



— DEPARTMENT OF —
ECONOMIC SECURITY

Division of Developmental Disabilities

CULTURAL COMPETENCY PLAN/LANGUAGE ACCESS PLAN

CYE 2020

October 1, 2019 - September 30, 2020

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Our Mission:

The Arizona Department of Economic Security makes Arizona stronger by helping Arizonans reach their potential through temporary assistance for those in need, and care for the vulnerable.

Our Values:

- Accountability – We commit to excellence, innovation and transparency.
- Integrity – We are trustworthy, honest and reliable.
- Respect – We appreciate each other, and value those we serve.
- Teamwork – We collaborate with humility, and partner with kindness.
- Diversity – We respect all Arizonans, and honor those in need.

DES True North All Arizonans who qualify receive timely DES services and achieve their potential.

Our Goals:

- Serve Arizonans with integrity, humility and kindness.
- Support Arizonans to reach their potential through social services that train, rehabilitate, and connect them with job creators.
- Provide temporary assistance to Arizonans in need while they work toward greater self- sufficiency.
- Provide children with food, health care, and parental financial support; provide services to individuals with disabilities; and protect the vulnerable by investigating allegations of abuse, neglect, and exploitation.

Our work must continually demonstrate these values every day, through our interactions with the public and our fellow colleagues as we focus on building the capacity of the people we serve.

Each Division and every employee of DES must relate these values to their specific work so that they can become a meaningful part of their daily interactions. In this way, we all share ownership of these values and are able to relate them to our vision and our daily work, regardless of our position or job site within DES.

Division of Developmental Disabilities Our Mission:

Empowering Arizonans with developmental disabilities to lead self-directed, healthy and meaningful lives.

Introduction

The Department of Economic Security (the Department or DES), Division of Developmental Disabilities (the Division or DDD) promotes a culture of respect when working with members and their families. The Division values a competent and diverse workforce capable of effectively addressing the

needs and preferences of members with diverse cultures and languages.

The Division's Cultural Competency Plan and Language Access Plan addresses the diverse member needs within the DDD system. Addresses how DDD meets the language needs for its Limited English Proficient (LEP) members/families. And outlines opportunities and resources available in a variety of avenues for all stakeholders. The Cultural Competency Plan (CCP)/Language Access Plan (LAP) describes the Division's integration of care by providing a holistic service delivery system that respects individuals and families, their values, thinking, belief systems, life experiences, and linguistic preferences. The importance of member/family-centered care in all aspects of service delivery for members is a key goal of the CCP. Frequent communication with members, families, and groups from diverse cultures improves health outcomes and member satisfaction. The Plan encompasses the entire network of services provided by the Division, including:

- Acute Care Services
- Behavioral Health Services
- Home and Community Based Services (HCBS)
- Other Specialty Services

The Division's case managers have a key role in making sure there is an understanding of cultural competency of our members and ensuring the delivery of culturally competent service. The case managers utilize the person-centered/family centered approach to access care. This approach also includes recognition of the diversity of each member and their families regardless of culture, race, ethnicity, sexual orientation, social, geography, economical or beliefs. The Division works to promote member and family involvement and supports families as key decision makers in the care and services the member receives. This level of involvement allows the member/family to experience the life they envision for the member one that is consistent with their own values, preferences, strengths and needs.

Collaboration among members, families, providers and policy makers at all levels is key to the care of the member development, implementation and evaluation of programs and development of policies.

The Division, its subcontractors and contracted providers must provide and make members aware of their right to no cost translation, interpretation services, and how to access these services e.g., the Language Line. The Division, its subcontractors and contracted providers must inform members of their rights and protections. Providers must be trained to be culturally sensitive to members' and family's values and beliefs. To maintain Cultural Competence, the Division its subcontractors and contracted providers train their staff to be respectful and knowledgeable about the cultures and languages of the members and families served. Providers must incorporate an awareness and appreciation of customs, values and beliefs in their assessment, treatment and interaction with members by developing a climate of trust and mutual respect by questions and providing resources. This information can be found in the Member's Handbook, contracts, policies and procedures.

The U.S. Department of Health and Human Services' Office for Minority Health issued the National Culturally Linguistically Appropriate Service (CLAS) Standards in December of 2000 to ensure that all people entering the health system receive equitable, effective treatment in a culturally and

linguistically appropriate manner.

Goals

“Cultural competency” refers to Division staff, subcontractors, and provider’s staff’s ability to:

- Acknowledge, understand, respect, and apply the influence of the following when assessing, treating, and interacting with any individual and/or families:
 - Cultural history
 - Life experiences
 - Language differences
 - Values
 - Customs
 - Cultural differences among diverse racial, ethnic, and other minority groups
 - Beliefs.
- Ensure use of “disability etiquette” when establishing rapport and working with individuals with developmental disabilities. Disability etiquette is a set of guidelines dealing specifically with how to respect people with disabilities.
- Ensure communication of progress in implementing and sustaining the goals of the CCP to stakeholders, members, and the public.

Objectives

- Measure member/family satisfaction using the Cultural Competency Survey
- Measure compliance of Arizona Health Care Cost Containment System (AHCCCS) requirements of cultural competency using the supervisor audit tool and develop action plan to correct deficiencies
- Review, evaluate, and approve the Acute Health Plans’ Cultural Competency Plans
- Conduct regular assessment of community health assets

