



Addictions and Mental Health Division

Cultural Competency Plan

2007

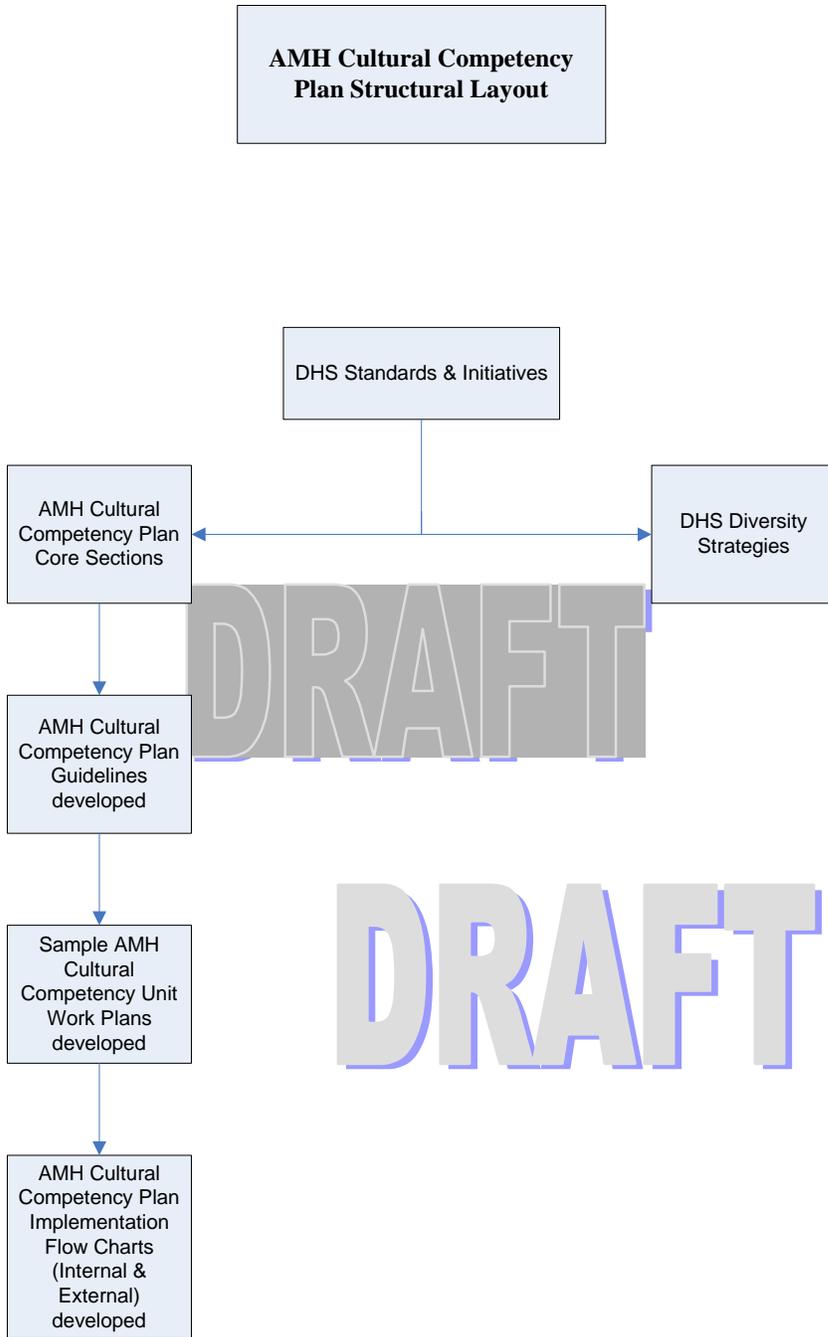
Final Draft

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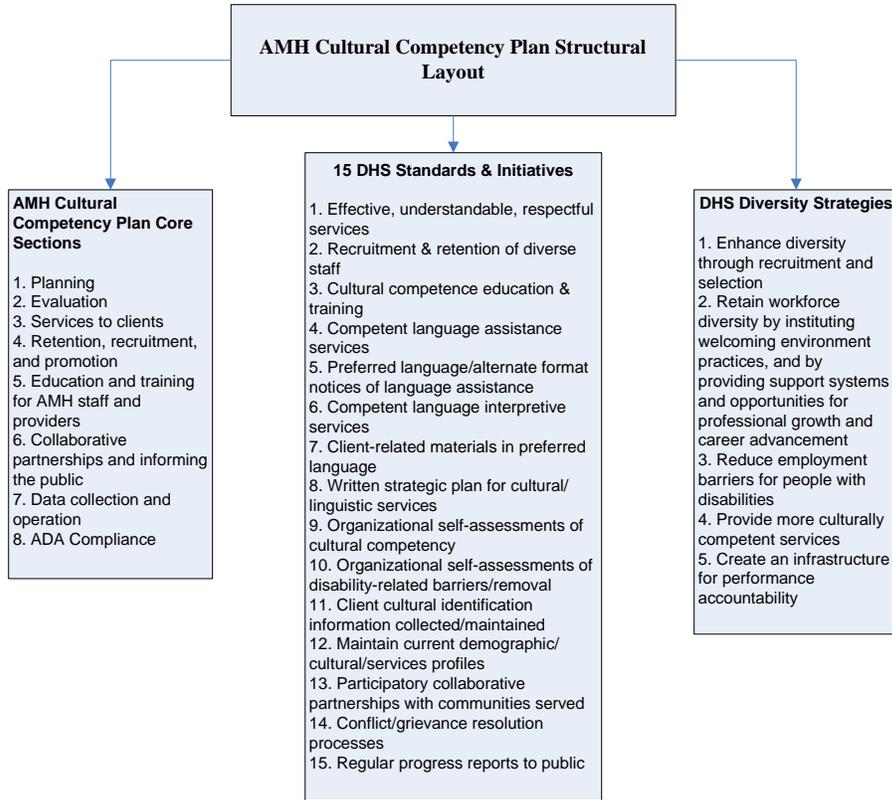
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AMH Cultural Competency Plan



