



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

DIVISION OF DEVELOPMENTAL DISABILITIES

**Cultural Competency Plan and Annual Assessment
2014-2015**

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ARIZONA DEPARTMENT OF ECONOMIC SECURITY

DIVISION OF DEVELOPMENTAL DISABILITIES

CREDO

To support the choices of individuals with disabilities and their families by promoting and providing within communities, flexible, quality, consumer-driven services and supports.

VISION

Individuals with developmental disabilities are valued members of their communities and are involved and participating based on their own choices.

VALUES

We Value:

1. Healthy relationships with people;
2. Individual and family priorities and choices;
3. Equal access to quality services and supports for all individuals and families;
4. Partnerships and ongoing communication with individuals, family members, advocates, providers, and community members;
5. Developmental approaches changing conditions that affect people rather than changing people who are affected by conditions;
6. Individual freedom from abuse, neglect and exploitation with a balance between the right to make choices and experience life and individual safety;
7. A diverse workforce that is motivated, skilled and knowledgeable has and uses the most effective practices known;
8. An environment rich in diversity in which each person is respected and has the opportunity to reach their optimal potential;
9. An individual's right to choose to participate in and contribute to all aspects of home and community life;
10. A system of services and supports, which are:
 - Responsive timely and flexible responses to internal and external members;
 - Strength based recognizing people's strengths, promoting self-reliance, enhancing confidence and building on community assets;
 - Effective ongoing identification of effective methods and practices and incorporation of those practices into operations; and
 - Accountable to our members and to the taxpayers.

Introduction

The Department of Economic Security (Department or DES)/Division of Developmental Disabilities (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 culturally and linguistically diverse members. "Cultural competency" refers to the ability of staff to acknowledge and understand the influence cultural history, life experiences, language differences and values have on individuals and families. Cultural competency in healthcare refers to being aware of cultural differences among diverse racial, ethnic, and other minority groups respecting those differences and taking steps to apply that knowledge to professional practice. It is an awareness and appreciation of customs, values, and beliefs and the ability to incorporate them into the assessment, treatment and interaction with any individual. Better communication with members, families and groups from diverse cultures improves health outcomes and member satisfaction.

Cultural competency includes having knowledge of and using "disability etiquette" when establishing rapport and working with individuals with developmental disabilities. According to the National Center for Cultural Competence at Georgetown University, "People first terminology is the standard that should govern all communication about this population (people with disabilities). Training and policy within health and mental health care organizations should require people first terminology such as individuals with developmental disabilities, a person with intellectual disabilities, and a patient with a physical disability or communication disorder."

In addition, 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. The Division strives to meet the 14 CLAS Standards.

The Division's Cultural Competency Plan strives to integrate care by providing a holistic service delivery system that is consistently respectful of individual and families values, thinking, belief systems, life experiences, and linguistic preferences. 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 Network Administrator is responsible for implementation, oversight and monitoring of the Cultural Competency Plan. The Network Administrator ensures all Division service providers; Home and Community Based Services, institutional services, behavioral health and acute care plans have culturally competent practices.

Measures

The Division continues to work to establish consistency and a universal approach to cultural competency and diversity. Each of the Division's Districts continue to be responsible for managing a culturally competent and diverse workforce within their geographic boundaries while

the Division concurrently works statewide to standardize processes across all network providers.

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 using the following measures:

- Demographics
- Limited English Proficiency (LEP) and primary language
- Use of interpreter services
- Diversity of staff
- Staff input
- Grievances and Appeals
- Complaint Resolution and Tracking System (CRTS)
- Cultural Competency Survey
- Member surveys
- CLAS Standards
- Network sufficiency
- Provider forums
- Stakeholder input
- Numbers of trainings

The Division did not complete an assessment of community health assets; however, this activity has been incorporated into the Work Plan for 2014-2015.

The Division did not communicate progress in implementing and sustaining its Cultural Competency Plan to stakeholders, member, and the general public; however, this activity has been incorporated into the Work Plan for 2014-2015.

