

**Arizona Department of Health Services
Division of Behavioral Health Services**

**Cultural Competency Plan Review
2005 - 2006**

and

**Updated Plan
For
2006-2007**

**Arizona Department of Health Services
Division of Behavioral Health Services
Cultural Competency Plan Review
2005- 2006**

This annual report summarizes the Division of Behavioral Health Services (DBHS) 2005 Statewide Cultural Competency Plan and reviews the activities undertaken from July 1, 2005 – June 30, 2006. Based on the review, the plan has been updated to reflect future implementation steps.

The Division has been working strategically to integrate and promote culturally competent services into the behavioral health system across the state. Arizona’s rapidly changing demographics has created a need for culturally competent providers and an overall delivery system that can respond to the behavioral health needs of a diverse population. In response to this need, the Division has provided leadership, commitment and resources to the development of the DBHS Cultural Competency Plan and support of the DBHS Cultural Competency Advisory Committee.

The DBHS Cultural Competency Plan was developed through the DBHS Cultural Competency Advisory Committee input. The committee is composed of representatives from the Regional Behavioral Health Authority (RBHA) and RBHA cultural experts, providers, consumers and DBHS staff. The DBHS Cultural Competency Advisory Committee and its three subcommittees meet on a regular basis. The Advisory Committee and the three subcommittees are lead by DBHS staff. They focus on the areas of Data, Training and Interpretation and Translation with goals, work products and activities delineated in DBHS’ Cultural Competency Plan.

The DBHS vision for culturally competent care is:

- Care that is given with understanding of and respect for the consumer’s health-related beliefs and cultural values
- Staff that respect health related beliefs, interpersonal styles, and attitudes and behaviors of the consumers, families, and communities they serve
- Leadership from administrative, management and clinical operations that includes assessments and processes that ensure a uniform and consistent response by all staff

DBHS defines culture in the broad sense, as there are other things in addition to race, language, and ethnicity that contribute to a person’s sense of self in relation to others. These may be more specific or more general subgroups based on attributes (such as gender or sexual orientation), or shared life experiences (such as survival of violence and/or trauma, education, occupation, or homelessness). Multiple memberships in these subgroups contribute to an individual’s personal identity and sense of own “culture”. Understanding how these factors affect how a person seeks and uses behavioral health, as well as their culture group’s historical relationship to behavioral health is important to providing culturally competent care.

The cultural competency goal of the Division is *“To create a culturally competent behavioral health system of care that embraces and supports individual differences to achieve the best possible outcomes for individuals receiving services.”*

The 2005-2006 Cultural Competency Plan provided for:

- Increasing the capacity of the RBHA to provide cultural competent services through the development and implementation of a standardized cultural competency organizational assessment and training curriculum
- Increasing the capacity for DBHS to expand its cultural competency knowledge base and readiness for change by participating in the cultural competency training
- Increase RBHA linguistic and translation capacity and competence in providing behavioral health services by identifying core data elements the RBHA must use in reporting recipient language and staff language capacity. The RBHA must use data to improve their service delivery system

Overview of some of the 2005- 2006 – Major accomplishments:

Standardized Cultural Competency Curriculum development and implementation for clinical staff

- DBHS coordinated focus groups in which T/RBHAs, providers, consumers and family members and DBHS staff provided input. Two consultants then developed a training curriculum that would incorporate their input and represent the philosophy and principles for the provision of behavioral health services
- Thirty prospective trainers attended pilot of curriculum. The consultants conducted the pilot over two-days of training and conducted a feedback session where the participants gave their input and suggestions to improve the training. Participants were able to submit their ideas and comments in writing as well

Core Training Group

- Twenty participants of the pilot training were selected by CSAT and DBHS to conduct and train the standardized DBHS Cultural Competency curriculum. The list of persons selected includes DBHS, T/RBHA/ provider, ASU and Governor’s office staff. The list of the trainers is attached

Standardized Cultural Competency Organizational Self-Assessment Protocol and Tool developed

- DBHS coordinated focus groups in which T/RBHAs, providers, consumers and family members and DBHS staff provided input and comments prior to the revision of the tool
- The DBHS Cultural Competency Advisory Committee selected the organizational assessment tool and approved revisions made to tool to ensure that the tool representative of the Arizona philosophy and reflective of the organizations in our behavioral health system

