



**CULTURAL
&
LINGUISTIC
COMPETENCY
PLAN**

**COMMUNITY ALTERNATIVES, INC.
CULTURAL & LINGUISTIC COMPETENCY PLAN**

MISSION:

Community Alternatives, Inc. (CAI) mission is to provide responsive person centered services to improve the quality of life of individuals and families. We do this by:

- Providing safe, nurturing environments to individuals and services that assist them in their attempt to realize their life goals. In many cases this also means preventing and reducing the negative effects of substances and addictions, and optimizing functioning and treatment of mental health disorders or intellectual disabilities.
- Promoting culturally competent, integrated, evidence-based services.

BELIEFS AND VALUES:

- CAI believes that all people are valued for and receive services that reflect and respect their race, culture and ethnicity.
- CAI believes that all people should receive services delivered by staff that is competent in dealing with culture, race, age, gender, sexual orientation, religious practices and ethnicity.
- CAI believes that all of the people who provide services are our organizations most important resource.
- CAI values and integrated approach in which cultural competency is embedded in all levels
- CAI seeks to maximize the potential of the person receiving services by recognizing, understanding and responding to the consumer's cultural and linguistic needs.

PURPOSE:

At the direction of the CEO, Community Alternatives, Inc. management team has begun initial review and development of its Cultural and Linguistic Competency Plan. The purpose of the plan is to establish cultural competence standards, values and policy requirements for CAI that meet the standards of our stakeholders and assist us in achieving our mission and meeting our organizational goals.

PLAN STANDARDS:

CAI will use the “National Standards on Culturally and Linguistically Appropriate Services (CLAS)” as a guideline for the plan. The CLAS standards are primarily directed at health care organizations; however, more behavioral health and individual providers are adhering to the standards. The principles and activities of culturally and linguistically appropriate services will be integrated throughout the organization and undertaken in partnership with the communities being served.

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

CLAS mandates are current Federal requirements for all recipients of Federal funds (Standards 4, 5, 6, and 7).

Standard 1

CAI will ensure that patients/consumers receive from all staff member’s effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

Standard 2

CAI will implement strategies to recruit, retain and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

Standard 3

CAI will ensure that staff at all levels and across all disciplines receives ongoing education and training in culturally and linguistically appropriate service delivery.

Standard 4

CAI will offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

Standard 5

CAI will provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

Standard 6

CAI will assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretations services (except on request by the patient/consumer).

Standard 7

CAI will make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Standard 8

CAI will develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

Standard 9

CAI will conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

Standard 10

CAI will ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

Standard 11

CAI will maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

Standard 12

CAI will develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

Standard 13

CAI will ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

Standard 14

CAI will regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

PLAN STEPS:

Community Alternatives, Inc. will begin the process by completing a self-assessment of our current situation with regards to cultural and linguistic competency. An important element in developing and maintaining culturally aware services is to understand the demographic composition of both the population of the individuals the organization serves, but also the demographic composition of the population in the catchment area(s) of the organization.

The initial assessments will be completed as follows:

POPULATION ASSESSMENT

1. Population Assessment of each city in which the organization delivers services related to:
 - a. Primary Language Spoken
 - b. National Origin
 - c. Gender
 - d. Age
 - e. Socio-economic position
2. Geographic Profile of each city/area in which the organization delivers services
3. Population Assessment of the individuals receiving services, by program for:
 - a. Primary Language Spoken
 - b. National Origin
 - c. Gender
 - d. Age
 - e. Socio-economic position
4. Analysis of the population assessment data and conclusions drawn by the organization in terms of designing and planning for provision of culturally and linguistically competent services.

ORGANIZATIONAL & SERVICE ASSESSMENT

1. Review of Organizational policies & procedures for language and linguistic accessibility
2. Analysis of Organizations human resources efforts to increase and develop a diverse and competent workforce

- a. Current staff composition by race, ethnicity, gender and languages spoken
 - b. Analysis of current human resource composition, by location, program and function contrasted to the population needs assessment
 - c. Recruitment and retention efforts and outcomes of culturally competent staff
 - d. Training and education efforts
 - e. Certification or credentialing efforts
3. Analysis of service environments related to the services being provided, the population served and the population analysis

EVALUATION & QUALITY ASSURANCE

1. Analysis of staff's cultural competency and knowledge
2. Analysis of contractors cultural competency and knowledge
3. Consumer, staff & stakeholder satisfaction related to cultural competency
4. Quality/performance indicators related to cultural competency
5. Complaints related to cultural competency

DEVELOPMENT OF ACTION PLAN

Utilizing the self-assessment results, Community Alternatives, Inc. will develop an organizational plan for enhancing and measuring cultural and linguistic competence. This process may affect all areas of the organization, from organizational values to budgets, from the documentation of services to the delivery of services.

While achieving advanced cultural competency is a long term process, Community Alternatives, Inc. will engage in plan development with a goal of our self-assessments completed by April 1, 2009 and a detailed action plan in place by July 1, 2009.

CAI CULTURAL & LINGUISTIC COMPETENCY PLAN
DRAFT EXAMPLE FOR PLAN DEVELOPMENT

CAI UNIT: TRAINING	C&LCP SECTION: STANDARD: 3 SECTION: 1	DATE
Guideline	Staff training and development in the areas of cultural competence are implemented at all levels and across all disciplines – for leadership and governing body as well as for management and support staff. The cultural competence training is incorporated into ongoing organizational staff training plan.	
Launch Activity	Select & convene workgroup to define scope and content of training curriculum	
Activities/Steps	<ol style="list-style-type: none"> 1. Convene training plan workgroup 2. Assess needs with staff 3. Produce plan 4. Publish 5. Implement training 6. Track compliance 	
Customers	Management, staff, consumers	
Completed Activities	<ol style="list-style-type: none"> 1. Convene training plan workgroup 2. Assess needs 	
Timeline	Produce Plan: December 30, 2008	
Outcomes	Workforce trained in providing culturally and linguistically competent services.	
Outputs	<ol style="list-style-type: none"> 1. Training Plan 2. Training Curriculum 3. Tracking plan 	
Project Team	Management Team	
Project Leader	Lora Rose	
Success Indicators	<ol style="list-style-type: none"> 1. All employees trained by September 2009 2. Decrease in complaints related to diversity 	