Administrative Oversight

Overview

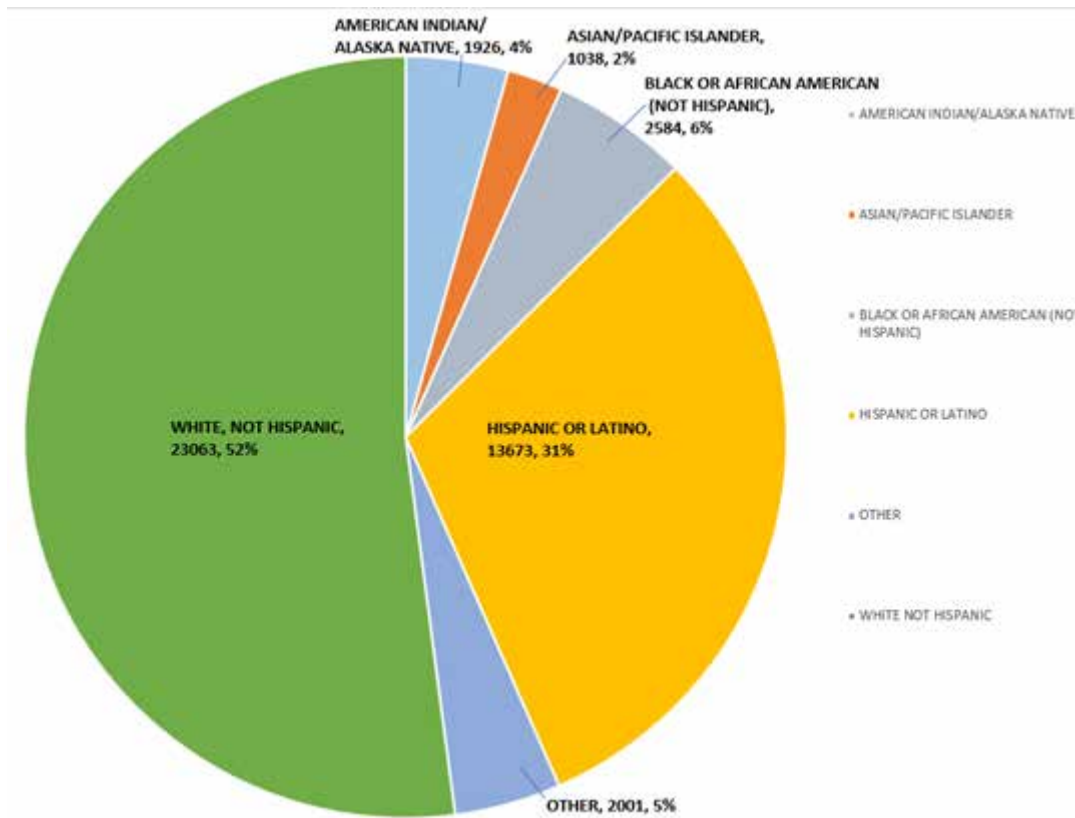
The Division tracks member ethnicity, as reflected in the following charts, and uses the information to guide the CCP. Francine Waiters is the Cultural Competency Coordinator and is responsible for gathering and aggregating the data on a quarterly basis and overseeing the development of the CCP. No modifications were made to the plan.

Member Demographic Considerations

The Division’s membership breaks down as follows:

- White Non-Hispanic (52%)
- Hispanic or Latino (31%)
- Black or African American (Non-Hispanic) (6%)
- American Indian/Alaska Native (4%)
- Other/Unknown (5%)
- Asian/Pacific Islander (2%)

With 31% of the Division’s membership identifying as Hispanic/Latino, the Division is committed to the continued need for a culturally competent workforce that matches the racial and ethnicity of its members.



The Division tracks the diversity of its members (approximately 44,286) as compared to all Division staff and Arizona's statewide population, as depicted in the table below:

Ethnicity	Asian	Black or African American	White, Not Hispanic	Hispanic	American Indian	Other
DDD Membership	2%	6%	52%	31%	4%	5%
DDD Staff	2%	11%	39%	27%	2%	19%
Statewide Population	3%	4%	55%	31%	4%	3%

The Division's membership reflects Arizona's population. The composition of the Division's staff is somewhat under-represented in White Non-Hispanic and somewhat over-represented in Black or African American as compared to the Division's membership and the statewide population.

The Division utilizes the Bilingual Language Stipend program, which pays employees a yearly stipend to be translators for members and their families. Currently 143 employees receive this stipend, which is an decrease from 2019. The Bilingual Language Stipend program ensures there are staff available to be official translators when members speak Spanish as a first language. The program is a successful way for the Division to further emphasize commitment to Cultural Competency and create a better capacity for member language needs.

The Division tracks members' Limited English Proficiency (LEP) (see tables in following section). The predominant primary language of the Division's membership is English, followed by Spanish and Navajo. The Division tracks the languages of all members in the Focus database. The majority of the DDD LEP population speaks Spanish (90%). All languages besides Spanish make up the other 10% of the LEP population, and all equal less than 2% of the total DDD member population. In FY 2019-2020, DDD had 7,776 members who identified a language other than English as their primary language. Of those 7,776 members, 6,963 (89.55%) identified Spanish as their primary language. Of the 7,776 LEP members, the second most common language was Navajo with 219 DDD members, or 2.82% of the LEP members, identifying Navajo as their primary language.

The number of LEP members increased by 1,827 members, approximately 4% of the DDD population. This is a significant change over the past years, with an average overall LEP member growth of 207 members per year over the last 5 years. This trend matches the changes in the DDD ethnicity population for this same time period and it matches the overall percentage of growth in the number of DDD members.