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MISSION:

The Addictions and Mental Health Division (AMH) assists Oregonians and their families to become independent, healthy and safe by

- Preventing and reducing the negative effects of alcohol, other drugs, gambling addiction and mental health disorders; and
- Promoting recovery through culturally competent, integrated, evidence-based practice treatments of addictions, mental illness, and emotional disorders.

INTRODUCTION:

At the direction of the Mental Health and Addiction Services (AMH) management team, the AMH Cultural Competency Work Group (ACCWG) was created and has been meeting monthly to develop recommendations for the AMH Cultural Competency Plan (ACCP). The ACCP is being developed in response to the DHS Standards and Guidelines for Cultural Competency and Gender Specific Services, which were approved by the DHS Cabinet in September of 2003.

At this point the AMH management team has approved the guidelines to the ACCP. Currently, all core sections of the plan have been assigned to members of the management team to develop inventories of the corresponding plan areas, to be followed by correlated work plans. Two sample work plans have been included in an effort to demonstrate the correlation between the proposed guidelines and the proposed work plans (next step). The different project teams will develop the details to the work plans.

PURPOSE:

The purpose is to establish cultural competence standards, values, and policy requirements for AMH and all organizations and agencies that receive grant funds from, or that are under contract with, the Addictions and Mental Health Division (AMH), including county social services organizations and their vendors or contractors, managed care organizations and their provider networks, and community-based organizations. It is the intent that this will serve as a planning document to assist AMH, County Governments, and

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provider networks to develop and implement an individualized cultural competence plan as addressed in each County's bi-annual implementation plan, with its goal to enhance treatment outcomes for all patients.

OVERVIEW OF PLAN STRUCTURE:

This is a comprehensive document that includes the DHS Cultural Competency Standards, guidelines recommended by the AMH work group, and two sample work plans. The development of this document was based on current work in the field of cultural competence (see bibliography). This document should be updated as projects, activities, and accomplishments are reached. The different project teams will develop future recommendations for implementation of strategies for the proposed guidelines.

Following is a list of the 15 DHS standards and strategies established for implementation in this plan. The strategies reflect specific initiatives set by DHS. The expectation is that all DHS clusters will implement the strategies as a minimum requirement. The AMH guidelines are a systematic approach beyond the DHS strategies. It is expected that these cultural competency standards and guidelines would over time be incorporated into each of the county implementation plans and the AMH strategic plan.

DHS STANDARDS:

1. DHS ensures that clients/consumers receive effective, understandable, and respectful services that are provided in a manner compatible with their cultural beliefs and practices, preferred language and/or alternate format, physical or cognitive ability, gender, and sexual orientation. **Strategies: 4**
2. DHS implements strategies to recruit, retain, and promote a diverse staff at all levels of the organization and leadership that is representative of the population being served and the demographic characteristics of the service area. **Strategies: 1, 2, 3**
3. DHS ensures that staff at all levels and across all disciplines receive ongoing education and training in culturally, linguistically, and gender appropriate service delivery, policy, and planning, and comply with practice and standards for workers. **Strategies: 4**

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4. DHS offers and provides competent language assistance services, including bilingual staff and interpreter services, at no cost to each client/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation. Language standards also apply to individuals with speech or hearing disabilities. **Strategies: 4**
5. DHS provides to clients/consumers in their preferred language or alternate format both verbal offers and written notices informing them of their right to receive language assistance services. **Strategies: 4**
6. DHS assures the competency of language assistance provided to limited English proficient clients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services. These standards also apply to people with speech or hearing disabilities. **Strategies: 4**
7. DHS makes available easily understood client-related materials and posts signage in the languages of the commonly encountered groups and/or groups represented in the service area. **Strategies: 4**
8. DHS develops, implements, and promotes a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services. **Strategy: 5**
9. DHS offices conduct initial and ongoing organizational self-assessments of cultural competency related activities and gender-specific programming and are encouraged to integrate cultural and linguistic competence-related and gender-specific measures into their internal audits, performance improvement programs, client satisfaction assessments, and outcomes-based evaluations. **Strategies: 5**
10. DHS offices conduct an initial and ongoing organizational self-assessment for disability-related barrier identification and removal. This includes developing an action plan to remedy identified barriers to employment and/or access to DHS client services. **Strategies: 3**

