



CULTURAL COMPETENCE AND LANGUAGE ACCESS PLANNING IN BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICE ORGANIZATIONS

In 2014, the State Board revised Policy 1023 which outlines the State's expectations the delivery of culturally and linguistically competence services. The policy states that "the Department, state facilities, and CSBs shall provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs to services to individuals in the public mental health, intellectual/developmental disability, and substance abuse services system. This policy is organized around the Standards for Culturally and Linguistically Appropriate Services. You can read more about these standards at this web link.

www.dbhds.virginia.gov/professionals-and-service-providers/oclc/policies/clas-standards

In 2008, DBHDS adopted the National CLAS Standards as the official framework for planning culturally appropriate and language access services. The Department encourages organizations in the BHDS system to formulate their cultural and linguistic competence plans using these Standards as well.

CLAS is organized with a Principle Standard, and three themes: Governance, Leadership and Workforce; Communication and Language Assistance; and Engagement, Continuous Improvement, and Accountability. Using these standards as a framework also allows for built in metrics that can be used to measure progress and success.

PRINCIPLE STANDARD

Your plan's principle standard would be similar to that of the standards. It is self evident that the system's collective goal is to "Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs." It is similar to a vision statement for the plan.

Theme 1: Governance, Leadership and Workforce

GOVERNANCE

Organizations demonstrate cultural competence in their governance by:

- Having boards and councils that representative of the organizations they serve

- Regular reports are provided to stakeholders on cultural competence issues and activities
- Board members and senior leadership participate in ongoing education on cultural competence.
- Policies are developed and enforced on expectations about;
 - Operations
 - Personnel
 - recruitment and retention
 - training and staff development
 - language access and communication
 - management of grievances and complaints
 - community and client input and participation

Leadership

There should be a demonstration from leader that they are invested in the effort and are working on their own cultural competence development continually. But leaders can come from all levels of your organization or your community. Leaders from anywhere in the organization can model culturally and linguistically appropriate practices and behaviors. Leaders understand that becoming culturally competent is a journey not an event and no one person has all the answers. Modeling the behavior creates an environment where, over time, it becomes the norm and incompetent behavior is seen as unacceptable and consequential. The best leaders are those who are intentional about developing their cultural competence through practice with others and by learning from their mistakes.

Some ways that leaders demonstrate leadership in cultural and linguistic competence are below:

- openly admit and reflect on mistakes
- Take risks to try new things.
- hold people accountable when behavior is not consistent with a culture of inclusion
- seek consultation
- engage the community at a personal level/ expect staff to do the same
- involve people from multiple levels when making decisions
- seek to understand dynamics of power and operate with a historic mentality
- Look for root causes for organizational/service delivery issues and resistance to change
- plans and budgets strategically

Workforce

Building a culture of inclusion is rooted in transforming your approach to workforce recruitment, retention, and development. Much of your CLC planning can be dedicated to this area. But this isn't just a HR's responsibility. The whole organization has a role in this initiative. I have a lot of [TA guidance](#) on my website that might be useful.

Concrete ways that you can build a culture of inclusion are below:

- Diversify hiring panels
- Include cultural competence as a requirement in job descriptions
- Standardize ways to assess a candidate's ability to deliver culturally competent services
- Hire staff who exhibit skills in culturally competent practice
- Don't just train your clinical staff but make sure that everyone gets CLC training
- Plan for Comprehensive CLC Orientation and Annual Trainings
- Require minimal training activities for all
- Require Qualified Bilingual Staff (QBS) training for all bilingual staff who interpret for colleagues or other providers.
- Develop a policy that requires proficiency testing for all bilingual staff before they are permitted to use their language skills in the workplace.
- Implement the QBS program in your organization.

AND DON'T FORGET ADMINISTRATIVE STAFF!!

- We spend a lot of time training health care and other professionals to provide culturally and linguistically competent services and supports.
- BUT! Families have to make appointments, ask questions about insurance, check in, and provide information at each visit. See the website for [training options and information](#).