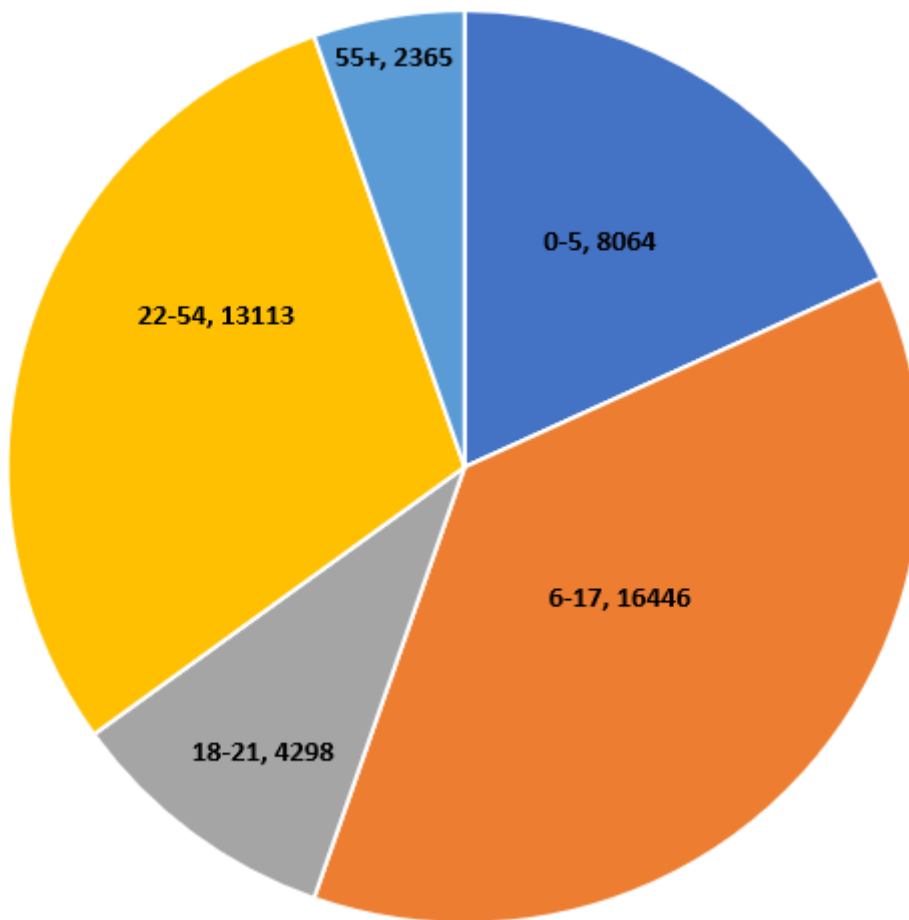
The Division and its subcontractors are required to translate all written notices informing the member of their right to interpretation and translation services and that this is available at no charge to the member. This notification is currently sent in Spanish. The Division maintains all member documents and forms translated in Spanish. This includes member information, brochures, booklets, and forms received by the member.

Table I: DDD Member Languages as of September 2020

MEMBER LANGUAGE	ATPC	CENTRAL	EAST	NORTH	SOUTH	WEST	Grand Total	% OF TOTAL
ENGLISH	70	7967	9102	3461	6989	8921	36510	82.44%
SPANISH		1873	1452	235	1799	1604	6963	15.72%
NAVAJO		11	6	189		13	219	0.49%
OTHER		52	17	12	33	25	139	0.31%
ARABIC		28	8		9	64	109	0.25%
AMERICAN SIGN LANGUAGE		16	17	9	15	11	68	0.15%
VIETNAMESE		10	17	1	4	10	42	0.09%
UNKNOWN/ UNSPECIFIC		3	3	14	5	3	28	0.06%
FARSI		10	5		2	7	24	0.05%
SWAHILI		7			5	8	20	0.05%
ALBANIAN		3	7	1	6	2	19	0.04%
SOMALI		13	2		2		17	0.04%
FRENCH		1	2		4	6	13	0.03%
SIGN EXACT ENGLISH		3	3	1	1	3	11	0.02%
CROATION		2	1	3	1	2	9	0.02%
DUTCH		2		1	3	3	9	0.02%
CHINESE		5	3				8	0.02%
RUSSIAN		2	1	1	1	3	8	0.02%
CANTONESE			1	2	4		7	0.02%
HINDI		1	2			4	7	0.02%
MANDARIN		2	2	1	1	1	7	0.02%
GREEK		5				1	6	0.01%
FILIPINO		4			1		5	0.01%
NATIVE AMERICAN		1	1	3			5	0.01%
ROMANIAN						4	4	0.01%
TAGALOG		2	1			1	4	0.01%
BOSNIAN		3					3	0.01%
JAPANESE		1	1	1			3	0.01%
KOREAN		1	2				3	0.01%
AMHARIC					1	1	2	0.00%
INDIAN (INDIA)				1	1		2	0.00%
KISWAHILI		2					2	0.00%
SERBIAN		2					2	0.00%
TOHONO OODHAM				1	1		2	0.00%
APACHE			1				1	0.00%

MEMBER LANGUAGE	ATPC	CENTRAL	EAST	NORTH	SOUTH	WEST	Grand Total	% OF TOTAL
BRAILE		1					1	0.00%
HOPI				1			1	0.00%
ITALIAN					1		1	0.00%
PORTUGUESE		1					1	0.00%
YIDDISH					1		1	0.00%
Grand Total	70	10034	10657	3938	8890	10697	44286	

The Division supports members of all ages. The following chart shows the breakdown of eligible members by age as of September 30, 2020:



The Division’s membership over the last year has grown approximately 4%. Review of the demographics of age and ethnicity over time reveal the largest sector of the Division’s population is birth to 21 years of age.

Provider Network Cultural Competency

The Division’s Cultural Competency Committee (Committee) is responsible for implementation, oversight, and monitoring of the CCP. The Committee ensures all Division service providers of Home and Community Based Services, institutional services, behavioral health services, and acute care services have and implement culturally competent practices.

The Division works to establish a consistent, universal approach to cultural competency and diversity. Each Division District manages a culturally competent and diverse workforce within its geographic boundaries, while the Division works statewide to standardize processes across all network providers.

The Division maintains and develops the provider network with consideration of the unique characteristics of the population it serves. The Division evaluates its provider network and services to assure accessibility and quality of care to members. The Division requires contracted providers and subcontractors to provide standards of services that are “culturally relevant and linguistically appropriate” to the population served.