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11. DHS ensures that data on the individual client's/consumer's racial, ethnicity, gender, and primary language or alternate format are collected in client records, confidentially maintained, integrated into the data information systems, and periodically updated. **Strategy: 4,5**
12. DHS maintains current demographic, cultural, and service delivery profiles of the community being served as well as a needs assessment to accurately plan for and implement services that respond to the cultural, linguistic, and gender characteristics of the service area. **Strategies: 4, 5**
13. DHS develops participatory, collaborative partnerships with communities and utilizes a variety of formal and informal mechanisms to facilitate community and client/consumer involvement in designing and implementing the DHS service delivery system and cultural competency standards. **Strategy: 4**
14. DHS ensures that conflict and grievance resolution processes are culturally, linguistically, and gender sensitive/appropriate and capable of identifying, preventing, and resolving conflicts or complaints by clients/consumers or community groups/organizations. **Strategy: 4,5**
15. DHS regularly makes available to the public information about their progress and successful innovations in implementing the Cultural Competency Standards, and to provide staff and the public notice in their communities about the availability of this information. **Strategy: 4, 5**

AMH Plan Core Sections

The AMH Cultural Competence Plan identifies eight core sections that would need to be addressed to move cultural competence forward. These are:

1. Planning (standard 8)
2. Evaluation (standard 9)
3. Services to Clients (standard 1, 4, 5, 6, 7 & 14)
4. Retention, Recruitment & Promotion (standard 2)
5. Education & Training for AMH staff/providers (standard 3)
6. Collaborative Partnerships & Informing the Public (standards 13 & 15)

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7. Data Collection & Operation (standard 11 & 12)
8. ADA Compliance (standard 10)

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Planning

Standard: 8

DHS develops, implements, and promotes a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services. **Strategy: 5**

Guidelines

Conduct initial and ongoing organizational self-assessments of Cultural Competence-related activities and integrate cultural and linguistic competence-related measures into internal audits, performance improvement programs, client satisfaction assessments, and outcome-based evaluations.

The Cultural Competence Plan

1. The AMH cultural competency plan is sponsored at the highest level of management, the administrator.
2. Every AMH manager is responsible and accountable for the implementation and monitoring of the AMH cultural competency plan.
3. The plan is developed with the participation and representation of management administrators, front-line staff, consumers, and community stakeholders.
4. Includes a process for integrating the Cultural Competence Plan and including the principles of cultural competency in all aspects of organizational strategic planning and in any future planning process.
5. Includes a process for determining unique regionally-based knowledge, needs, and socio-economic factors within the communities/populations served using existing agency databases, surveys, community needs assessments, and community forums.
6. Identifies service modalities and models which are appropriate and acceptable to the cultural communities served, and assists service providers in documenting effectiveness and outcomes;
7. Ensures identification and involvement of wraparound services for purposes of integrated consumer support and service delivery.
8. Assures cultural competence at each level of service within the system.
9. Includes a stipulation of adequate and culturally diverse staffing (including gender, ethnicity, and language) for all AMH staff, clerical through executive management.

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10. Culturally competent performance is an integral part of the AMH employee performance evaluation system and includes development of accountability for culturally competent performance, as well as sanctions for culturally destructive practices (e.g., discrimination).
11. Ensures development of a plan to integrate ongoing training and staff development into the overall Cultural Competency Plan.
12. Includes ongoing monitoring of indicators to assure equal access, comparability of services, and outcomes across all services provided.

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Evaluation
<p>Standard: 9</p> <p>DHS offices conduct initial and ongoing organizational self-assessments of cultural competency related activities and gender-specific programming and are encouraged to integrate cultural and linguistic competence-related and gender-specific measures into their internal audits, performance improvement programs, client satisfaction assessments, and outcomes-based evaluations. Strategies: 5</p>
Guidelines
1. Develop internal quality improvement teams comprised of managers, staff and stakeholders who review data from performance indicators relating to diverse cultural populations.
2. Implement a process for and keep a record of all grievances, and formal complaints, differentiated by cultural groups of the complainant and the specific provider.
3. Procedures are in place to ensure that if irregularities or deficiencies related to culturally competent services are found, corrective actions are undertaken to identify and address root causes/processes.
4. Develop criteria for and be able to account for differing service needs of diverse populations, e.g. (community needs assessment).
5. Complete consumer satisfaction survey and report of the target population. Consumer satisfaction surveys are available in various formats to facilitate the participation of consumers from all cultural groups, including people who have left the organization before receiving all the services they wanted/needed.
6. Track the use of intrusive, specialized, or restrictive interventions by cultural group, and specific provider.
7. Identify and track high-use clients who utilize a significant number of resources, and review and adapt programs and/or services to more effectively address their needs.
8. Maintain documentation of services along the continuum of care.
9. Evaluate staff trainings to ensure they are increasing staff cultural competence.
10. Include performance indicators related to cultural competency in annual staff evaluations.