All RBHAs conducted DBHS Cultural Competency Organizational Self- Assessment in their organizations

- All RBHAs and eight providers throughout state conducted the DBHS Cultural Competency Organizational Self-Assessment as a pilot. The providers included small and large providers, as well as rural and those located in metropolitan areas. The feedback and comments from the providers participating in the pilot will be used to improve the process and the tool protocol over the next year
- The RBHAs and providers conducting their self-assessment will use the findings and recommendations to develop their annual plan 2006 – 2007. DBHS and the Advisory Cultural Competency Committee will jointly review the RBHA plans

Policy Development

- The Policy Subcommittee produced an issue paper that explored translation and interpretation credentialing or similar process to determine quality of translation and interpretation in our division. The Advisory Committee has recommended that DBHS have some process for measuring the language ability of employees that speak another language and used as interpreters. They also recommended that employees that have proven to be proficient maybe compensated for the language skill and ability to interpret. ALTA is an organization that conducts tests for employee language skill and proficiency. Currently the Maricopa RBHA and other state agencies are utilizing this and similar organizations. This recommendation will be forwarded and to Senior Management for their consideration.
- CLAS standards were integrated into the Provider Manual Section 3.23 to provide additional guidance to the RBHAs and their providers on the implementation of the CLAS standards
- Policy CO 1.2 was updated to reflect the importance of the organizational self-assessment and development of a plan to improve the organizations response to a diverse population

Identified core data elements collected by Geographic Service Areas (GSAs) used to measure language capacity to improve standardization and ability to do statewide analysis.

- Elements are to be used in analysis of provider language capability and disability related services through the network inventories. DBHS had conducted a review of the methods used by the RBHAs to collect data

The following the review of each of the steps in the DBHS Cultural Competency Plan that required completion by June 30, 2006

OBJECTIVE 1:

DBHS will expand its cultural competency knowledge base and readiness for change

The following steps in the Cultural Competency Plan focused on DBHS as an organization and the actions taken to enhance its knowledge base and leadership ability in the area of cultural competency. DBHS has strengthened its policies and training of its staff on cultural competency.

Step 1d: Identify (with technical assistance from CSAT) training on developing and operating a culturally competent organization

DBHS recognizes the importance of improving the cultural competence of the organization and with technical assistance from CSAT consultants; the Division has developed with technical assistance from CSAT, a training module to improve culturally competency skills at the organizational level. The training consists of seven modules that cover various areas to increase awareness and sensitivity to diversity, cultural values and norms.

Next Steps:

This step is completed.

Step 1e: Update DBHS Policy and Procedures to reflect standardized use of Cultural Competency Organizational Self-Assessment Tool and Training curriculum by RBHAs

Policy CO1.2 Cultural Competency has been updated to reflect the standardized use of the DBHS Organizational Self-Assessment. The Organizational Self-Assessment tool is sited in the policy and on the DBHS website.

The CLAS standards were integrated in the DBHS Provider Manual Section 3.23 to increase RBHA implementation of the CLAS standards.

Step 1f: Complete training for DBHS

The DBHS Cultural Competency Training Curriculum was completed and delivered in a Training of Trainer (TOT) format session in April 2006. Thirty-two participants attended the pilot two-day training sessions. The participants were from all regions of the state and represented DBHS, RBHA, provider, and other state agencies. The participant were given the opportunity to provide input and comments on the training and revisions were made to the training accordingly.

Twenty of the participants were selected by CSAT and DBHS to get certificates as trainers. The Training of Trainer session was held in Phoenix on April 2006.

The Division provided a pilot for key RBHA and DBHS staff on the Cultural Competency curriculum. The trainees received the curriculum, materials, handouts, other essential instructions and the opportunity to practice the curriculum. These trainees will now provide training to their staff and support other organizations.

DBHS believes that cultural competency mental/behavioral health professionals must do considerable personal work to offer proficient and ethical services that serves as a model for others in the healthcare system. Training is a critical component of the goal to develop culturally competent service delivery system.

The training will increase DBHS's cultural competency knowledge base and expand the Division's readiness for change.

The Division has provided support for other cultural competency training sessions throughout the state. The Division supported the following trainings sessions attended by DBHS, RBHA, and Provider staff.