The Division measures its network, outreach services, and other programs to improve accessibility and quality of care for its membership. These measures are used to coordinate and provide linguistic and disability-related services:

- Demographics
- LEP and primary language
- Use of interpreter services
- Diversity of staff
- Staff input
- Grievances and Appeals
- Resolution System (RS)
- Cultural Competency Survey
- Member/Provider surveys
- CLAS Standards
- Network sufficiency
- Provider forums
- Stakeholder input

The Division’s process for communicating progress in implementing and sustaining its CCP to stakeholders, members, and the general public is via:

- Posting of the CCP on the Division’s website.
- Vendor Blasts
- Cultural Competency as a standing agenda item for provider meetings.
- Member newsletter

Division Subcontracted Health Plans

The Division currently holds contracts with two health plans to provide acute care, physical and behavioral health services to members throughout the state. The Division's subcontracted health plans are:

- Mercy Care Plan
- United Health Care Community Plan

The Division provides and coordinates linguistic and disability-related services by requiring its subcontractors to translate all written notices informing the members of their right to interpretation and translation services. Requiring subcontractors to translate all materials, documents and communications into other languages. All member information materials include taglines in the Prevalent Non-English languages in Arizona and include large print (font size of at least 18 point) explaining the availability of written translation or oral interpretation services with their toll-free and TTY/TDY telephone numbers for Member Services All vital materials must be made available in the Prevalent Non-English language spoke for each LEP population in their service areas. All written materials for Members shall be translated into Spanish regardless of whether or not the material is vital.

The Division and its subcontractors shall make members aware that translation/interpretation services are available per the AHCCCS ACOM 405. This service must be provided at no cost to members.

The Division requires that its subcontractors have a written CCP that describes the organization's cultural competency program. The subcontractors' CCPs must include:

- Metrics the organization uses to ensure cultural competency
- Analysis of the metric results
- Member complaint data related to cultural competency
- CCP goals for the coming year
- An analysis of the previous year's CCP
- Tracking and trending of identified issues
- Actions taken for resolution of identified issues
- Whether the CCP was revised as a result of the identified issues
- How the CCP address additional/ongoing training and assistance to providers
- The method for evaluating the cultural diversity of its membership to assess needs and priorities
- Utilization review of interpretation services
- Whether the CCP training fits the diversity needs of staff that have contact with members
- All requirements outlined in the ACOM policy 405 Attachment A.

Subcontractors must ensure that ethnic, racial, cultural, geographic, social, spiritual and economic diversity is recognized across all members and their families. The CCP must outline the policies and procedures created to support the medical, behavioral, educational, emotional, environmental, and financial needs of members and their families. The CCP must include data about the availability of service systems and personnel to support the family's role as decision makers; this includes collaboration among families and health care providers at all levels.

The Division reviewed and discussed the subcontracted health plans' CCP. The following is an analysis of the health plan's CCP, and a synopsis of the comments from the Division committee. If needed the Division's Cultural Competency Coordinator and the Network Administrator will meet with each subcontracted health plan to review the Division's feedback in detail.

Mercy Care Plan

Synopsis:

"As our community continues to grow and become more ethnically diverse, the care provided by Mercy Care is evolving in response to the added complexity. In our system of care, providers are required to become more culturally competent, as well as to recognize the importance of health literacy and social determinants of health. Addressing members' concerns according to their literacy and culture, as well as providing language access services and culturally competent care are the priorities of Mercy Care's Cultural Competence Department. To achieve this, Mercy Care has developed a Cultural Competency Plan that addresses the diverse member needs within our system, fosters internal and external collaboration, and ensures provision of high quality language services at no cost to members or providers, as well as respect for individual member cultural beliefs, sexual preference, gender, race, creed, color, religion, national origin, and age."

Evaluation:

Mercy Care Plan (MCP) showed the change in population from last fiscal year to this fiscal year. MCP an improvement shown in the area of providing data. The CC initiatives information was exceptionally detailed and very positive.

At the core of Mercy Care's Cultural Competence program are the following areas: Training and Education, Culturally Competent Services/Care, Language Access Services, Family Centered Care and Health Care Information Provision to Members.

Mercy Care Plan Cultural Competence Coordinator Donna McHenry is involved in several workgroups making sure to bring awareness of CC.

All Mercy Care and contracted provider staff are required to take a mandatory Cultural Competency training. This training teaches about identified languages in the GSA, as well as how to engage language services, including testing bilingual staff. Additionally, there are two technology-based trainings available to all Mercy Care and contracted provider staff: Limited English Proficient (LEP) members and Culturally and Linguistically Appropriate Services (CLAS) standards. These two additional modules also count as staff annual cultural competency training requirement.

Mercy Care has implemented a very robust Language Access Plan. The language services, at no cost to members, include face-to-face interpretation, over the phone interpretation, and video remote interpretation. The goal is to meet the language needs of any Limited English Proficient (LEP) member, and their family members involved in their care as well. Mercy Care has also developed a robust network of translators, encompassing a wide variety of languages, including exotic languages and languages of lesser diffusion, in order to ensure timely translation of any information members may need or request. This includes options for the blind and visually impaired, such as large print and Braille. For the Deaf and Hard of Hearing, including certified American Sign Language (ASL) interpreters, certified deaf interpreters (CDI), and CART services. Furthermore, for visually impaired members also exist, audio versions are also available upon request.

The Division is concerned that in section E. Language Service Monitoring the table provided is very hard to understand. It seems to show the total DDD members that MCP serves. Then the total DDD members that received language services. But it does not provide information on the different populations served by Mercy Care and/or the percentage of each.

United Health Care Community Plan

Synopsis:

“UHCCP has a comprehensive Cultural Competency Plan (CCP) that describes how health care and services will be delivered to our members in a culturally competent manner. The CCP represents all programs of UHCCP including AHCCCS Complete Care (ACC), AHCCCS Complete Care Members with Children’s Rehabilitative Services (CRS) Designation, Developmentally Disabled (DD), Developmentally Disabled Members with Children’s Rehabilitative Services (CRS) Designation, and Arizona Long Term Care—Elderly and Physically Disabled (LTC). Our organization expects that our providers, employees, and business partners value diversity. We continuously strive to acquire enhanced cultural knowledge and adapt to reflect the diversity within our community.”

