improve County Collaboration with Napa County Unified School Districts and Napa County Office of Education	\$1,000	\$0

<b>R-19</b>	Improve relations with community based organizations.	\$25,000	\$5,000
<b>R-20</b>	Improve coordination of client services between County HHSA and CBO'S and other external agencies	\$1,000	\$0
<b>R-21</b>	Develop a central client registry of HHSA clientele.	>\$50,000	>\$50,000

	<b>High \$</b>	<b>Low \$</b>
<b>Four Year Total</b>	>\$817,000	\$385,000
<b>Average Cost per Fiscal Year</b>	\$204,000	\$96,000

The above figures are estimates and may vary significantly depending on the steps approved and implemented. In addition to the initial implementation, there will ongoing costs beyond the initial four years – the plan must be reviewed annually, successes measured, and ongoing programs monitored.



**APPENDIX A**

**History of This Process to Date: November 2005 through December 2007**

<b>Step 1: Solicitation of Consultants</b>		<i>November, 2005</i>
<b>Introduction</b>	<p>“HHSA will best serve the people of Napa County if we embrace and understand the rich diversity of our larger community and use that understanding to inform the way that we deliver services. The Napa County Health &amp; Human Services Agency (HHSA) is accordingly undertaking an ongoing diversity initiative. The initiative calls for the creation of a diversity plan which will instill the philosophy and practices of diversity into the core values of the agency – Community, Empowerment, Compassion, and Excellence.” (Diversity Initiative – Solicitation of Consultants)</p>	
<b>Agency Philosophy</b>	<p>“HHSA is committed to the creation of an organizational culture that embraces diversity, works to identify and reduce barriers that impede access to services, and optimizes the delivery of services to all of the persons that we serve.” (Diversity Initiative – Solicitation of Consultants)</p>	
<b>Step 2: Selection of Consultants</b>		<i>May, 2006</i>
<p><b>Amistad Associates:</b></p> <p><b>Juan T. Lopez</b></p> <p><b>Julia M. O’Mara</b></p>	<p>“During the last decade we have consulted and trained with private and public organizations throughout the nation in the area of diversity and change. We at Amistad Associates understand the complex process of introducing diversity change to organizations that supports integrating diversity and cultural competence attitudes, practices, values, and behaviors into the organization ultimately leading to fundamental change of systems and services. This intervention requires vision and sensitivity.” (Consultant Biographical Sketches)</p>	
<b>Step 3: Data Gathering</b>		<i>October, 2006</i>
<b>Focus Group &amp; Individual Interview Activity</b>		
<b>Demographic and Other Statistics</b>		
<b>Focus Groups – Diversity Variables:</b>	<b>Individual Interviews – Diversity Variables:</b>	
<ul style="list-style-type: none"> <li>- Generational</li> <li>- Gender</li> <li>- Disciplines / Levels of Education</li> <li>- Latino</li> <li>- Caucasian</li> <li>- People of Color</li> </ul>	<ul style="list-style-type: none"> <li>- People with Disabilities</li> <li>- Management</li> <li>- Supervisors</li> <li>- Individual Staff Surveys conducted by email</li> </ul>	