THEME 2: COMMUNICATION AND LANGUAGE ASSISTANCE

The idea behind Theme 2 is to have organizations ensure that their communication is effective at all points of contact. This means looking at written, spoken, signed, and multimedia types of communication across the organization, not just in the clinical setting.

Linguistic Competence					
Offer TTY and other assistive technology devices	Offer materials in Alternative formats (e.g., audiotape, Braille, enlarged print)	Do we have policies in place regarding the use of interpreters and train staff on how to access and work with them.	Use qualified translation services especially for legally binding documents	Print materials in easy to read, low literacy, picture and symbol formats	Understand how and when language selection happens for individuals who speak more than one language.

KEY POINTS

Language services are not free. Because it is a qualified profession, people aren't expected to do it for free. If you get people who do it for free, you get what you pay for; questionable language proficiency, low quality communication, and as a result inconsistent and unequal outcomes. These unequal outcomes are what are against the Civil Rights Laws related to limited English proficient individuals seeking services. It is grounds for a complaint to DBHDS, Medicaid, and USDOJ. Organizations must realize that just as they pay their light bill, their IT costs, and others, they must put a line item in their annual budget for language service costs and understand that they are a part of doing business in the United States.

Incidentally, if the individual has Medicaid, it is a responsibility of any provider that accepts Medicaid to provide an interpreter so it doesn't have to be the public mental health agency, it could be a provider in private practice. If the organization is licensed by us, they are required to comply with our state board policy attached here that has specific guidance about language.

Language Services Planning

Having said this- it is the organizations responsibility to set up a plan for language services. When there is a plan in place, there is a toolbox of options that staff in the organization can choose from depending on the context. If it is most appropriate to have a face to face interpreter, then they have already identified certain vendors and created contracts that allow them to access them quickly. If it is a quick check in or an emergency situation, you already created a contract with a telephonic interpreter vendor, trained their staff on how to access the vendor, and posted the contact protocol in key areas of the organization. I can emphasize enough how much money, angst, and time it saves to have this plan. Instead of waiting for the last minute and then trying to find some volunteer who won't provide good communication and ultimately waste your time because you will have someone who is in a holding pattern much longer or in treatment much longer.



There is a paradigm shift that has to take place. Organizations must start thinking about how language services can be shifted from something that would be “nice to do” to something that is “mission critical” just as other mission critical operational activities. The following are concrete ways that organizations can demonstrate linguistic competence:

- Budget for those costs as you would any overhead and consider them the cost of doing business, not just a luxury
- Request/require all bi-lingual staff to become qualified/trained/certified interpreters and pay them for that additional skill when they perform it
- Train ALL staff to work effectively with interpreters, on cross cultural communication, communicating complex information to individuals who possess low literacy skills or who are not literate, identifying individuals with literacy and health literacy barriers to communication, on working with individuals who are Deaf, Hard of Hearing, Late Deafened, or DeafBlind
- Have a living, breathing language access policy that EVERYONE is familiar with and USING

The OCLC is available to work with any organization on developing a language access plan because all of these pieces can be streamlined if they are articulated in a plan and implemented as such instead of in a piecemeal fashion. This would help to avoid the need to rush around when you are faced with an individual with a language barrier at the last minute.

Telephonic Interpreting

Telephonic interpreting is just one of the language service tools that should be in your “toolbox”. It is not always the right tool for every situation. Sometimes there is a need for face to face interpreters or even bilingual staff. I call this a language service continuum. In an ideal world, we would have all of them at our disposal. But just like with everything, we know we can’t always have the ideal, but it is good to know what the ideal looks like.

Bilingual Staff

Another aspect of the toolbox is bilingual staff. At the very least, you would want to have their proficiency in BOTH English and the language of service evaluated. We may feel that people are very fluent, but if we don’t speak the language, there is no way to tell that without assessing it. It is the same as if someone said they were competent in heart surgery because they had parents who were heart surgeons. There is a competency to be evaluated just like any other professional competency. You wouldn’t just let any staff person do your clinical work without demonstrating their competency; the same should go for language use. There are many language services that test language proficiency. Most use an internationally validated standardized assessment.