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Services to Clients

Standard: 1

DHS ensures that clients/consumers receive effective, understandable, and respectful services that are provided in a manner compatible with their cultural beliefs and practices, preferred language and/or alternate format, physical or cognitive ability, gender, and sexual orientation. **Strategies: 4**

Standard: 4

DHS offers and provides competent language assistance services, including bilingual staff and interpreter services, at no cost to each client/ consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operations. Language standards also apply to individuals with speech or hearing disabilities.

Strategies: 4

Standard: 5

DHS provides to clients/consumers in their preferred language or alternate format both verbal offers and written notices informing them of their right to receive language assistance services. **Strategies: 4**

Standard: 6

DHS assures the competency of language assistance provided to limited English proficient clients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services. These standards also apply to people with speech or hearing disabilities. **Strategies: 4**

Standard: 7

DHS makes available easily understood client-related materials and posts signage in the languages of the commonly encountered groups and/or groups represented in the service area. **Strategies: 4**

Standard: 14

DHS ensures that conflict and grievance resolution processes are culturally, linguistically, and gender sensitive/appropriate and capable of identifying, preventing, and resolving conflicts or complaints by clients/consumers or community groups/organizations. **Strategy: 4, 5**

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Guidelines
1. Conduct needs assessments that utilize respondents from a wide range of cultural groups on a regular basis. Adapt and change program services based on identified needs.
2. Utilize current demographic cultural profile of the community as well as a community needs assessment (such as the County Profiles) to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.
3. Ensure that service providers are able to demonstrate knowledge of the socioeconomic issues of various cultural groups in their service area.
4. Develop specific procedures to ensure comparability of access and receipt of services across cultural groups. People affected are involved in the development and ongoing implementation and evaluation of these procedures.
5. Access to services is facilitated through multiple outreach strategies and approaches. These approaches include strategic co-location within culturally specific community organizations, social service agencies, community action agencies, health centers, faith based organizations, schools, and neighborhood locales which are accessible through public transportation and in-home, in-community, and mobile care.
6. Develop participatory, collaborative partnerships with cultural communities and providers that serve specific cultural groups. Utilize a variety of formal and informal mechanisms to facilitate community and client involvement in designing and implementing culturally competent services. Develop and maintain relationships with community organizations and groups.
7. When not legally prohibitive, ensure that legal documentation for immigrant groups is not a requirement for service and does not serve as a barrier to service access.
8. Ensure that fee structure does not create barrier for accessing services.
9. Develop or revise existing intake and assessment procedures to ensure that they meet the needs of the wide range of cultures. Assessments include a multi-dimensional focus including individual, family, and community strengths.
10. Ensure services for clients are compatible with the cultural framework and community environment of clients and family members. Clients and families participation in the creation and ongoing development of their plan for services. When appropriate, involve identified family leaders and decision makers.
11. Provide to clients in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
12. Provide language assistance services, including bilingual staff and interpreter

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<p>services, and/or TTY services at no cost to each client at all points of contact in a timely manner during all hours of operation. Assure the competence of language assistance provided to clients by interpreters and bilingual staff. Family and friends should not be used as a substitute for providing professional interpreting services.</p>
<p>13. Cultural differences shall be considered and accommodated when possible (e.g., the need or desire to bring family members to the facility, play areas for small children, etc.)</p>
<p>14. Staff shall have knowledge, experience, training, and demonstrated competence in cultural aspects of individuals being served.</p>
<p>15. Ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints.</p>
<p>16. Make available easily understood materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.</p>
<p>17. Services are located in areas readily accessible to and are actively marketed to a wide range of cultural groups in the community.</p>
<p>18. Hours of the services, telephone contact, and other accessibility issues shall be appropriate for the population being served.</p>
<p>19. Mass media programming (radio, television, etc.) shall be culturally and linguistically sensitive.</p>
<p>20. All outreach and program services are relevant and respectful of cultural factors and backgrounds.</p>
<p>21. Providers of treatment services to minority populations develop and maintain an advisory board that has a majority representation of the minority population being served. The advisory board receives training concerning the significance of culturally relevant treatment services.</p>