<ul style="list-style-type: none"> <li>- Sexual Orientation</li> <li>- Community Partners</li> </ul>	
<b>Community Partners (8 – 10 participants)</b>	<b>HHSA Employees (57 participants, 14% of Agency)</b>
<b>Discussion Questions:</b>	<b>Discussion Questions:</b>
<ol style="list-style-type: none"> <li>1. Do Napa County HHSA and its contract providers effectively communicate and care for clients from diverse social and cultural backgrounds, yes/no? Explain</li> <li>2. What barriers, if any, to service will HHSA need to address to make our services more accessible to our increasingly diverse community?</li> <li>3. What actions should be taken to ensure that we are providing clients with effective, understandable, and respectful services?</li> <li>4. How can HHSA do better in engaging, building trust, and providing opportunities for client involvement with underserved communities?</li> <li>5. What actions can HHSA take to better strengthen and/or build long-term, sustainable alliances with community-based organizations?</li> <li>6. How can we impact the diverse needs of the community through this kind of collaboration?</li> </ol>	<ol style="list-style-type: none"> <li>1. Does HHSA provide a workplace where all employees, representing a broad range of differences, feel safe, valued and respected? Explain and give examples.</li> <li>2. Do employees, representing a broad range of differences, receive equal and fair treatment?</li> <li>3. Do clients, representing a broad range of differences, receive equal and fair treatment?</li> <li>4. Describe the relationship between employees and management within the organization?</li> <li>5. What behaviors, attitudes, and values would you expect to see in a culturally competent organization?</li> <li>6. Name 3 actions that would increase HHSA’s cultural competency and make it an outstanding environment for diversity?</li> <li>7. How will things be different at HHSA if the diversity effort is successful?</li> </ol>
<b>Product:</b>	<p>Data was gathered through the focus group and interview processes, along with on-line surveys and interviews of supervisors and managers, that produced 450 5x8 cards each containing a response to create a “database on current understanding of staff diversity, tensions among staff and community, and skills required to develop diversity maturity mindset.”</p> <p>Posters detailing Agency and Community data were developed including:  Agency Demographics  Napa County Demographics</p>

	<p>Agency and County Language Data  Napa County Senior and Youth Profiles  Napa County Disability Profile  Agency Vision, Core Values, and Purpose  Agency Management Philosophy</p>
<b>Step 4: Conference Preparation</b> <span style="float: right;"><i>December 2006 – February 2007</i></span> <b>Diversity Futures Conference Planning Committee</b>	
<b>Purpose:</b>	<p>8 HHSA staff met on 3 occasions to:</p> <ul style="list-style-type: none"> <li>- Review Diversity Futures Conference (DFC) purpose, process and agenda</li> <li>- Review and sort 5x8 cards into multiple categories and 5 work clusters</li> <li>- Suggest invitees to DFC</li> <li>- Suggest other data to be collected for DFC</li> <li>- Set up the DFC</li> </ul>
<b>Step 5: Diversity Futures Conference (DFC)</b> <span style="float: right;"><i>February 14-16, 2007</i></span>	
<b>Participants:</b>	25 HHSA staff representing all divisions and various dimensions of diversity
<b>Process:</b>	<p>The 3-day offsite conference was designed to provide a creative, collaborative environment to draft recommendations for HHSA's diversity initiative.</p> <p>The process began with a review of the data collected from focus groups and interviews augmented with stats and trend information about HHSA's service area. Small work groups sorted through portions of the data, reviewed and researched diversity best practices, and made recommendations on how to address issues that surfaced. The recommendations followed a specific format and were worked on by several groups. As the refining of the recommendations progressed, the work groups made presentations to colleagues to share the status of the recommendation development and to collaborate with other groups developing similar recommendations.</p> <p>At noon of the third day, the HHSA senior management team and the County Executive Officer were invited to hear presentations by the work groups on the recommendations.</p>

<b>Step 6: Implementation Planning Team</b>		<i>June 21, 2007 – Current</i>
<b>Participants:</b>	10 HHS Staff 4 of whom participated in the Diversity Futures Conference, representing all divisions and various dimensions of diversity	
<b>Overview:</b>	<ul style="list-style-type: none"> <li>- Refine and combine recommendations (recs) produced through the Diversity Futures Conference</li> <li>- Collaborate with process-owners/stakeholders to learn what progress, issues, etc. have been or are being taken that may impact the rec.</li> <li>- Determine if early action need to be taken on any recommendations.</li> <li>- Refine diversity definition, cultural competence definition, and initiative goal</li> <li>- Budget each recommendation – initial budget and annual for at least 3 years</li> <li>- Sequence recommendations and tasks</li> <li>- Write report</li> <li>- Present to Senior Management Team</li> </ul> (Adapted from “NAPA IPT: Projected Tasks and Timelines)	
<b>Step 7: Presentation to the Senior Management Team</b>		<i>January 7, 2008 9:00am-11:00am</i>
<b>Participants:</b>	The Implementation Planning Team and the Senior Management Team	
<b>Overview:</b>	<p>The Diversity Initiative Strategic Plan was presented to the Senior Management Team during a two hour meeting on Monday, January 7th.</p> <ul style="list-style-type: none"> <li>• DISP recommendations presented and followed by discussion groups</li> <li>• DISP presented as a draft to give the SMT the opportunity to provide needed feedback and to be apart of the same collaborative process as the rest of the Agency staff rather then strictly the approving body</li> <li>• The IPT asked for that the SMT review the Diversity Initiative Strategic Plan (DISP) recommendations, offer suggestions, and provide approval.</li> </ul>	