- **Seventh Annual Summer Institute: DBHS and Arizona State University** – In July 2006, DBHS conducted three workshops at the Summer Institute. The following are the cultural competency sessions included at the Summer Institute program and provided by DBHS staff.
 - A New Vision for Community Mental Health – Presented by *Norma Garcia-Torres, Leticia D'Amore, Melinda Vasquez, Claudia Ulloa*
 - A Walk Through Diversity – Presented by *Leticia D'Amore, Norma Garcia-Torres*
 - How to Conduct An Cultural Competency Organizational Self-Assessment – The Arizona Model – Presented by *Norma Garcia-Torres, Melinda Vasquez, Rick Ybarra, Lisa Whitehead*
- **Sixth Annual Summer Institute: DBHS and the University of Arizona** - In July 2005, the Summer Institute Conference content focused on Substance treatment and Prevention, as well as the importance of cultural competency. The following are cultural competency sessions included in the Summer Institute program:
 - Strategies for using Sensitivity Instruments and Integrating Native American Curricula in Non-Tribally Operated Substance Abuse Treatment Programs: American Indian “Circle of Health”
 - Implementing Peer Support Services for Co-Occurring Disorders: Conceptual Development to Fully Operational
 - Integrating Culture and Recovery: An Action-Oriented Approach
 - Keynote: Trends in the Behavioral Health Status among Latinos in the United States presented by *William Vega, PhD*,
 - Treating Substance Using LGBT Clients presented by *Thomas Freese, PhD*
 - Improving Quality of care through Cultural Competence presented by *William Vega, PhD*
- **Making Cultural Competency a Way of Life: Annual conference of The Arizona Council of Human Services Providers and DBHS**
 - Making Cultural Competency a Way of life presented by *Dr. Patricia Arredondo*
 - Convergence Challenge: Moving Form Disparity to Equality presented by *Dr. Davis King*

- Incorporating Cultural and Linguistic Competent Values presented by *Tawara D. Goode, MA.*
- DBHS Cultural Competency Process presented by *Dr. Pierliugi Mancini, Norma Garcia-Torres and Victor Flores.*

OBJECTIVE 2:

Support RBHAs in increasing their capacity to provide cultural competent services

Cultural Competency Organizational Self-Assessment: The assessment or measurement of cultural competence is an important aspect of organizational behavior and should be a regular management function. This organizational learning leads to continuous service and management improvements by providing information for decision-making within the organization. The following steps focused on the RBHAs and their providers assessing their level of cultural competency.

Step 2a: Identify appropriate assessment tool for that includes both organizational and practice components for T/RBHAs and their providers

DBHS coordinated focus groups for Consultants in which T/RBHAs, providers, consumers and family members and DBHS staff provided input and revised the selected tool. The tool was revised to be more reflective of the Arizona philosophy and of the organizations in our behavioral health system. All RBHAs have conducted the organizational self-assessment. They will use their findings to develop their 2006 –2007 Cultural Competency Plan.

All RBHAs conducted DBHS Cultural Competency Organizational Self- Assessment in their organizations. Eight providers throughout state conducted the DBHS Cultural Competency Organizational Self-Assessment as a pilot. The providers included both small and large providers, as well as rural and those located in metropolitan areas. The feedback and comments from the providers participating in the pilot will be used to improve the process and the tool protocol during the next year. The providers will use the findings and recommendations to develop their annual plan 2006 – 2007.

Next Steps:

The Division will explore further technical assistance in training of the Organizational Assessment Tool to facilitate the implementation of the assessment in the behavioral health system statewide.

Step 2b: Development of Cultural Competency Plan Scoring Tool

The Advisory Committee has explored plan-scoring tools and it will develop a tool based on the plans submitted for 2006. The Advisory Committee will review the plans and from those reviews will be able to develop or identify the appropriate plan-scoring tool.

Next Steps:

The Advisory Committee will work on identifying a tool to jointly review the plans and utilize to review plans by January 2007.

Step 2c: Explore development of Statewide Core group of Cultural Competency trainers

The DBHS Cultural Competency Training Curriculum was completed and delivered in a Training of Trainer (TOT) format session in December 2006. Thirty-two participants attended the pilot two-day training sessions. The participants were from all regions of the state and represented DBHS, RBHA, provider, and other state agencies. The participants were given the opportunity to provide input and comments on the training and revisions were made to the training accordingly.

Twenty of the participants were selected by CSAT and DBHS to get certificates as trainers. The Training of Trainer session was held in Phoenix on April 2006 and the trainees were certified to conduct the standardized training in April 2006.