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Recruitment, Retention & Promotion
Standard: 2 DHS implements strategies to recruit, retain, and promote a diverse staff at all levels of the organization and leadership that are representative of the population being served and the demographic characteristics of the service area. Strategies: 1, 2, 3
Guidelines
1. AMH and its partners/contractors will make efforts to hire, retain, and promote qualified employees from diverse cultural / racial backgrounds.
2. AMH will have a directive and/or a policy and procedure addressing strategies for recruitment of a diverse workforce.
3. AMH will have a directive and/or a policy and procedure addressing the need to maintain a qualified workforce that reflects the diversity of the community and population served.
4. AMH will have a directive and/or a policy and procedure addressing self-knowledge, educational & occupational exploration, and career planning as it relates to career development.
5. AMH will provide orientation, training, mentoring, and other supports for new employees to ensure understanding and acceptance of program values, principles, and practices governing cultural and linguistic competence.
6. AMH will prepare an annual training plan to guide the development of a culturally competent workforce, based on the employee's training needs and in light of services needed to serve the consumers and families.
7. AMH will provide in-service training and professional development activities for all staff to ensure understanding and acceptance of program values, principles, and practices governing cultural and linguistic competence (including families, youth, and peer professionals, etc.).
8. AMH will incorporate areas of cultural awareness, knowledge, and skills into position descriptions and performance evaluations for all staff.

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Education & Training for AMH staff/providers

Standard: 3

DHS ensures that staff at all levels and across all disciplines receive ongoing education and training in culturally, linguistically, and gender appropriate service delivery, policy, and planning, and comply with practice and standards for works. **Strategies: 4**

Guidelines

Staff training and development in the areas of cultural competence are implemented at all levels and across disciplines for leadership and governing body, as well as for management and support staff. The cultural competence training is incorporated into ongoing organization staff training plan. This plan is tracked annually.

Suggested curriculum and/or training topics include

1. Factors which define cultural differences among and between cultural populations, including differences related to history, traditions, customs, values, belief systems, national origin, acculturation and migration patterns, reasons for immigration, dialect and language fluency, race, ethnicity, gender, gender identity, sexual orientation, age, disability, physical appearance, religion, spirituality, class/socioeconomic status, education, art, music, food, and politics.
2. Unique stressors, for example, war, trauma, violence, socioeconomic status, political unrest, aspects of cultural survival and maintenance, racism, and discrimination.
3. The effects of acculturation on individuals.
4. How class, ethnicity, social status, and other distinguishing factors influence behavior, attitudes, values and belief systems.
5. Dynamics of language use, including conceptual frameworks of monolingual and bilingual individuals, nuances of verbal and nonverbal language, speech patterns and communication styles, and literacy level.
6. Issues of stigma specific to various groups and subgroups.
7. Other culturally based behaviors and/or circumstances including help-seeking behaviors, varying effects of commonly used medications on individuals, and role and manifestation of spiritual or traditional beliefs.
8. Assessment tools, their limitations and how to tailor their use to better serve various cultural groups.
9. Practical strategies for adapting service delivery to various cultural groups.
10. Strategies for recruiting and retaining a culturally diverse staff and board of directors.

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Collaborative Partnerships & Informing The Public

Standard: 13

DHS develops participatory, collaborative partnerships with communities and utilizes a variety of formal and informal mechanisms to facilitate community and client/consumer involvement in designing and implementing the DHS service delivery system and cultural competency standards. **Strategy: 4**

Standard: 15

DHS regularly makes available to the public information about their progress and successful innovations in implementing the Cultural Competency Standards, and provide staff and the public notice in their communities about the availability of this information.

Strategy: 4, 5

Guidelines

1. AMH will have a directive and/or a policy and procedure to promote the active involvement of client/consumers and families in the continuum of care.
2. AMH will have a directive and/or a policy and procedure to ensure that the public and partners are informed of the progress and successful innovations in implementing the Cultural Competency Standards.
3. There is clear, open, and accessible communication between AMH and its partners, making it an ongoing priority to listen to each need and develop a common language.
4. AMH and its partners will work in conjunction with natural, informal support and helping networks within culturally diverse communities (e.g. neighborhood, civic, and advocacy associations; local/neighborhood merchants and alliance groups; ethnic, social, and faith based organizations; and spiritual leaders and healers).
5. AMH/service providers/contractors will collaborate and consult with community-based organizations, providers, and leaders for the purposes of partnering on outreach, building provider networks, providing service referrals, and enhancing public relations with the community being served.
6. AMH will actively consult with and involve clients and community representatives in a broad range of service design and delivery activities, including ongoing evaluation.

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7. It is the duty of AMH to provide timely and accurate information on activities and available services, to effectively convey relevant findings in a consistently understandable and professional manner, and to inform our various external publics about our ongoing efforts to meet and maintain our mission
8. Implement a process for and keep a record of all grievances and formal complaints, differentiated by cultural groups of the complainant and the specific provider.
9. Procedures are in place to ensure that if irregularities or deficiencies related to culturally competent services are found, corrective actions are undertaken to identify and address root causes/processes.
10. Develop criteria for and be able to account for differing service needs of diverse populations, e.g. community needs assessment.
11. Complete consumer satisfaction survey and report of the target population. Consumer satisfaction surveys are available in various formats to facilitate the participation of consumers from all cultural groups, including people who have left the organization before receiving all the services they wanted/needed.
12. Track the use of intrusive, specialized, or restrictive interventions by cultural group and specific provider.
13. Identify and track high-use clients who utilize a significant number of resources, and review and adapt programs and/or services to more effectively address their needs.
14. Maintain documentation of services along the continuum of care.
15. Evaluate staff trainings to ensure they are increasing staff cultural competence.
16. Include performance indicators related to cultural competency in annual staff evaluations.