<b>Step 8: SMT Review and Revisions</b>		<i>December 10, 2007 – August 18, 2008</i>
<b>Participants:</b>	Senior Management Team	
<b>Overview:</b>	<p>The project was moving forward quickly when the state budget crisis hit. The crisis diverted the SMT's focus from the diversity recommendations to looking at the agency's revenues and expenditures. While the state budget negotiations continued in Sacramento, the SMT found time to review the remaining recommendations.</p> <p>Randy Snowden emailed the IPT after the presentation and wrote, <i>"I haven't run into anything significant in the presentation and detailed plans that doesn't make sense to me. Resources and timelines will certainly be a consideration, but I don't think that we'll have to waste much time arguing about the overall goals and strategies."</i> Attention again had to be diverted to the budget and the DISP approval was rescheduled for mid-July. The SMT and IPT met on August 18, 2008 to discuss final approval and next steps.</p> <p>Some key revisions included:</p> <ul style="list-style-type: none"> <li>• Reassignment of recommendations pertaining to external relationships with community based organizations to the Director's office and the SMT for planning and prioritization.</li> <li>• Reassignment of recommendation "Develop Central Client Registry." Project already assigned to the SMT and IT for planning and prioritization.</li> <li>• Focusing the recommendation "Improve County presence Up-Valley and in American Canyon "on co-location rather than a multi-service center. Resources would not allow a multi-service center as an option in the foreseeable future but increasing co-located services is an attainable goal.</li> <li>• Due to stretched resources, identifying the need to come up with an alternative plan to recommendation 16 "Diversity Officer"</li> </ul>	
<b>Step 9: Appointment of DSC Chair</b>		<i>September 8, 2008</i>
<b>Participants:</b>	Senior Management Team	
<b>Overview:</b>	With the state budget in turmoil and the uncertainty about funding, it became apparent that the Diversity Officer position recommended in the DISP was not	

	an immediate option. The SMT determined that appointing a Diversity Steering Committee Chair person with 2 days per week to dedicate to the Diversity Initiative was an interim solution to recommendation 16 “Diversity Officer.”
<b>Step10: Diversity Steering Committee Formation and Inaugural Meeting</b> <span style="float: right;"><i>January 23,2009 - March 3-4, 2009</i></span>	
<b>Participants:</b>	Ten HHSA Staff, 4 of whom participated in the IPT, representing all divisions and various dimensions of diversity, Senior Management Team
<b>Overview:</b>	<p>Implementation of Rec. 14 “Diversity Steering Committee” steps 1 through 6.</p> <p>Inaugural Meeting schedules for March 3-4, 2008</p> <p>Objectives of Inaugural Meeting:</p> <ul style="list-style-type: none"> <li>• Understand the roles/responsibilities of the DSC, including the organizational structure;</li> <li>• Ground the DSC in the history of the Diversity Initiative and most importantly of the Diversity Initiative Strategic Plan;</li> <li>• Build trust within the group, set ground rules, share “vision” and core diversity behavioral standards;</li> <li>• Provide conceptual training on Diversity and Cultural Competence;</li> <li>• Receive advice on how to balance DSC involvement in light of fiscal limitations;</li> <li>• Determine the Next Steps for the DSC; and</li> <li>• Get excited and motivated to start working!</li> </ul>

## **APPENDIX B**

### **Master List of Recommendations**

#### **Organizational Development / Leadership**

- R-1 Foster a safe and supportive working environment by building and strengthening relationships on all levels
- R-2 Establish a feedback process for instances of perceived intolerance
- R-3 Provide a structure for increasing communication on diversity issues.
- R-4 Ensure Accountability for Diversity and Cultural Competence
- R-5 Create an employee task force that focuses on bilingual workload issues