Next Steps: There has been some loss of trainers due to attrition and the Advisory Committee might consider developing a strategy to increase numbers of trainers.

Step 2d: RBHA/providers will initiate an organizational self-assessment at multiple levels

All RBHAs have conducted the DBHS Cultural Competency Organizational Self- Assessment within their organizations. In addition, eight providers throughout state conducted the DBHS Cultural Competency Organizational Self-Assessment as a pilot. The providers included both small and large providers, as well as rural and those located in metropolitan areas. The feedback and comments from the providers participating in the pilot will be used to improve the process and the tool protocol during the next year. The providers will use the findings and recommendations to develop their annual plan 2006 - 2007

Next Steps: This step is completed.

Step 2e: Identify (with technical assistance from CSAT) training on how to develop a culturally competent organization

The Division has provided a TOT for key T/RBHA and DBHS staff on the Cultural Competency curriculum. The curriculum includes elements and resources that are relevant to the development of an organization. The trainees received the curriculum, materials, handouts, other essential instructions and the opportunity to practice the curriculum. The goal is for the trainers to initiate the training of all the clinical supervisors and quality management supervisors from each of the RBHA and providers by December 2006.

In addition to the development and delivery of a curriculum, the Division has provided support for other cultural competency training sessions throughout the state. The Cultural Competency Training Subcommittee members plan to implement the training to Clinical Supervisors and Quality Management Supervisors.

Next Steps:

This step is completed.

Step 2f: Identify (with technical assistance from CSAT) training on cultural competent clinical practices

The Division has provided a TOT for key T/RBHA and DBHS staff on the Cultural Competency curriculum. The trainees received the curriculum, materials, handouts, other essential instructions and the opportunity to practice the curriculum. The goal is for the trainers to train all the clinical supervisors and quality management supervisors from each of the RBHA and providers by December 2006.

In addition to the development and delivery of a curriculum on how to run a culturally competent organization, the Division has provided support for other cultural competency training sessions throughout the state.

Next Steps:

The RBHAs will train, at a minimum, all new Clinical Supervisors and QM Supervisors and others may be trained if possible.

To Include:

- I. CEO Overview by DBHS to RBHA CEOs
- II. RBHA CEOs
- III. RBHA Cultural Expert to T/RBHA Cultural Competency Committee

OBJECTIVE 3:

Increase linguistic and translation capacity and competence in providing behavioral health services

The understanding of different communication needs and styles of consumers is paramount in providing culturally competent services. The following steps deal with the areas of translation and interpretation.

Step 3a: Identify and provide to the RBHAs key administrative and procedural document and translations materials

The Assessment and Consent documents were translated into Spanish and placed on the website. The Translation/Interpretation Sub-committee focuses on ensuring that translation of vital materials meet with AHCCCS requirements. The DBHS/AHCCCS Contract (CYE 2004) states, "All vital materials shall be translated when DBHS is aware that a language is spoken by 1,000 or five percent (5%) (Whichever is less) of members in a geographic area who also have Limited English Proficiency (LEP). Vital materials must include, at a minimum, notices of denials, reductions, suspensions or terminations of services, consent forms, communications requiring a response from the member, informed consent and all grievance, appeal and request for state fair

hearing information included in the *Grievance System Standards and Policy* as described in (1) Enrollee Grievance System.

Next Steps:

This step is completed.

Step 3b: Review the quality of key behavioral health recipient material and forms

The Translation/Interpretation Sub-committee reviewed DBHS, RBHA, and provider translated documents in order to determine what kind of vital materials has been translated. In compliance with the AHCCCS requirements for translation of vital materials, DBHS provides several documents in English and Spanish that RBHAs are required to use. These documents are available to the RBHAs in both English and Spanish via the DBHS website.