Evaluation:

UHCCP’s CCP focuses on three groups of stakeholders: Members/Members Representatives, Providers, and Employees.

UHCCP strives to help members, their representatives and their families understand what cultural competency means and how to gain access to available information. The member handbook provides important information on members rights pertaining to cultural competence, including but not limited to: Rights such as “Access to Care” and “Respect and Dignity and Communication”.

LTC case managers provide one on one interaction with members and have a key role in ensuring understanding of cultural competency by their members and ensuring the delivery of culturally competent services. Case managers are trained to be sensitive to, and acknowledge differences in, cultural groups and religious beliefs. When conducting assessments and discussing end of life decisions, case managers are trained to focus on members holistically, taking into account the member’s religious, familial, and cultural beliefs. UHCCP has developed specialized case manager caseload assignments in order to better meet the cultural, medical and social needs of their diverse

membership

UHCCP has a method for evaluating the cultural diversity of their membership, from which the data is used by our network and member-facing teams to create actions for ensuring they provide culturally competent care. In October 2020, UHCCP conducted an annual assessment of the languages spoken by its membership and identified 33 distinct languages, including English. Spanish was identified as the only prevalent non-English language. Ethnicity data indicated that Caucasian represented the majority of members' ethnicity followed by African American, Native American, and Hispanic in much smaller proportions.

UHCCP provides materials in Spanish above the requirements as the plan's Hispanic population and its membership continues to increase, which is identified in the United Health Care Community Plan's CCP. The UHCCP website can be displayed in Spanish by a click of a

button. UHCCP CCP following the requirement outlined in UHCCP has committed to attending the C3 with AHCCCS contractors, which includes other acute plans.

Language assistance services such as Language Line Solutions, Sign Language interpreters, Auxiliary aids and other supports are available at no cost to the member. Members are not required to use friends or family members to provide translation services unless it is their desire to do so. This is communicated to providers and members, so they do not feel an obligation to use family members.

UHCCP recognizes the importance of providers' understanding and knowledge of cultural competency. A key focus is to increase cultural awareness and understanding of how to deliver culturally competent care, including understanding health literacy and language services.

Provider Services orients new providers using the "New Provider Welcome Packet." This packet contains information that addresses cultural competency and availability and use of Language Line Solutions by providers. It serves as a reminder of their obligation to UHCCP membership and UHCCP's expectation to treat members with respect and dignity, and to provide services in a culturally competent manner. Cultural competency is reviewed with existing providers on an ongoing basis during provider visits/interactions and Provider Education and Training sessions. Currently it is being done through email due to COVID-19. Language line and Cultural Competency topics are included in the presentations to providers.

A Resource Library is maintained on an internal SharePoint and updated with new and interesting information related to cultural competency and cultural awareness and links to websites for additional information to educate themselves on how to better assist the members they serve.

UHCCP recognizes and is committed through implementation of this Cultural Competency Plan to the importance of cultural diversity awareness and sensitivity, and the provision of culturally competent services to their members. By continuing to value diversity and by focusing on our Culture Values of Integrity, Compassion, Relationships, Innovation and Performance we are able to fulfill our mission "to help people live healthier lives and to help make the health system work better for everyone."

Training

Employee Training

The Division incorporates philosophical and historical information regarding the disability community, behaviors, attitudes, skills, policies, and procedures in its staff development program. Developing cultural competence in the area of developmental disabilities is a primary focus of these trainings.

The Division stresses the importance of being a culturally competent agency by promoting adherence to LEP requirements. Division employees currently complete training in LEP requirements within the first 30 days of employment and annually thereafter. In addition to the training, an LEP guideline is posted on the Division's SharePoint site available to all staff.

The Division has access to a training catalog that includes three cultural competency trainings; Respecting Cultural Diversity in Persons with IDD, Cultural Responsiveness in Clinical Practice and Person First Language. All new Division staff are required to take these trainings within 30 days of hire and annually thereafter.

Support Coordination and Network staff from each District also received training by attending the sixth Annual African- American Symposium on Disabilities. Each year a different group of staff attend so as many individuals as possible can experience this conference and training opportunity.

Provider Training

The Division works with long term care contractors to provide services that are “culturally relevant and linguistically appropriate” to the population served. Requirements include:

- An effective communication strategy when considering acceptance of a referral.
- Reasonable steps to ensure meaningful access to Medicaid services for persons with LEP.
- Written information in the prevalent non-English languages in a service area.
- Free interpreter services for all non-English languages, not just those identified as prevalent.

The Division issues to its provider network standardized training materials such as Managing Inappropriate Behaviors, Positive Behavioral Support, and the AHCCCS Direct Care Worker modules. One purpose of the provider trainings is to develop an understanding of cultural competency in working with individuals with developmental disabilities.

During the “Contracting with the Division” training, providers receive training in the use of “person first language” to assure that people are not labeled by a disability or other condition. The DES OPD office continues to work on creating additional cultural competency trainings for providers. One of the trainings will be an online CBT that will be mandatory for all provider staff. The new OPD trainings will provide a standard training to ensure consistency of providers and their staff.

Provider Forums were held throughout the state during which cultural diversity resources were discussed and distributed. Cultural Competency is a standing agenda item for Quarterly Provider

Meetings and will remain on the agenda indefinitely to discuss any issues or concerns that arise relating to this area.