#### **Workforce Development**

- R-6 Develop transparent and equitable career and advancement opportunities that further diversify the HHSA workforce and meet the present and future needs of the Napa County community.
- R-7 Recruit and retain adequate staffing to meet the needs of the community

#### **Standards and Training**

- R-8 Create and implement a comprehensive, agency-wide training plan on diversity & cultural competency

#### **Access to Quality Care**

- R-9 Expand access and outreach opportunities to underserved populations.
- R-10 Provide translation, forms and publications sensitive to dimensions and languages
- R-11 Support Multi-level Client/Consumer Involvement
- R-12 Promote an inviting and functional atmosphere for all clients
- R-13 Improve County presence and services Up Valley and in American Canyon

#### **Diversity Infrastructure**

- R-14 Diversity Program Infrastructure: Diversity Steering Committee
- R-15 Diversity Program Infrastructure: QM Plan,
- R-16 Diversity Program Infrastructure: Diversity Officer

#### **Reassigned Recommendations**

- R-17 Perform periodic community and program assessments to identify needs and disparities in care to inform program planning for Napa County's diverse population
- R-18 Improve County Collaboration with Napa County Unified School Districts and Napa County Office of Education
- R-19 Improve relations with community based organizations.
- R-20 Improve coordination of client services between County HHSA and Community-based Organizations (CBO'S) and other outside agencies
- R-21 Develop a central client registry of HHSA clientele.

## **APPENDIX C**

### **National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care**

These are national standards for culturally and linguistically appropriate services (CLAS) in health care developed by the U.S. Department of Health and Human Services, OPHS Office of Minority Health (OMH) in their 2001 National Standards for Culturally and Linguistically Appropriate Services in Health Care Report.

The 14 standards are organized by themes: Culturally Competent Care (Standards 1-3), Language Access Services (Standards 4-7), and Organizational Supports for Cultural Competence (Standards 8-14). Within this framework, there are three types of standards of varying stringency: mandates, guidelines, and recommendations as follows:

- CLAS mandates that are current Federal requirements for all recipients of Federal funds (Standards 4, 5, 6, and 7).
- CLAS guidelines that are activities recommended by OMH for adoption as mandates by Federal, State, and national accrediting agencies (Standards 1, 2, 3, 8, 9, 10, 11, 12, and 13).
- CLAS recommendations that are suggested by OMH for voluntary adoption by health care organizations (Standard 14).

#### **Culturally Competent Care (Standards 1-3)**

**Standard 1.** Health care organizations should ensure that patients/consumers receive from all staff members' effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

**Standard 2.** Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

**Standard 3.** Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

#### **Language Access Services (Standards 4-7)**

**Standard 4.** Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

**Standard 5.** Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

**Standard 6.** Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

**Standard 7.** Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

### **Organizational Supports for Cultural Competence (Standards 8-14)**

**Standard 8.** Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

**Standard 9.** Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

**Standard 10.** Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

**Standard 11.** Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

**Standard 12.** Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

**Standard 13.** Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

**Standard 14.** Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

## **APPENDIX D**

### **List of Abbreviations and Acronyms used in the Diversity Initiative Strategic Plan Recommendations**

<b>Abbreviation</b>	<b>Meaning</b>
<b>BOS</b>	Napa County Board of Supervisors
<b>BTF</b>	Bilingual Task Force
<b>CBO</b>	Community-Based Organization
<b>CEO</b>	Napa County Chief Executive Officer
<b>DFC</b>	Diversity Future's Conference
<b>DO</b>	Diversity Officer
<b>DSC</b>	Diversity Steering Committee
<b>DT HR</b>	Napa County Human Resources (Downtown)
<b>HR</b>	HNSA Human Resources
<b>ITS</b>	Information Technology Services
<b>PIO</b>	Napa County Public Information Officer
<b>QM</b>	Quality Management
<b>SAM</b>	Supervisor, Analyst, and Manager Meeting
<b>SMT</b>	Senior Management Team
<b>WDC</b>	Workforce Development Committee