The following information describes the AHCCCS required vital materials and the Division documents that comply with each of the requirements:

- Notice for Denials can be found in DBHS Provider Manual Form 5/1/1, notice of Our Intended Action Regarding Title XIX/XXI Covered Services
- Reductions, suspensions or terminations of services is located in the DBHS Provider Notice of Our Intended Action Regarding Title XIX/XXI Covered Services
- Consent forms are located in the DBHS Provider Manual Form 3.9.1, Assessment Tool (for general consent to treatment) and Provider Manual Form 3.15.1, Informed Consent for Psychotropic Meds
- Communications requiring a response from the member is located in the Provider Manual Form AE-08, Decline to Participate in the Screening and/or Referral Process for AHCCCS (Title XIX/XXI) Health Insurance
- Informed consent form is located in the Provider Manual, Form 3.15.1, Informed Consent for Psychotropic Meds
- All grievance, appeal and request for state fair hearing information can be found in the following areas: Provider Manual Form MH-211, Notice of Legal Rights for Persons with SMI, Provider Manual Form 5.1.1, Notice of Our Intended Action Regarding Title XIX/XXI Covered Services, Provider Manual Form 5.1.2, Notice of Decision and Right to Appeal (For Individuals with SMI, Provider Manual Form 5.1.3, DBHS Notice of SMI Grievance and Appeal Procedure, Provider Manual Forms 5.2.1 & 5.3.1, DBHS Appeal or SMI Grievance Form, Provider Manual Form 5.4.1, Request for Special Assistance.
- Assessment/Service Plan

In addition to the vital materials that DBHS translates into Spanish for the RBHAs, the Translation/Interpretation Sub-committee sought to continue to identify forms developed by the RBHAs that comply with the translation of vital materials required by the AHCCCS and DBHS/RBHA contracts.

AHCCCS requires that all materials be translated “when DBHS is aware that a language is spoken by 3,000 individuals or ten percent (10%) (whichever is less) of members in a geographic area who also have LEP.” In compliance with this requirement, DBHS translates the Member

Handbook template into Spanish. RBHAs are required to enter additional information to the Member Handbook template regarding their specific services, contact information, etc. The DBHS Member Handbook templates and the RBHA versions of the Member Handbook are available on the DBHS website.

Next Steps:

This step has been completed.

Step 3c: Explore translation credentialing or similar process to determine quality translation and make recommend

Step 3d: Explore interpreter credentialing or similar process to determine quality interpretation and make recommendations to management.

The Policy Subcommittee produced an issue paper that explored interpretation and translation credentialing or similar process to determine quality of translation and interpretation in our division. The Advisory Committee has recommended that DBHS have some process for measuring the language ability of employees that speak another language and used as interpreters. They also recommend that employees that have proven to be proficient could be compensated for the language skill and ability to interpret. ALTA is an organization that can test employee language skill and proficiency. Currently, the Maricopa RBHA and other state agencies use this type of organization.

Next Steps:

Steps 3c and 3d have been completed.

Step 3e: Develop standards based on CLAS Standards and explore where and how to integrate into current documents

The DBHS CLAS standards have been written and integrated into the Provider Manual Section 3.23. This will provide additional guidance to the RBHAs and their providers on the implementation of the CLAS standards.

Next Steps:

Step 3e has been completed.

Step 3f: Develop process for the implementation of the standards and submit to management

Each RBHA has explored the development of a process for implementation of the standards.

Next Steps:

Step 3f has been completed.

OBJECTIVE 4:

Increase use of data to improve measurements and analysis of cultural competency

The analysis and tracking of data and other activities are necessary to proactively track and assess an organization's responsiveness to a diverse community. The following steps in the Cultural Competency Plan are concentrated on developing improved consistency in the review of data across the state.

Step 4d: RBHAs identify key recipient languages and trends within their region.

RBHAs have identified key languages and trends within their regions and have submitted this to the Committee.

Step 4e: Cultural Competency Advisory Committee jointly reviews the core data elements and recipient preferred language

The RBHAs have submitted their data element review and jointly discussed the findings that they will use to develop their plans.

Next Steps:

Steps 4d and 4e have been completed.

Attachments

Attachment #1 - DBHS Cultural Competency Plan (Update)

**Attachment #2 - DBHS Cultural Competency Advisory Committee
Membership List**

**Attachment #3 - DBHS Cultural Competency Training of Trainers
Participant List**

Attachment #1

DBHS Cultural Competency Plan (Update)

DBHS Diversity Plan

2006 -2007

The following is an overview of the updated DBHS Diversity Plan for 2006 – 2007

GOAL: To create a behavioral health system that embraces diversity and achieves the best outcomes for all individuals receiving services

Objective 1 Provide leadership to increase awareness and sensitivity to diversity as an important component of mental health service provision

- **Foster an inclusive culture within the division and promote sensitivity and awareness of diversity at all levels of the division**