The Division's District Network Manager completes a Readiness Review with each newly awarded Qualified Vendor during which the provider's CCP and policy are reviewed to determine whether the plan includes:

- How the provider can meet the needs of Division members
- The methods the agency will use for language/document translation
- The method for recruitment of staff that can meet the needs of members (ex: Spanish speaking)
- A process for community outreach

Collaborations

The Division participates in two groups related to Cultural Competency. The first group is the statewide Cultural Competency Coalition (C3) group, which is comprised of Arizona Managed Care Plans. The C3 members are from AHCCCS Health Plans and AHCCCS Program Contactors working together to build consistent message tools and practices to help the provider community deliver services in a culturally competent manner. This committee is dedicated to developing

cultural competency and health literacy within the common provider network. There was a C3 conference "The Provider-Patient Relationship and Transgender Youth". Speakers presented information to the audience on the importance of providing culturally competent services in the health care industry. The conference will be held on an annual basis. There were others were the committee either participated in and/or attended. These conferences are shared with the Division. All meetings and conferences for most of this year have been held virtually.

The second group is the Community of Practice (CoP) on Cultural and Linguistic Competence in Developmental Disabilities and is facilitated by the Georgetown University National Center for Cultural Competence. The goal of the CoP is to increase the number, diversity, and capacity of formal and informal leaders to transform their state/territorial developmental disabilities systems. The group is currently looking at access to culturally competent care for persons with developmental disabilities. There have been several meetings/forums with Providers, members and families. Information is being compiled and shared to DDD leadership. The group is also working on a resource listing of agencies that are able to provide services for the different cultures.

DDD Leadership applies the Plan, Do, Study, Act (PDSA) methodology. Which starts with determining what we are trying to accomplish. In this case it is ensuring that all DDD members are receiving culturally appropriate services (activities). Creates objectives/metrics to address and ensure changes have the desired outcome. Some potential objectives including but not limited to additional cultural competency trainings, increase of interpretation services and our provider network.

The Division also is working on improving and increasing our collaboration with Arizona twenty-two tribes and the TRHBA's. Activities include the following:

- Working with the Department's Tribal Liaison to coordinate and address tribal issues and provide consultation.
- Meeting with each TRBHA independently
- Maintain an Inter-Governmental Agreement with the Navajo Nation through which Navajo members can select a Navajo Nation Social Services Support Coordinator.
- Participate in DES Tribal Forums and Tribal Consultations
- Provide notification to all the tribes of all policy changes as well as notification when the Division sends information to members.
- Advocate for the physical and behavioral health needs of all DDD Tribal members, especially those in underserved, rural areas of the state.

Effective Lines of Communication

The Division has professional contracts for interpreter and translation services in all areas of the state, and a process for employees to quickly access language services for members with LEP. Also, there are binders in each office for individuals to review and subsequently relay their native language to request translation services for less common languages. The binders include reference information for how to obtain written and verbal translation, as well as where to find additional information.

The Division provides and coordinates linguistic and disability-related services, by translating all materials, documents and communications into other languages as needed for our members and providing professional interpretation services. Ensuring that all vital materials are made available in the non-prevalent Non-English language. All written materials for members shall be translated into Spanish. Translated documents include but are not limited to: Notices of Action; consent forms; member handbooks; announcements; Planning Document; Positive Behavioral Support training curriculum for delivery by staff and provider trainers, and other important publications. The Spanish documents are reviewed on regular basis and at last review all documents were found to be current. All documents created are maintained at a 6th grade reading level. The Division is also able to provide materials for those with visual and auditory limitations. The division follows ACOM 404 and 405

The Division works with the Department on translating vital portions of its website into Spanish. The initiative regarding the online application has been completed. When the individual opens the online application, the screen will ask whether the member speaks a language other than English and needs translation. The screen that identifies whether another language is spoken or when translation is needed is still under development. When the primary language is Spanish, that version of the online application will load instead. This will allow members to complete the form immediately without waiting for translation assistance.

In addition to professional interpreter services, the Division's bilingual Support Coordinators and office staff can provide Spanish interpreter and translation services. Division Support Coordinators who are bilingual facilitate meetings and translate Planning Documents into Spanish. Hiring preference is given to bilingual Support Coordinators and staff. The Division currently pays 143 Support

Coordinators a stipend for language services. Other translation services offered by the Division to members are for the Deaf and Hard of Hearing. Sign language and Auxiliary Aids are provided by several of the Division vendors.

Under contract with the Division, Raising Special Kids and Ability 360 provide training to members and families on self-advocacy and self-determination. Select trainings are held in English and Spanish. Raising Special Kids has a bilingual homepage and offers some training and workshop opportunities in Spanish. The overall themes of the training and workshops are self/family advocacy, planning for transitions (i.e., preschool to kindergarten, school to employment) planning documents (e.g., IFSP, IEP), behavior support, and collaboration.

Upon intake, which is the initial point of contact, each member is asked for their primary language. This information is entered into the Division's Focus system. The Eligibility Specialist will advise the member that oral and written interpretation services are available. The information is passed on to the Support Coordinator so if interpretation services are required, they can be scheduled for in-person meetings ahead of time. Spanish-speaking members are usually transferred to Spanish-speaking staff. However, for all other languages, interpreters are brought in to translate at all meetings. In addition, all offices have signage, and all reception staff are trained to call the Language Line for immediate translation if the member who is LEP walks into an office. The member can point to the language they speak, and the Language Line has translators on the phone within minutes.

Evaluation and Monitoring

Evaluation of Measures

The Committee evaluates data to determine the degree to which the Division delivers quality services that respond to the cultural and linguistic diversity of the populations served.

Member Surveys

The Division conducts a survey around cultural competency. The survey is conducted by the Support Coordination Supervisors quarterly.

The Support Coordination Supervisors conduct quarterly audits on ALTCS cases, the cases are chosen at random. The audits consist of a member survey, which has two questions related to cultural competency. This year a total of 6474 audits were completed. The questions and results are below: When asked "Are planning meetings conducted in your primary language?" members and families responded as follows:

Response	State Ops	District Central	District East	District North	District South	District West	Total
YES	100%	100%	99%	99%	100%	99%	99%
NO	0%	0%	1%	1%	0%	0%	1%

This survey demonstrates that 99 % of members' planning meetings are conducted in the members' preferred language.