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Data Collection & Operation

Standard: 11

DHS ensures that data on the individual client's/consumer's racial, ethnicity, gender, and primary language or alternate format are collected in client records, confidentially maintained, integrated into the data information systems, and periodically updated.

Strategies: 4, 5

Standard: 12

DHS maintains current demographics, cultural, and service delivery profiles of the community being served as well as needs assessments to accurately plan for and implement services that respond to the cultural, linguistic, and gender characteristics of the service area. **Strategies: 4, 5**

Guidelines

1. Develop and maintain data or a database which track utilization and outcomes for all clients/consumers across all levels of care, ensuring comparability of services (aggregated by programs,) access, and outcomes.
2. Ensure data systems are compatible.
 - a. At the client's/consumer's option gather data on individual race, ethnicity, socioeconomic status, language or alternate format, linguistic proficiency, age, gender, sexual orientation, disability, and geographic community.
 - b. Integrate and utilize data in the organization's management structure, and periodically update.
 - c. As systems expand, track and code all and multiple subgroups within cultural groups and those of mixed race/ethnicity.
3. Institute effective control systems to ensure the security of data capture, transmission, and handling. Prevent loss of information and the resulting loss in quality due to system failures or human errors.
4. Utilize available technology to improve the efficiency and quality of data collection and capture processes.
5. Develop systems that are compatible, and at the individual staff's option
 - a. Collect data on staff demographics, including race, ethnicity, gender, and spoken and written language capacity.
 - b. Collect data on gender identity, sexual orientation, age, and disability.
 - c. Integrate and utilize data in the organization's management information systems and update periodically.

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A.D.A Compliance
<p>Standard: 10</p> <p>DHS offices conduct an initial and ongoing organizational self-assessment for disability-related barrier identification and removal. This includes developing an action plan to remedy identified barriers to employment and/or access to DHS client services.</p> <p>Strategies: 3</p>
Guidelines
1. AMH commits to a written self-assessment, planning process, and development of a written "Access Plan," which will be updated annually.
2. Management will designate personnel to take responsibility for implementation of the AMH "Access Plan," The duties will be included as part of their written job descriptions.
3. AMH provides staff development in the area of access.
4. AMH conducts outreach to people with disabilities.
5. All consumers/clients, regardless of ability, have full communication access while using AMH services; visual and printed materials and information are available in accessible and alternate formats.
6. Everyone, regardless of mobility limitations, is able to independently enter, use, and exit AMH facilities. Everyone can travel freely through doorways and on pathways that are free of obstructions.
7. The process of applying for and using AMH services is accessible for people with functional limitations.
8. All of AMH public materials contain a statement that reflects AMH' commitment to providing reasonable accommodations for all of AMH programs, services and events.
9. All public events sponsored by AMH, such as public meetings, fundraising events, workshops are held in an accessible location.
10. All AMH computers have access features of the operating systems installed that allow the user to adjust the keyboard, bypass the mouse, change the cursor, magnify what appears on the screen, and read text aloud. AMH staff and volunteers know how to activate, adjust, and provide instruction on the accessibility features.

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11. AMH has basic assistive technology equipment that is available and maintained in good working order (e.g., computer mouse, keyboard alternatives, and low tech aids such as a key guard or wrist supports). At least one AMH workstation, but preferably more, allows people who have vision, hearing, dexterity, learning, or reading-related limitations to perform basic functions on a computer such as word processing, e-mail, and web "surfing."

12. AMH web person is aware of the issues related to web accessibility and knows where to find information, resources, or expertise.

13. AMH has a line item that will provide for ongoing assistive technology purchases and upgrades as part of the technology budget.

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AMH Unit: Training	AMH CCWP Section: Education & Training for AMH staff/providers	Date: TBA
Guideline 	Staff training and development in the areas of cultural competence are implemented at all levels and across disciplines, for leadership and governing body, as well as for management and support staff. The cultural competence training is incorporated into ongoing organization staff training plan. This plan is tracked annually.	
Launch Activity	Select and convene workgroup to define scope of training plan.	
Activities	<ol style="list-style-type: none"> 1. Convene training plan workgroup. 2. Review with managers. 3. Produce plan. 4. Publish. 5. Develop and deliver training in accordance with the plan. 	
Beneficiaries	Management, workforce, clients/consumers.	
Complete Activity	<ol style="list-style-type: none"> 1. Training plan developed and implemented. 2. Documented staff progress on annual evaluation. 	
Timeline	Determined by training plan workgroup.	
Outcomes	Workforce trained in providing culturally competent and diverse services.	
Outputs	<ol style="list-style-type: none"> 1. Training plan 2. Training delivery 3. Annual evaluation 	
Project Team	TBA	
Project Team Leader	Shawn Clark	
AMH Executive Sponsor	Bob Nikkel	
Success Indicators (Performance Measures)	<ol style="list-style-type: none"> 1. Increase knowledge and awareness for cultural competency training of employees, pre/post test of employees. 2. Increased hours of training for all staff. 3. Decrease in # of client/employee complaints related to diversity issues. 	