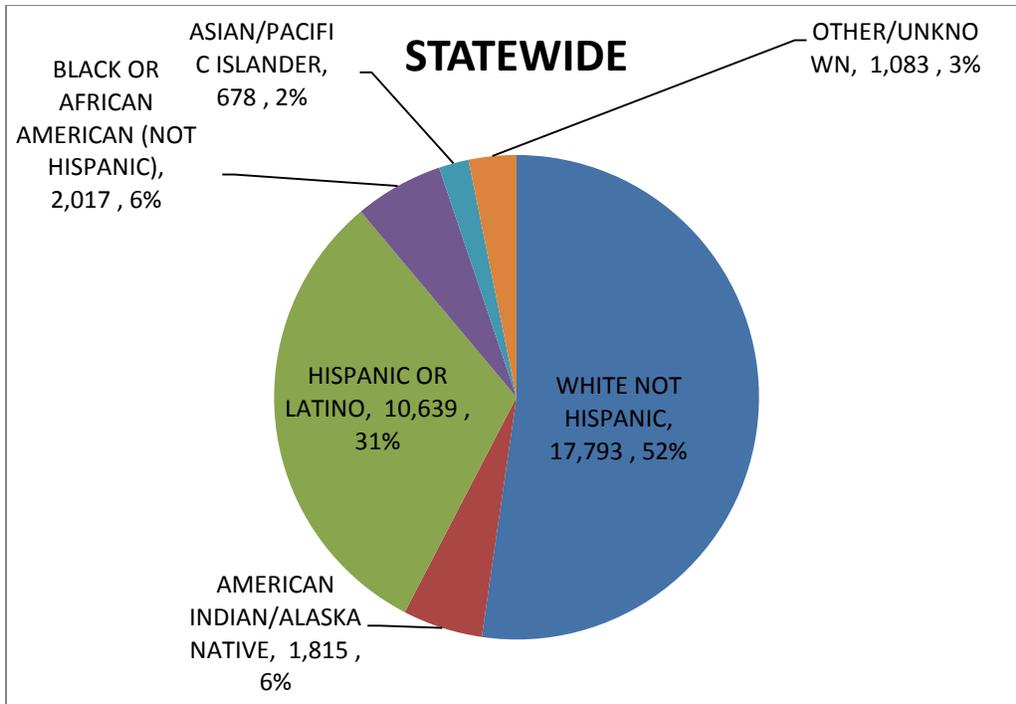
Evaluation of Measures

The data identified in the measures above will be evaluated by the Division's Cultural Competency Committee in order to determine the degree to which the Division delivered quality services that respond to the cultural and linguistic diversity of the populations served.

The Division did not complete this evaluation in 2013-2014; however, this activity is addressed in the Work Plan for 2014-2015.

Member Demographic Considerations

The Division tracks the ethnicity of its members, as reflected in the following charts, and uses the information to guide the Cultural Competency Plan. The Division's membership is predominantly White Not Hispanic (52%), followed by Hispanic or Latino (31%), American Indian/Alaska Native (6%) and Black or African American (Not Hispanic) (6%), Other/Unknown (3%), and Asian/Pacific Islander (2%). However, that Hispanic member's make up 31% of the Division's membership emphasizes the continued need for a culturally competent workforce.



The Division also tracks the diversity of its 33,933 members 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	1.9%	5.9%	52.3%	31.3%	5.3%	3.3%
DDD Staff	2.1%	11.6%	46.8%	30.7%	2.5%	6.3%
Statewide Population	3.2%	4.6%	56.7%	30.3%	5.3%	2.9%