Provide training and tools for staff such as:

- How to use LEP resources
- Cross cultural communication
- Personal Self Assessment tool

- **Increase community awareness of behavioral health issues and the impact of cultural needs in providing culturally appropriate services**

Development of:

- DBHS Diversity Web page
- Behavioral Health Diversity Fact Sheet
- Explore data elements for Deaf and Hard of Hearing

- **Establish links with community resources and identify culturally appropriate strategies to improve consumer outcomes**
 - Explore CSAT TA for development of a meeting or conference on high import of providing culturally appropriate services
 - Revisions to curriculum to adapt to different audiences
 - Development and implementation of Latino Family Involvement Center

Objective 2: Support RBHAs in increasing their capacity to provide culturally proficient services to a diverse population

- **Develop and enhance tools and trainings to improve RBHA and provider organizations**
 - Explore CSAT TA for TOT on Organizational Assessment and revisions
 - Develop Diversity Plan scoring tool
 - Jointly assess the plans
 - Initiate training

DBHS Diversity Plan

2006 -2007

- **Review and make recommendations on the RBHA Network plan capacity of linguistically appropriate services**

Objective 3: Increase use of data to communicate value of services and improved diversity outcomes

- **Development of DBHS Diversity Annual Outcome Report - Latino, African American, Native American, Asian Pacific Islander, and Deaf and Hard of Hearing**
 - Explore the elements for outcome report such as
 - Access to Care
 - Effectiveness of Care
 - Client and Family Satisfaction
 - Cost of Care

DBHS Cultural Competency Plan

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Objective 1: Provide leadership to increase awareness and sensitivity to diversity as an important component of mental health service provision

Lead Persons: Diversity Council Chair

Steps	Assigned Parties	Completion Date and Product/Measure	Status/progress update – what was done and when, what remains to be done and by when will it be completed?	Additions/Modifications/ Completions/Deletions
Foster an inclusive culture within the division and promote sensitivity and awareness of diversity at all levels of the division Provide Training and tools for staff such as : <ul style="list-style-type: none"> • LEP resources • Cross cultural communication • Personal Self Assessment tool 	Diversity Council and Chair	Date: 1/107 Training for staff initiated		
Increase awareness of behavioral health and impact of diversity to community - Development of: <ul style="list-style-type: none"> • DBHS Diversity Web page • Behavioral Health Diversity Fact Sheet 	Diversity Council Chair	Date: 2/30/07 Development of: <ul style="list-style-type: none"> • DBHS Diversity Web page • Behavioral Health Diversity Fact Sheet 		
Complete cultural competency training for DBHS	Training Manager	Date: 12/30/06 Sign in registration of those that attended presented training		

DBHS Cultural Competency Plan

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Steps	Assigned Parties	Completion Date and Product/Measure	Status/progress update – what was done and when, what remains to be done and by when will it be completed?	Additions/Modifications/ Completions/Deletions
Revise Cultural Competency training for different audiences <ul style="list-style-type: none"> • Enhancing overall curriculum • Revising Curriculum for non-clinical staff • Revising Curriculum for CEO/Executive staff 	Diversity Council Chair	Date: 3/1/07 Revised curriculum		
Increase RBHA and provider staff awareness and knowledge diversity and issues impacting behavioral health Explore resources (CSAT TA request) for the development of a meeting or conference highlighting the importance of providing culturally proficient services to a diverse population with resources, tools and culturally appropriate strategies	Diversity Council Chair	Date: 2/30/07 Meeting or Conference scheduled		
Explore the development of data elements to reflect deaf and hard of hearing and visually impaired for diversity outcome report	Diversity Council Chair	Date: 1/30/07 Data elements identified and template developed		
Development and Implementation of the Latino Family Involvement Center	Diversity Council Chair	Date: 1/30/07 Scope of work and plan		
Explore interpretation/ translation credentialing or similar process for DBHS to determine quality translation and make recommendations to management	Diversity Council Chair & Policy Office	Date: 12/30/06 Recommendation submitted to senior management for consideration	8/06 Research written up in Issue Paper presented to Diversity Council	

DBHS Cultural Competency Plan

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Objective 2: Support RBHAs in increasing their capacity to provide culturally proficient services to a diverse population