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AMH Unit: Policy	AMH CCWP Section: Partners Involvement & Informing the Public	Date: TBA
Standard: 13 & 15 	<p><i>Standard: 13</i> DHS develops participatory, collaborative partnerships with communities and utilizes a variety of formal and informal mechanisms to facilitate community and client/consumer involvement in designing and implementing the DHS service delivery system and cultural competency standards. DHS Strategy: 7</p> <p><i>Standard: 15</i> DHS regularly makes available to the public information about their progress and successful innovations in implementing the Cultural Competency Standards and provide staff, and the public notice in their communities about the availability of this information. DHS Strategy: 8</p>	
Guidelines	 <ol style="list-style-type: none"> 1. AMH will have a directive and/or a policy and procedure to promote the active involvement of client/consumers and families in the continuum of care. 2. AMH will have a directive and/or a policy and procedure to ensure that the public and partners are informed of the progress and successful innovations in implementing the Cultural Competency Standards. 3. There is clear, open and accessible communication between AMH and its partners, making it an ongoing priority to listen to each need and develop a common language. 4. AMH and its partners will work in conjunction with natural, informal support and helping networks within culturally diverse communities (e.g. neighborhood, civic and advocacy associations; local/neighborhood merchants and alliance groups; ethnic, social, and faith based organizations; and spiritual leaders and healers). 5. AMH/service providers/contractors will collaborate and consult with community-based organizations, providers, and leaders for the purposes of partnering on outreach, building provider networks, providing service referrals, and enhancing public relations with the community being served. 6. AMH will actively consult with and involve clients and community representatives in a broad range of service design and delivery activities including ongoing evaluation. 	
Launch Activity	<ol style="list-style-type: none"> 1. Management defines scope of policies and procedures. 2. Select and convene workgroup to develop policies and procedures. 	

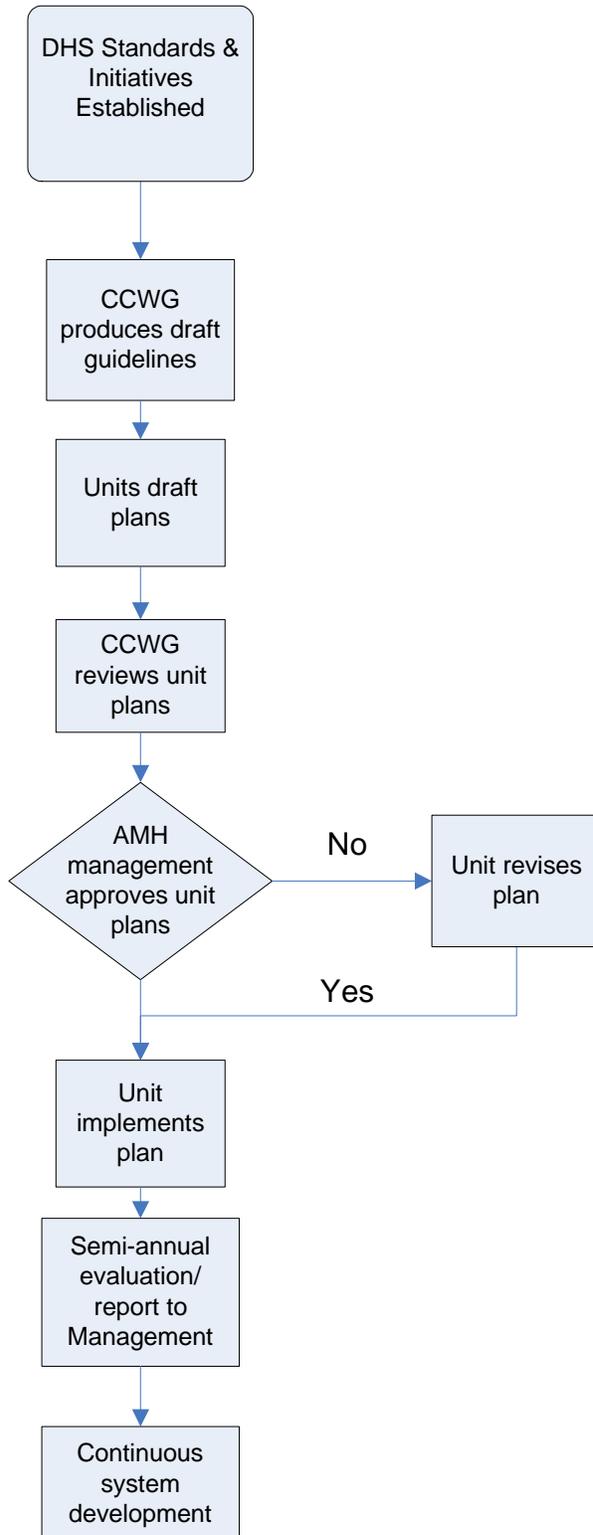
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Activities 	<ol style="list-style-type: none"> 1. Convene policy workgroup. 2. Develop bi-annual evaluation. 3. Review with managers. 4. Establish meetings with community partners and services provider networks.
Beneficiaries	AMH, DHS, communities, clients/consumers
Complete Activity	<ol style="list-style-type: none"> 1. Policies and procedures developed and implemented. 2. Established meetings with community partners. 3. Established meetings with service provider networks. 4. Evaluation process.
Timeline	Determined by policy development workgroup.
Outcomes	<ol style="list-style-type: none"> 1. Collaborative Partnerships. 2. Informed public and workforce.
Outputs	<ol style="list-style-type: none"> 1. Policies and procedures. 2. Meetings with community partners and services provider networks. 3. Bi-annual evaluation.
Project Team	TBA
Project Team Leader	Karen Wheeler
AMH Executive Sponsor	Madeline Olson
Success Indicators (Performance Measures)	<ol style="list-style-type: none"> 1. Informed clients/consumers and community partners. 2. Increased involvement of clients/consumers and service providers. 3. Development of new formal partnerships.