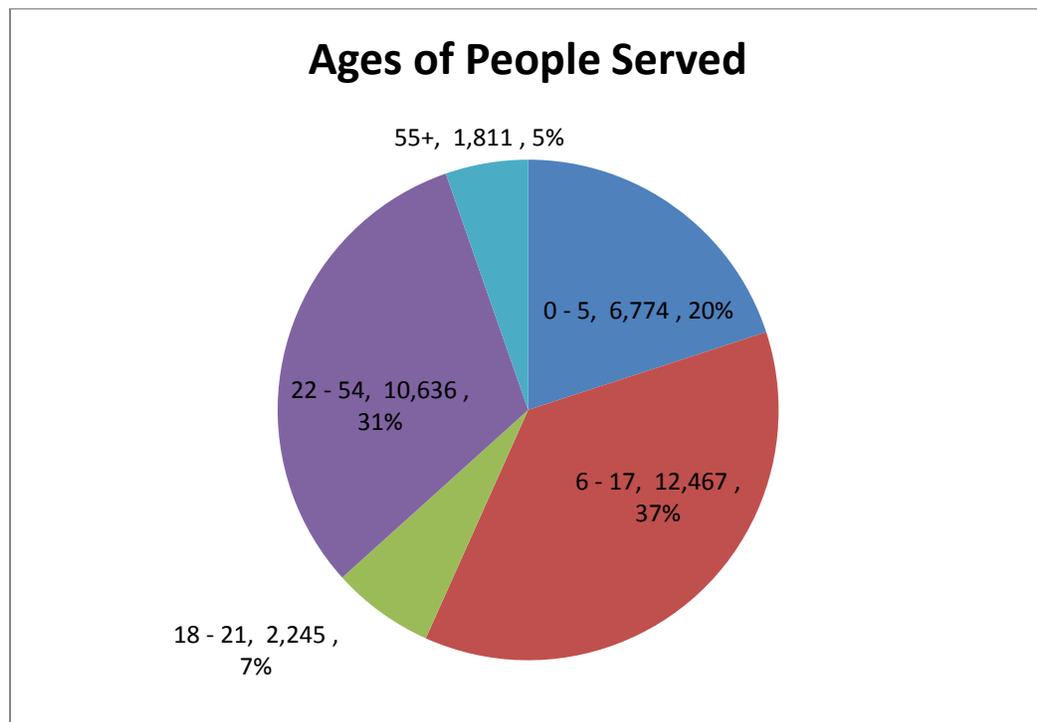
The Division's membership reflects Arizona's population. The composition of the Division's staff is somewhat underrepresented in White not Hispanic and American Indian and somewhat overrepresented in Black or African American as compared to the Division's membership and the statewide population.

The Division also tracks Limited English Proficiency (LEP) of its members as indicated in the table on the following page. The predominant primary language of the Division's membership is English, followed by Spanish.

Primary Languages of Member in Fiscal Year 2013-2014

Language	Members
ENGLISH	26,696
SPANISH	4,103
NAVAJO	262
OTHER	149
ARABIC	56
AMERICAN SIGN LANGUAGE	36
VIETNAMESE	29
GREEK	27
FARSI	19
UNKNOWN/UNSPECIFIED	19
SOMALI	18
CROATION	16
DUTCH	15
SIGN EXACT ENGLISH	12
FRENCH	9
SWAHILI	9
INDIAN (INDIA)	8
KOREAN	6
CHINESE	5
NATIVE AMERICAN	5
FILIPINO	4
MANDARIN	4
ROMANIAN	4
RUSSIAN	4
TAGALOG	4
ALBANIAN	3
APACHE	3
CANTONESE	3
HINDI	3
JAPANESE	3
TOHONO OODHAM	3
BOSNIAN	2
HEBREW	2
SERBIAN	2
AMHARIC	1
ARMENIAN	1
BRAILE	1
DANISH	1
PORTUGUESE	1
YIDDISH	1
LAOTIAN	0

The Division supports individuals of all ages. The following chart displays the breakdown of eligible individuals by age as of June 30, 2014:



The Division’s membership over the last several years has grown by approximately 4% a year. Further review of the demographics of age and ethnicity over time reveal the largest sector of the Division’s population is aged 0-21.

Surveys

Support Coordinator Supervisors conduct ongoing surveys with ALTCS members to determine satisfaction with services and other information. When asked “Are planning meetings conducted in your language?”, individuals and families responded as follows:

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

This survey demonstrates that 99.8% of members planning meetings are conducted in the members preferred language.

The Division surveyed members in 2013 to determine whether their 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 choices and opinions. The results are depicted on the following page.

“Do people talk to you in a language you understand?”

	Yes	No
Primary Care Physician	2,145	32
Support Coordinator	2,111	43
Habilitation Worker	1,486	61
Respite Worker	1,493	58
Group Home Worker	665	86
Behavioral Health Provider	1,071	77
Psychiatrist	912	85

“Do you feel your service providers understand what is important to you?”

	Yes	No
Religious Beliefs	1,890	76
Family Values	2,082	54
Community Participation	1,930	76
Family Dynamics	1,929	75

“Do service providers respect your choices and opinions?”

	Yes	No
Primary Care Physician	1,478	24
Support Coordinator	2,074	58
Habilitation Worker	1,419	58
Respite Worker	1,457	46
Group Home Worker	842	64
Behavioral Health Provider	1,000	71
Psychiatrist	827	75

The results reveal that overall members are receiving services in a language they understand, providers do understand what is important to the member, and their choices and opinions are respected. Targeted areas for improvement appear to be with group home workers, behavioral health providers, and psychiatrists, which are incorporated in the Work Plan for 2014-2015.