DBHDS offers the Qualified Bilingual Staff training class for free 4x a year. Staff person can come to this course to be certified as a qualified bilingual staff and be recognized by the department as being a certified best practice in language services and in compliance with our state policy.

THEME 3: ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY

Theme 3 focuses on how organizational integrate the community and community wants and needs throughout their organizations. An important part of organizational cultural competence is organizational and community assessment.

But before to take on something like this, you will need to consider the following:

Is your organization ready?

- Make your own? Use a validated tool?
- Entire organization or certain divisions?
- Communicate in advance the purpose of the assessment
- It is a SWOT through the CLC lens.

The assessment is NOT meant to point out failures! Rather where there is opportunity to grow! Make sure staff knows about the purpose of the assessment using effective communication throughout the process. Think about the organization's readiness to do a full assessment or whether there is a division or office that is ready to undertake such a thing as a pilot.

You can plan without knowing who is in your community so you must do some demographic Collection - Descriptions of geographic, demographic, and socioeconomic status, Languages spoken in the community, Population densities, Ecological factors, Analysis of the cultural needs and health practices and behaviors of ethnic groups, Requests for culture-specific services, such as preferred languages, Other characteristics that some organizations may want to learn about may include: Literacy and educational levels. This is not just race, ethnicity, gender, SES, and age. It is also languages, subpopulations, geography, population density, ecological factors, health practices, literacy, and more.

Don't forget to use this information to shape our community partnerships and programs and services.

Epidemiological data, Evidence of health disparities, Health beliefs, including attitudes toward health and illness, Use of alternative medicine and, practitioners are also great things to collect.

Community Health Needs can be important too especially as we start to focus on more integrated care. You can develop a community mapping of resources for culturally and linguistically appropriate services too. This technique offers an approach to understanding and describing a community and its resources. We want to know what illness and disease and prevalence there is in the communities we serve. And we want it granulated in a way that we can understand it in a culturally and linguistically appropriate way. We also want to know what assets there are in the community. This process would be similar to any epidemiological health profile we would pursue.

You will want to make sure that any plan you put in place is not just about training. But that the plan looks globally at culturally and linguistically appropriate services. That it addresses how the organization will work with executive leadership and board members to identify areas of focus and then make sure that you are communicating the plan effectively both internally and externally. Many times, we make the mistake of not sharing plan with our own staff and the rationale behind such a plan. Without support up and down the chain, you won't find much success. If you aren't communicating regularly with staff about the purpose, plans, and changes in operations, you won't get that support.

One way to ensure that your plan aligns with your overall organizational goals is to have your CLC committee answer the following questions:

- Identify three top organizational initiatives and what they are intended to do in your organization/community

- What are your current approaches to achieve goals in these initiatives?
- What stakeholders (internal/external) are currently impacted and/or needed to meet objectives and/or provide services?
- What are your current methods used to engage these stakeholders and provide services?
- Describe estimated “costs” (financial and other) if all stakeholders listed are not involved in meeting goals.

CONFLICT AND GRIEVANCE RESOLUTION PROCESSES

Also, 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. Are there avenues for making complaints when people don't speak English or don't read? What about people who are deaf? Blind? Non-verbal? How do share information about grievances? Only in English? Is it posted only in English? Do people share this information orally? Are staff trained to do this? Is there accountability if they aren't?

SHARE INFORMATION AND BE TRANSPARENT

And LASTLY, be sure that your committee and leadership share what is going on with CLC with your employees, the individuals you serve, and the community. It is more important that you would think. It is a way to celebrate! It makes your organization look good! It makes your leadership look good! It makes employees feel good! And positivity can breed positivity. It creates an 'emotional bank account' for your organization within the community and begins to change the culture of an organization. The gaps are also highlighted in some settings and accountability begins to become apparent. This creates organizational change. Some people have a hard time 'selling their work' or promoting their activities, but the work cannot be sustained if this piece is not made a priority.”

So...as you can see...not one person can do all of this themselves. A team is critical for the development, implementation, and sustainability of the plan. If you don't have this, it is really not a plan; it is just words on a paper. The OCLC is available for consultation and support in developing such plans at any phase of the development.