When asked "Is your provider respectful of member/family's customs and traditions?" members and families responded as follows:

Response	State Ops	District Central	District East	District North	District South	District West	Total
YES	100%	100%	99%	99%	99%	99%	99%
NO	0%	1%	1%	1%	1%	1%	1%

This survey demonstrates that 99% of members' providers are understanding and respectful of the member/family's traditions.

All formal complaints, including LEP complaints, are routed through DDD's Customer Service Center (CSC). Most of the LEP complaints are because a family speaks Spanish, and they want a Spanish speaking Support Coordinator. DDD tries to assign bilingual staff with Spanish-speaking caseloads. In certain circumstances this is not available, so the family may complain to the Supervisor. Almost all the LEP complaints pertaining to case management are for this reason. In these instances, the Supervisor will reassign the case when possible

AHCCCS requires complaint closure within 10 days but not to exceed 90 days of opening and prefers the average number of days to closure to be less than 30 days. For this contract year the number of days for closure of complaints ranges from 2days to 127 days. The longest open complaint was due to having to find a provider who knew American Sign Language.

For the contract year 2020, there were four complaints that were handled by CSC. All 4 complaints were resolved to the satisfaction of the complainant. For the contract year 2019, there were four complaints. DDD continues its recruitment efforts for bilingual staff. LEP complaints are usually handled by the District Area or Program Managers as they are received. The majority are resolved at the District level. These are not track by CSC. LEP complaints not resolved at the district level are elevated to and recorded by the CSC in their database and assigned a number. This would also occur for the complaints that are called into CSC directly. When CSC receives the compliant, it is assigned out to the field for follow-up and is monitored until resolved. After the LEP issue has been resolved, the complaint is closed. To date, there has not been a LEP grievance that was elevated to the Executive or Assistant Director level.

Member Survey Results

The Division conducts Cultural Competency surveys with members and providers on an alternating cycle. The 2020 DDD conducted the Member satisfaction survey to determine whether members' service providers (1) speak to them in a language that is understood by them (2) understand what is important to them, and (3) respect their beliefs, choices and opinions.

1. Do these people speak to you in a language you understand?

Provider	Yes	No
Primary Care Physician	434	5
Support Coordinator	442	4
Habilitation Worker	292	6
Respite Worker	281	6
Group Home Worker	216	12
Behavioral Health Provider	217	9
Psychiatrist	166	10

2. Do these people respect your beliefs?

Provider	Yes	No
Primary Care Physician	416	6
Support Coordinator	421	7
Habilitation Worker	271	4
Respite Worker	264	4
Group Home Worker	207	9
Behavioral Health Provider	204	6
Psychiatrist	165	6

3. Do these people respect your family or household unit?

Provider	Yes	No
Primary Care Physician	418	3
Support Coordinator	432	3
Habilitation Worker	275	2
Respite Worker	269	3
Group Home Worker	210	7
Behavioral Health Provider	199	4
Psychiatrist	163	5

4. Do you feel these people respect your choices and opinions about your traditions, culture, and customers?

Provider	Yes	No
Primary Care Physician	413	5
Support Coordinator	415	7
Habilitation Worker	268	5
Respite Worker	258	5
Group Home Worker	200	9
Behavioral Health Provider	198	6
Psychiatrist	155	6

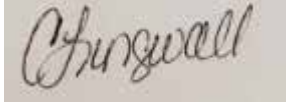
5. If you answered NO to any of these questions, were you able to talk about it and get the issue fixed?

Provider	Yes	No
Primary Care Physician	71	4
Support Coordinator	70	5
Habilitation Worker	41	4
Respite Worker	40	4
Group Home Worker	38	9
Behavioral Health Provider	40	5
Psychiatrist	32	5

The results revealed that, overall, members receive services in a language they understand, providers understand what is important to the member, and members' choices and opinions are respected. Results from all surveys will be reviewed by the Committee for assessment and action.

Appendix A: DDD Cultural Competency Plan 2018-2019 and Work Plan Evaluation Approval

The DES DDD Cultural Competency Plan CYE 2020-2021 and the Evaluation have been approved by:



11/10/2020

Coralyn Lingwall
ALTCS Bureau Chief
Division of Developmental Disabilities

Date



11/08/2020

Francine Waiters, CPM
Support Coordination ALTCS Manager/ Cultural Competency Coordinator
Division of Developmental Disabilities

Date

The Division's Statewide Compliance Committee has formally:

1. Evaluated the effectiveness of the CYE 2019-2020 Cultural Competency Plan Evaluation Work Plan strategy and activities; and
2. Evaluated and approved the CYE 2019-2020 Cultural Competency Plan on November 11, 2019.

The Division's Management Team, as the governing body and policy making body, has formally:

1. Evaluated the effectiveness of the CYE 2020-2021 Cultural Competency Plan Evaluation Work Plan strategy and activities; and
2. Evaluated and approved the CYE 2020-2021 Cultural Competency Plan on November 9, 2020.

Appendix B: Cultural Competency Evaluation Work Plan CYE 2019-2020

Goal: Ensure the provision of culturally competent services to members served by the Division.

Goals	Methodology	Monitoring/ Evaluation	Target Start Date	Target End Date	Person Responsible	Evaluation
To increase cultural awareness of different disability communities.	1. Minimally, twice a year a presenter presenting a culturally diverse agency will present at the quarterly statewide supervisors meeting.	Supervisors will be required to share the information with their staff and document having done so.	10/1/19	09/30/20	1. The Cultural Competency Coordinator and the ALTCs Unit.	DDD completed this goal at 50%. The Deaf and Hard of Hearing Commission did present at our meeting and provided very insightful information of that culture. Due to the current Pandemic the second meeting had to be postponed. So this goal will be continued.