The Division reviewed information from the Complaint Resolution and Tracking System (CRTS) and found that there were no grievances or complaints associated with discrimination, LEP, or cultural competency.

Member Communication

The Division provides and coordinates linguistic and disability-related services by requiring translation of all materials, documents and communications into other languages when it is aware that 3,000 or 10% (whichever is less) of its members have LEP into the identified language. All vital materials are translated when the Division is aware that a language is spoken by 1,000 or 5% (whichever is less) of its members have LEP into the identified language. The Division assessed primary languages spoken by its members, as reflected in FOCUS (the Division’s management information system): Spanish is the only language that reached the threshold. No other single language spoken by members met the 3,000 or 10%

member threshold or the 1,000 or 5% threshold. Last year the number of LEP members was 4,000; this year it is 4,103. For members whose primary language is Spanish, the Division requires translation of all documents, and makes available interpreter services for those members. Translated documents include but are not limited to: Notices of Action; consent forms; member handbooks; announcements; Individual Support Plans; Positive Behavioral Support training curriculum for delivery by staff and provider trainers, and other important publications. The Division continues to work with the Department on translating vital portions of its website into Spanish.

In addition to professional interpreter services, 140 of the Division's Support Coordinators and office staff are available to provide Spanish interpreter and translation services. Division Support Coordinators who are bilingual facilitate meetings and record Individual Support Plans into Spanish. Hiring preference is given to bilingual Support Coordinators and staff.

All correspondence sent to members is in English and Spanish this includes:

- Member Newsletters
- National Core Indicator Survey
- Cultural Competency Survey

Under contract with the Division, Raising Special Kids, the Arizona Bridge to Independent Living (ABIL), and DIRECT Center for Independence 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 (i.e., IFSP, IEP), behavior support, and collaboration.

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 complete training in LEP requirements within the first six months of employment. In addition to training, an "LEP Toolbox" is posted on the Division's intranet page, which includes LEP procedures and available translation and interpreter services. The Division has professional contracts in place 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. The Division posts "Available Translation" cards in each office for individuals to present in their native language to request translation services. LEP posters and pamphlets are displayed in all Division offices.

Division Support Coordinators that are co-located with the Department of Child Safety receive training in Cultural Awareness. The Division trains facilitators of Person Centered Planning to use "person first language" to assure that people are not labeled or identified in terms of a disability or any other condition. Division employees are required to complete Diversity and Cultural Competency in the Workplace within the first six months of employment. The curriculum includes cultural and generational diversity, benefits of cultural diversity, and best practices to create a diverse and inclusive workplace.

Support Coordination and Network staff from each District attended the 3rd Annual African-American Symposium on Disabilities. The Division also supports community activities and trainings in cultural diversity and encourages staff participation.

Additionally, the Division works with the Departments Tribal Liaison to coordinate and address tribal issues and provide consultation. The Division maintains an Interagency Agreement with the Navajo Nation through which Navajo members can select a Navajo Nation Social Services Support Coordinator. The Division has Spanish speaking Support Coordinators that are assigned to Spanish speaking members.

The Division did not develop customized training for staff based on the nature of the contacts in 2013-2014; however, this activity has been incorporated in the 2014-2015 Work Plan.

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 available in the prevalent non-English languages in its particular service area; and interpreter services available at no charge 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 Arizona Health Care Cost Containment System (AHCCCS) Direct Care Worker modules. One of the purposes of these trainings is to develop cultural competency in working with individuals with developmental disabilities.

Providers receive training in the use of “person first language” to assure that people are not labeled or identified in terms of a disability or any other condition during the “Contracting With the Division” training.

There were twenty four (24) Provider Forums held throughout the state during which cultural diversity resources were discussed and distributed.

The Division’s District Network Manager completes a Readiness Review with each newly awarded Qualified Vendor during which the provider’s Cultural Competency Plan and policy are reviewed for the following;

- Does the plan include how the provider can meet the needs of Division members?
- Does the plan address the methods the agency will use for language/document translation?
- Does the plan consist of a method for recruitment of staff that can meet the needs of members? (ex: Spanish speaking)
- Does the plan include a process for community outreach?

Provider Network Cultural Competency

The Division evaluates its provider network and services to assure accessibility and quality of care to members. The Division requires contracted providers and subcontracts to provide standards of services that are “culturally relevant and linguistically appropriate” to the population served.