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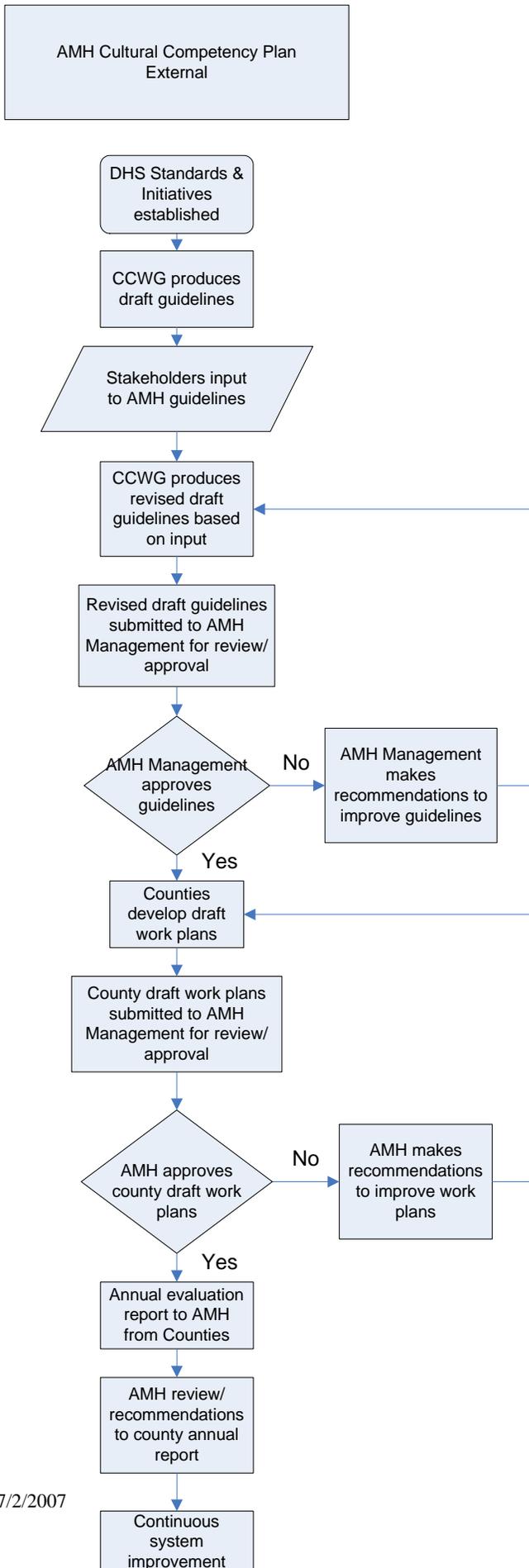
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AMH Cultural Competency Plan

AMH Cultural Competency Work Group Membership

- Jean Ingram - Quality Improvement Representative
- Vacant - Alcohol and Drug Policy Representative
- Vacant - MH Tribal Liaison
- Kathy Seubert - Child Mental Health Representative
- Rey Agullana - Prevention Representative
- Caroline Cruz - Prevention Representative and Alcohol and Drug Tribal Liaison
- Elizabeth Anguiano - Housing & Homelessness Representative
- Thor Johnson - Program Analysis and Evaluation Representative
- Lynda Sloan - Support Services Representative
- Mike Hlebechuk - Systems Planning Representative
- Manuel Nevarez – Alcohol and Drug Treatment Representative (work group chair)
- Greta Coe - Web Liaison
- LuAnn Meulink – Workforce Development Representative
- Rebecca Sweetland - Oregon State Hospital Representative
- Vacant - Children’s Treatment Systems Representative

Len Ray - Management Team Liaison

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