Appendix B: Cultural Competency Evaluation Work Plan CYE 2019-2020

Goal: Ensure the provision of culturally competent services to members served by the Division

Goals	Methodology	Monitoring/ Evaluation	Target Start Date	Target End Date	Person Responsible	Evaluation
The Division to increase its Tribal & TRBHA Collaboration	<ol style="list-style-type: none"> 1. Meet w/ each TRBHA independently 2. Participate in DES Tribal Forums 3. Meet personally w/ DDD Tribal Support Coordinators and Tribal Case Managers. 4. Dedicated DDD Behavioral Health Unit for DDD AIHP. 	The Cultural Competency Coordinator will receive quarterly updates from Health Care services and the Behavioral Health Unit.	10/1/19	09/30/20	1. DDD Health Care Services and Behavioral Health Unit.	<ol style="list-style-type: none"> 1. These meetings were accomplished in the latter part of 2019 and early part of 2020 to provide information about the October 1, 2019 Integration of DDD Health Plans and DDD AIHP. Behavioral health questions and answers regarding care for Tribal members were also discussed. Due to the Pandemic, these meetings have been temporarily suspended, but will be resumed virtually in the future. 2. DDD continues to participate in regularly scheduled DDD Tribal Forums and AHCCCS Tribal Consultations to provide updated information concerning DDD AIHP and other relevant topics. Since April 2020, these meetings have been conducted virtually due to the Pandemic. 3. This goal is ongoing; the purpose is to provide continued support. 4. DDD Health Care Services Behavioral Health Administration advocates for the Behavioral Health needs of all Tribal members, especially for those in under served, rural areas of the state.

Appendix B: Cultural Competency Evaluation Work Plan CYE 2019-2020

Goal: Ensure the provision of culturally competent services to members served by the Division

Goals	Methodology	Monitoring/ Evaluation	Target Start Date	Target End Date	Person Responsible	Evaluation
The Division will maintain high ratings of family satisfaction with Division services being culturally competent (excluding Support Coordination).	1. Conduct review and analyze member survey. Satisfaction will remain above 95%.	Analyze Division survey results, if deemed appropriate enter into Resolution System.	10/1/19	09/30/20	1. Cultural Competency Coordinator and Network	The Division sent out surveys to 2000 members of the 2000 were returned. In reviewing the results satisfaction of all 5 questions all 6 areas were above 95%.

Appendix B: Cultural Competency Evaluation Work Plan CYE 2019-2020

Goal: Ensure the provision of culturally competent services to members served by the Division

Goals	Methodology	Monitoring/ Evaluation	Target Start Date	Target End Date	Person Responsible	Evaluation
Provide ongoing information, education and resources to all stakeholder on diversity & cultural competency within the DDD membership	The Division will develop a CC library with resource links on its website	Once developed it will be reviewed and updated quarterly at a minimum.	10/1/19	09/30/20	Cultural Competency Coordinator and DDD Communication Team.	The division worked with several different entities and was made aware of several resources that were related to cultural competency. That information was shared with multiple areas of the division to help increase education related to cultural competency, the information was for internal and external stakeholder. The CC library is not up and running as of yet but the expectation is that it will be by Feb 2020.

Appendix C: Cultural Competency Evaluation Work Plan CYE 2020-2021

Goal: Ensure the provision of culturally competent services to members served by the Division

Goals	Methodology	Monitoring/ Evaluation	Target Start Date	Target End Date	Person Responsible	Evaluation
To increase cultural awareness of different disability communities.	1. Minimally, twice a year a presenter representing a culturally diverse agency will present at the quarterly statewide supervisors meeting.	Supervisors will be required to share the information with their staff and document having done so.	10/1/20	09/30/21	1. The Cultural Competency Coordinator and the ALTCS Unit.	

Appendix C: Cultural Competency Evaluation Work Plan CYE 2020-2021

Goal: Ensure the provision of culturally competent services to members served by the Division

Goals	Methodology	Monitoring/ Evaluation	Target Start Date	Target End Date	Person Responsible	Evaluation
The Division to increase its Tribal & TRBHA Collaboration	<ol style="list-style-type: none"> 1. Meet w/ each TRBHA independently 2. Participate in DES Tribal Forums 3. Meet personally w/ DDD Tribal Support Coordinators and Tribal Case Managers. 4. Dedicated DDD Behavioral Health Unit for DDD AIHP. 	The Cultural Competency Coordinator will receive quarterly updates from Health Care services and the Behavioral Health Unit.	10/1/20	09/30/21	1. DDD Health Care Services and Behavioral Health Unit.	

Appendix C: Cultural Competency Evaluation Work Plan CYE 2020-2021

Goal: Ensure the provision of culturally competent services to members served by the Division

Goals	Methodology	Monitoring/ Evaluation	Target Start Date	Target End Date	Person Responsible	Evaluation
<p>The Division will conduct a survey with DDD Qualified Vendor to ensure compliance related to cultural competency</p>	<p>1. Conduct review and analyze provider survey.</p>	<p>Analyze Division survey results, if deemed appropriate enter into Resolution System.</p>	<p>10/1/20</p>	<p>09/30/21</p>	<p>1. Cultural Competency Coordinator and Network</p>	

Appendix C: Cultural Competency Evaluation Work Plan CYE 2020-2021

Goal: Ensure the provision of culturally competent services to members served by the Division

Goals	Methodology	Monitoring/ Evaluation	Target Start Date	Target End Date	Person Responsible	Evaluation
Provide ongoing information, education and resources to all stakeholder on diversity & cultural competency within the DDD membership	The Division will develop a CC library with resource links on its website	Once developed it will be reviewed and updated quarterly at a minimum.	10/1/20	09/30/21	Cultural Competency Coordinator and DDD Communication Team.	