Acute Care and Behavioral Health

The Division currently holds contracts with three health plans to provide acute care services to members throughout the state. The Division’s contracted health plans are:

- UnitedHealthcare Community Plan
- Mercy Care Plan
- Care1st Health Plan

The Division has an Interagency Services Agreement (ISA) in place with the Arizona Department of Health Services (DHS)/Division of Behavioral Health Services (DBHS) for the provision of behavioral health services to members.

The Division provides and coordinates linguistic and disability-related services by requiring translation of all materials, documents and communications into other languages when the subcontractor is aware that 3,000 or 10% (whichever is less) of its members have LEP into the identified language. All vital materials are translated when the subcontractor is aware that a language is spoken by 1,000 or 5% (whichever is less) of its members have LEP into the identified language.

The Division requires that its subcontractors have a written Cultural Competency Plan (CCP) that describes the organization’s cultural competency program. The CCP must include:

- What metrics does your organization use to ensure cultural competency?
- What has your analysis revealed?
- What member complaint data is related to cultural competency?
- What are your CCP goals for the coming year?
- Does the CCP review goals from the previous year?
- Were issues identified?
- What actions were taken to address any identified issues?
- Was the CCP revised as a result of the identified issues?
- How does the CCP address additional/ongoing training and assistance to providers?
- Does the CCP educational program address the significance of making providers and other subcontractors aware of the importance of providing services in a culturally competent manner?
- Describe the method for evaluating the cultural diversity to assess needs and priorities.
- Does the CCP review utilization of interpretation services?
- Is the CCP training customized to fit the diversity needs of staff that have contact with members?
- Does the CCP detail how the provider will evaluate its network, outreach services in order to improve accessibility and quality of care for its membership?

Subcontractors must ensure that the ethnic, racial, cultural, geographic, social, spiritual and economic diversity are recognized across all member families. The CCP must outline the policies and procedures that have been 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.

Below are the highlights from the three acute care health plans and DBHS:

Mercy Care Plan

Mercy Care Plan (MCP) continually monitors the cultural needs of its members and frequently updates training to employees and providers to ensure services are delivered in a culturally competent manner. Analysis of member grievances and Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey results assist MCP to monitor the effectiveness of the providers and internal outreach in terms of delivering services in a culturally competent manner. Mercy Care Plan also looks at feedback on the providers from the members to ensure communication; education and outreach are delivered in a culturally competent manner. MCP looks internally at the staff satisfaction in the areas of diversity.

- **Languages Spoken:** Review reports of languages spoken by MCP members and identify additional translation needs. (Vital materials 5% or 1,000 members whichever is less, all materials for 10% or 3,000 members) Vital materials include, at a minimum, notices of denial, reduction, suspension or termination of services, vital information from the member handbook, appeal letters and consent forms.
- **Member Demographics:** MCP continues review member demographics and adjusts translation/educational needs as demographics change.
- **Language Line Services (now Voiance):** Language Line Services provides telephonic interpretation services in over 175 languages averaging over 1,000 calls per month. Spanish, Arabic, Vietnamese, Burmese and Somali are the top 5 languages requested through Language Line Services in CYE 2013. On-site interpretations services are also available as needed.
- **Member Grievances:** MCP monitors grievance on a monthly basis. Member grievances against a Primary Care Provider (PCP) for service issues account for a majority of the total non-transportation issues: communication/interpersonal (9%), accessibility, and availability (3.1%). Only 0.9% of all grievances are related to cultural competency. The primary reason for member grievances continues to be accessibility of transportation services (57%) due to late or no shows.
- **CAHPS Survey:** Two areas are evaluated in the CAHPS survey: (1) health promotion and education (provider through outreach and provider during office visits), and (2) how well the physicians communicate. These areas are evaluated for adult and child members.
- **Employee Satisfaction - Diversity Index:** MCP changed its employee satisfaction survey cycle to every two years. As a result, a survey was not completed in 2013. Instead

pulse surveys were conducted with a select group of employees. Results were not published.