Lead Persons: Diversity Council Chair and Training Coordinator

Steps	Assigned Parties	Completion Date and Product/Measure	Status/Progress Update – what was done and when, what remains to be done and by when will it be completed?	Additions/Modifications/ Completions/Deletions
Development of Cultural Competency Plan Scoring Tool	Diversity Council Chair and RBHA Culture Representatives	Date: 1/1/07 Cultural Competency Plan Scoring Tool		
Explore development of Statewide Core Group of Cultural Competency trainers (with assistance from CSAT) to train on Cultural Competency Organizational Assessment and Training Curriculum	Diversity Council Chair and RBHA Culture Expert Representatives	Date: 12/30/06 Summit proposal to CSAT for assistance		
RBHAs will complete cultural competency assessment and incorporate findings/recommendations into annual plan	Diversity Council Chair and RBHA Culture Expert Representatives	Date: 9/30/06 Written plans presented to Statewide Cultural Competency Committee		
RBHAs and Cultural Competency Advisory Committee jointly review the RBHA plans	Diversity Council Chair and RBHA Culture Experts Representatives	Date: 12/30/06 Written plans presented to Statewide Cultural Competency Committee		

DBHS Cultural Competency Plan

2006 - 2007

Steps	Assigned Parties	Completion Date and Product/Measure	Status/Progress Update – what was done and when, what remains to be done and by when will it be completed?	Additions/Modifications/ Completions/Deletions
Initiate cultural competency training	Training Manager	Date: 12/30/06 Sign in registration of those that attended presented training		
Revise Organizational Assessment Tool	Diversity Council Chair	Date: 3//07 Revised Organizational Assessment Tool		
Review and make recommendations on the RBHA Network plan capacity of linguistically appropriate services	Diversity Chair and Network Manager	Date: 2//07 Revised Organizational Assessment Tool		
Increase training for RBHA all employees having contact with members to: ensure members are aware of availability and are not encouraged to substitute a friend or relative for a translation service	RBHA Cultural Experts, Diversity Council Chair, Training Manager	Date: 2/07 Short informational training on how to access & provide LEP resources for members to be used on E Learning or similar process		

DBHS Cultural Competency Plan

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Objective 3: Increase use of data to communicate value of services and improved diversity outcomes

Lead Persons: QM manager and Diversity Council Chair

Steps	Assigned Parties	Completion Date and Product/Measure	Status/Progress Update – what was done and when, what remains to be done and by when will it be completed?	Additions/Modifications/ Completions/Deletions
Develop DBHS Annual Diversity Outcome Report on the outcomes for diverse populations being served	QM manager, Diversity Council Chair	Date: 6/01/7 DBHS Diversity Outcome Report		
Identified report template and elements to management: <ul style="list-style-type: none"> • Access to care • Effectiveness of care • Client and Family Satisfaction • Cost of Care 	QM manager, Diversity Council Chair	Date: 1/107 Template approved by management		

DBHS Cultural Competency Plan

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Attachment #2

**DBHS Cultural Competency Advisory Committee
And Subcommittees
Membership List**

DBHS Cultural Competency Plan

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DBHS Cultural Competency Advisory Committee And Subcommittee Membership List

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DBHS Cultural Competency Plan

2006 - 2007

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Attachment #3

DBHS CULTURAL COMPETENCY TRAINING OF TRAINERS

PARTICIPANT'S LIST

**Department of Health Services
Division of Behavioral Health**

CULTURAL COMPETENCY TRAINING OF TRAINERS

PARTICIPANT'S LIST

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1. Victor Flores
2. Ericka Leer
3. Fernando Zepeda
4. Sandy Loomis
5. Nora Zoe Daniels

CENPATICO~

6. Melinda Vasquez
7. Rick Church
8. Mileibys Schroeder
9. Karen Wanjico

NARBHA~

10. Catherine Coscia
11. Laurie Ellington

VALUE OPTIONS~

12. Rick Ybarra
13. Gustavo McGrew
14. Manuel Medina
15. Markham Breen
16. Denise Beagley-Imhoff

GOVERNORS' OFFICE~

17. Manny Cisneros (Equal Opportunity)

APPLIED BEHAVIORAL HEALTH POLICY~

18. Arthea Tate (University Of Arizona)

ADHS/DBHS~

19. Norma Garcia-Torres
20. Lisa Shumaker

WAITING LIST

(Only to attend if someone in their site cancels)

1. Rose Rojas (CPSA)
2. Brian Brady (NARBA)