

POLICY CO 1.2 CULTURAL COMPETENCE

- A. PURPOSE: To improve the delivery of quality behavioral health services by culturally competent providers to diverse populations by promoting, developing, and maintaining a culturally and linguistically competent behavioral health system for all individuals. To address behavioral health disparities by improving access, engagement and retention of diverse behavioral health recipients. To ensure that T/RBHA policies follow applicable federal and state anti-discrimination laws.
- B. SCOPE: ADHS/DBHS and T/RBHAs must ensure that all subcontracted providers adhere to the requirements of this policy, as well as the requirements listed in [DBHS Provider Manual Section. 3.23 Cultural Competence](#).
- C. POLICY: T/RBHAs must each develop and implement a Cultural Competency Annual Plan and Assessment of Effectiveness.
- Each T/RBHA employs a Cultural Expert. The Cultural Expert serves on the DBHS Cultural Competency Advisory Committee.
- T/RBHAs are required to complete the [ADHS/DBHS Cultural Competence Organizational Assessment Protocol](#).

C. REFERENCES:

The following citations can serve as additional resources for this content area:

[42 C.F.R. § 438.206\(c\)\(2\)](#)

[45 CFR § 80.3](#)

[42 CFR § 438.10](#)

[Culturally and Linguistically Appropriate Services \(CLAS\) in Healthcare Standards](#)

[Mental Health: Culture, Race and Ethnicity- Supplemental Report of the Surgeon General](#)

[U.S.P.R.A. Principles of Multicultural Psychiatric Rehabilitation Services](#)

[A.R.S. § 36-1946](#)

[A.A.C. R9-21-202](#)

[A.A.C. R9 Chapter 26, Article 5](#)

[AHCCCS/ADHS Contract](#)

[AHCCCS Contractor Operations Manual](#)

[ADHS/RBHA Contracts](#)

[ADHS/TRBHA IGAs](#)

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[Section 3.9, Assessment and Service Planning](#)
[Section 3.13 Covered Behavioral Health Services](#)
[Section 4.2, Behavioral Health Medical Record Standards](#)
[ADHS/DBHS Behavioral Health Covered Services Guide](#)
[ADHS/DBHS Cultural Competency Plan](#)
[ADHS/DBHS Cultural Competency webpage](#)
[The Adult Clinical Team Practice Protocol](#)
[The Child and Family Team Process Practice Protocol](#)
[ADHS/DBHS Policy Clarification Memorandum – Use of Spanish Assessments and Service Plans](#)

E. DEFINITIONS:

[Commonly Encountered Limited English Proficiency \(LEP\) Groups](#)

[Cultural Competence](#)

[Culturally Competent Agencies and Individuals](#)

[Disability](#)

[Interpretation](#)

[Limited English Proficiency \(LEP\)](#)

[Linguistic Competence](#)

[Qualified Interpreter/Translator](#)

[Translation](#)

F. PROCEDURES:

1. Each T/RBHA must develop and implement a Cultural Competency Annual Plan and Assessment of Effectiveness for its service area(s.) Each T/RBHA will annually evaluate the impact of the plan's activities towards developing a culturally competent service delivery system and update the plan in coordination with ADHS/DBHS. The plan must be submitted to the ADHS/DBHS Diversity and Inclusion Administrator by August 15 of each year.

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2. Each T/RBHA must submit cultural competency development and implementation plan updates to the Diversity and Inclusion Administrator on a quarterly basis to demonstrate progress towards cultural competency goals.
3. The ADHS/DBHS and T/RBHA Cultural Competency Plans, at a minimum, must address the following:
 - a. Identification of diverse population groups in the service area;
 - b. Input and consultation from these diverse groups to develop relevant outreach strategies and review, plan, provide, evaluate, and improve service delivery to diverse individuals, families, and communities;
 - c. Identification and implementation of strategies to address disparities in access and utilization of services;
 - d. Recruitment and retention strategies to attract culturally competent staff;
 - e. Methods to ensure that persons and families' cultural preferences are assessed and included in the development of treatment plans;
 - f. Multi-faceted approaches to assess satisfaction of diverse individuals, families, and communities, including the identification of minority responses in the analysis of client satisfaction surveys, the monitoring of service outcomes, member complaints, grievances, provider feedback and/or employee surveys;
 - g. Evaluation of the primary non-English languages spoken within the T/RBHA geographic service areas; and
 - h. Evaluation and incorporation of the efforts of network, communications/marketing, prevention, outreach and other applicable T/RBHA programs that affect cultural competency, access and quality of care.
4. T/RBHAs will ensure providers identify the prevalent non-English languages within provider service areas to ensure service capacity meets those needs.
5. Each T/RBHA, as required by ADHS/DBHS, must assess its performance in developing, implementing, and maintaining cultural competency utilizing the standardized [ADHS/DBHS Cultural Competence Organizational Assessment Protocol](#). T/RBHA

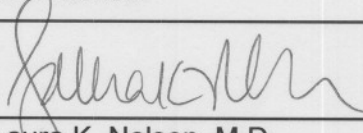
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contracted providers, upon ADHS/DBHS request, shall assess provider cultural competency utilizing the [ADHS/DBHS Cultural Competency Activities Assessment](#).

6. Each T/RBHA and subcontracted provider staff member with direct behavioral health recipient contact, upon ADHS/DBHS request, must assess his/her personal cultural competency utilizing the [ADHS/DBHS Personal Cultural Competency Self-Assessment](#).
7. Each T/RBHA and subcontracted provider must provide a cultural competency orientation to all staff members.
8. Each T/RBHA and subcontracted provider must provide annual cultural competency training and/or continuing education activities in cultural competence, including activities focused towards working with the specific needs (gender, religious affiliation, ethnicity, socio-economic status, sexual orientation, etc.) of diverse populations. Training must be customized to fit the needs of staff based on the nature of the contacts they have with providers or behavioral health recipients, and include attention to the CLAS Standards, use of oral interpretation and translation services, alternative formats and services for LEP clients. The T/RBHA must also ensure that employees have access to references listing resources for behavioral health recipients with diverse cultural needs.
9. Each T/RBHA and subcontracted provider must periodically analyze available data to evaluate the impact of the network and service delivery system, with the goal of minimizing disparities in access and delivery of services and improving quality;
10. T/RBHAs must follow the 14 Culturally and Linguistically Appropriate Services (CLAS) Standards, of which four (Standards 4, 5, 6 and 7, pertaining to linguistic competency) are federally mandated. For a complete list of the required CLAS Standards, see [ADHS/DBHS Provider Manual Section 3.23 Cultural Competence](#).
11. Qualified oral interpreters and bilingual staff, and licensed sign language interpreters must ensure access to oral interpretation, translation, sign language and disability-related services, and provide auxiliary aids and alternative formats on request. Oral interpretation and sign language services are provided at no charge to AHCCCS eligible persons and persons determined to have a Serious Mental Illness (SMI.)
12. T/RBHAs and provider agencies must abide by the federal and state anti-discrimination laws, listed in [ADHS/DBHS Provider Manual Provider Manual Section 3.23 Cultural Competence](#).

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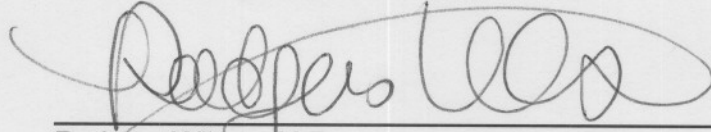
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1/21/09

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