- **Provider Satisfaction: Cultural Competence or Interpretive Services composite, Summary Rate Scores** represent the proportions of people choosing Always or Sometimes. This composite asks respondents how frequently they need interpreters outside their office staff. The composite also addresses whether respondents have ever used Mercy Care Plan's telephone Language Line for interpretation purposes and their satisfaction with these services.
- **Number of provider relations meetings discussing cultural competency:** Provider Relations monitors on a quarterly basis individual provider educations and large group in-services. They also monitor the distribution of *Ask Me Three* posters and language line resources. Accessibility audits were completed, giving provider relations an additional opportunity to educate providers on cultural competency and language line services.
- **Number of Provider Relations Newsletter** where cultural competency/health literacy were addressed.
- **Number of Integrated Care Management (ICM) training** on cultural competency and behavioral health related topics for PCPs and Skilled Nursing Facilities (SNFs).
- **Measurement of MCP staff training:** Percentage of staff completed training requirements. In 2013, all MCP staff were required to take one required course in the area of cultural competency and two additional courses of their choice that support their position/roles and interactions. Approximately 90% of MCP and Mercy Care Advantage staff met the requirements.
- **CLAS standards:** MCP reviewed the class standards against current practices and did not identify any new initiatives/plans based on gaps in this area.
- **Percentage of member educational letters and marketing materials** adhering to brand standards and templates for design, language level and tone.
- **Participation in Maricopa Department of Public Health CHIP program.** Number of meetings attended, actions to support CHIP taken by health plan.

UnitedHealthcare Community Plan

UnitedHealthcare Community Plan has a CCP that describes how care and services will be delivered to our members in a culturally competent manner. The CCP represents all programs of UnitedHealthcare Community Plan including AHCCCS/Acute, Children's Rehabilitative Services (CRS), Developmentally Disabled (DD) and Long Term Care – Elderly and Physically Disabled (LTC/EPD). The health plan expects that its providers, employees, and business partnerships value diversity. The health plan continuously strives to acquire enhanced cultural knowledge and adapt to reflect the diversity within our community.

The health plan achieved the following successes and critical metrics in CYE13:

- Delivery of cultural competency training (Valuing Diversity and Inclusion) through LearnSource as a mandatory course and continued awareness of cultural competency and diversity at the corporate level continues to result in high employee training participation rates. The training aides in an understanding of the diverse populations served to include economic differences, educational differences, sexual orientation, differences in abilities, and religious beliefs have on decisions about health care in addition to differences in race and ethnicity broadening the understanding of differences to ensure services are provided in a culturally competent manner.
- Continuation of the “Shine Arizona” program designed to facilitate health education, activities and outreach to diverse cultures recognizing the predominate cultures served by UnitedHealthcare Community Plan. This outreach included healthy cooking demonstrations and using Wii games to demonstrate how to increase physical activity through play at home. Fitness outreach to diverse populations under 21 to assist with the reduction of childhood obesity prevalent in minority communities.
- Telemedicine services continue to evolve to allow members in remote and rural areas to access care without having to travel long distances.
- All-Staff educational opportunity provided by International Rescue Committee to speak to the services they provide and help with an understanding of the communities they serve and some of the challenges of the individuals in those communities accessing healthcare.
- Maintained dynamic Spanish translation software for member information on myuhc.com.
- Continued training of Promotoras as part of the medical home program to increase outreach efforts when gaps in care have been identified.
- CRS Ombudsman/Member Advocate provided WebEx training on CRS program changes. Through the varied community interactions for the CRS product specifically information impactful to understanding concerns related to changes in the delivery of Arizona healthcare was provided and addressed.
- Sign language interpretation services are available to members and a Resource List of services for the Hearing Impaired is available to Ombudsman/Member Advocate, CRS Clinical Liaisons, Enrollment Specialists and High Needs Case Managers to assist with services to members.
- Educational information was presented to providers at provider forums and WebEx events.
- WebEx Training for Behavioral and Pediatric Providers delivered 90 minute CRS Operational Changes and Cultural Competency with CLAS Standards training on the following dates: 9/17/13, 9/20/13, and 9/26/13.

- Three quarterly All-Staff meetings featured members with disabilities or their families telling a story of making a difference in the lives of others.
- A one-page flyer for Language Line services was created to educate providers new to the CRS Integrated Program and remind veteran CRS Providers of the availability of the services.

Care1st Health Plan Arizona Cultural Competency Responses

Care1st Health Plan Arizona, Inc. (Care1st) develops and evaluates a Cultural Competence Plan (CCP) on an annual basis in accordance with State and Federal requirements. Care1st is committed to providing cultural competent care and services to its members.

Care1st seeks to include multiple aspects of servicing members to ensure a high level of culturally competent care. Participants of the Care1st CCP include employees, providers, members and the Arizona community at large.

Components of the CYE14 Care1st CCP will consist of:

Employee Training and Testing

- Mandatory Cultural Competency Training for New Employees
- Mandatory Cultural Competency Training for all Employees on an annual basis
- Diversity training
- Attendance of external Cultural Competency-related seminars
- Mandatory Employee Testing for Translation and Interpretation Services
- Policy Revisions and Updates
- Support of Cultural Community Activities

Provider Training and Monitoring

- Mandatory Provider Training
- Mandatory Onsite Provider Visits/Monitoring

Member Communications and Materials in Alternative Formats

- Member Handbook
- Notice of Action
- Member Newsletter
- Other Pertinent Member Information

Community Involvement

- Health Plan Committees
- Marketing and Community Outreach
- CLAS Community Committee

The CYE14 Care1st Health Plan Arizona, Inc. (Care1st) CCP goals are to:

- Continue to maintain the low number of member complaints regarding cultural competency
- Continue to maintain the low number of providers determined to be cultural incompetent in the network
- Continue to improve employee understanding of cultural competence

Arizona Department of Health Services/Division of Behavioral Health Services

ADHS/DBHS annual cultural competency plan for FFY 2013-2014 Work Plan focuses on the following:

Education and Training

- Develop, maintain and monitor trainings for cultural competence, CLAS, and LEP, to ensure and increase cultural awareness, to underrepresented and underserved population.
- Provide education, awareness training and support to behavioral health and behavioral health professionals to meet the needs of culturally diverse populations.
- Improve capacity to work effectively with Tribal Nations.
- Continue to incorporate training and educational techniques that are culturally and linguistically effective.

Collaborative Partnerships with Community Based Organizations

- Ensure inclusion of the Peer and Family Member.
- Reduce behavioral health disparities.
- Ensure culturally and linguistically appropriate services for the deaf and/or hard of hearing.
- Improve Tribal Nation access to T/RBHA behavioral health services.
- Reduce discrimination/stigma associated with mental illness.

System Health Integration

- Establish culturally and linguistically appropriate health integration services for diverse populations.
- Increase Trauma Informed Care (TIC) and culturally competent awareness efforts to reach diverse populations.
- Utilize assessments to identify cultural competency trends: CLAS, LEP, national standards and cultural considerations at all levels.
- Continue to conduct the consumer satisfaction surveys and assess for cultural and linguistic competency.
- Continue coordination of quality of care processes to assess for provisions of culturally and linguistically relevant services and consumer satisfaction.
- Remove barriers to appropriate care through advocacy and Special Assistance. (Specific to persons designated with a Serious Mental Illness)
- Continue coordination of ADHS/DBHS plans with a goal of streamlining reporting requirements.
- Develop system of care strategic plans with the inclusion of adult and child cultural and linguistic relevance.

Communications, Marketing and Outreach

- Continue marketing efforts to educate members on physical health topics with a goal of reducing health disparities.
- Implement culturally inclusive marketing initiatives to raise mental health awareness and reduce health disparities.
- Participation, inclusion and outreach to culturally diverse populations.
- Develop the Annual Diversity Report.

- Homeless reporting for continuum of care.
- Develop the Annual Effectiveness Review of the Cultural Competency Plan.
- Analyze the Semi-Annual Language Services Report.
- Develop and analyze the Cultural Competency and Workforce Development Quarterly Reports.
- Rehabilitation Progress Reports and system of care initiatives for employment and cultural need.
- Develop and maintain policies outlining requirements for direct care service providers. Requirements must incorporate cultural and linguistic need.
- Develop and maintain policies outlining requirements of responsibilities of ADHS/DBHS and T/RBHAs. Requirements must incorporate cultural and linguistic need.
- Ensure inclusion, monitoring and implementation of the CLAS Standards and Federal Regulations associated with culturally and linguistically competent mental health services.
- Monitor and maintain interpretation and written translation procedures for ADHS/DBHS
- Ensure T/RBHAs abide by all local, state and federal housing laws.

Home and Community Based Services (HCBS) Providers

The Division evaluates its HCBS provider network and services to assure accessibility and quality of care to members. The Division requires contracted providers to deliver standards of 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 limited English proficiency; written information available in the prevalent non-English languages in its particular service area; and interpreter services available at no charge for all non-English languages, not just those identified as “prevalent.” Providers are required to have a Cultural Competency Plan and supporting Policies.