POLICY MANUAL

Behavioral Health and Developmental Services Board
Department of Behavioral Health and Developmental Services

POLICY 1023(SYS) 08-2 Workforce and Cultural and Linguistic Competency

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Authority

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References

U.S Department of Health & Human Services, The Office of Minority Health, National Standards on Culturally and Linguistically Appropriate Services in Health Care (CLAS), July 2001.
U.S. Department of Health & Human Services. HHS Action Plan to Reduce Racial and Ethnic Health Disparities
Title VI of the Civil Rights Act of 1964
DBHDS Position Statement on Culturally and Linguistically Appropriate Services
Workforce and Cultural Competency Conference, DMHMRSAS, *Cultural Competence and Virginia's Mental Health System*, October 2007.
DBHDS Departmental Instruction 209 (RTS) 95 Ensuring Access to Language and Communications Supports 2014
Comprehensive State Plan 2014-2020
Current Community Services Board Contract

Supersedes

POLICY 1023(SYS)89-1 *Services Accessibility for Cultural and Ethnic Minorities*

Background

Health equity is the attainment of the highest level of health for all people (U.S. Department of Health and Human Services [HHS] Office of Minority Health [OMH], 2011). There are numerous reasons that certain populations in the U.S. are unable to attain their highest level of health. The factors may include variables such as socioeconomic status, education level, and the availability of health services (HHS Office of Disease Prevention and Health Promotion, 2010) and though health inequities are directly related to the existence of historical and current discrimination and social injustice, one of the most modifiable factors is the ability to provide services that are culturally and linguistically appropriate for all individuals in our communities (OMH, 2013).

Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality of care and services (Beach et al., 2004; Goode, Dunne, & Bronheim, 2006). There are numerous ethical and practical reasons why providing culturally and linguistically appropriate services in health and

health care is necessary, including the following, which have been identified by the National Center for Cultural Competence (Cohen & Goode, 1999, revised by Goode & Dunne, 2003):

1. To respond to current and projected demographic changes in the United States.
2. To eliminate long-standing disparities in the health status of people of diverse racial, ethnic, and cultural backgrounds.
3. To improve the quality of services and primary care outcomes.
4. To meet legislative, regulatory, and accreditation mandates.
5. To gain a competitive edge in the market place.
6. To decrease the likelihood of liability/malpractice claims (OMH, 2013).

In April 2013, the USDHHS Office of Minority Health released enhanced National Standards on Culturally and Linguistically Appropriate Services (CLAS) in health care. These standards address culturally competent care, language access services, and organizational supports and include mandates (intended for recipients of federal funds), guidelines and recommendations. They are intended to advance the health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health care organizations to implement culturally and linguistically appropriate services. The enhanced National CLAS Standards emphasize the importance of CLAS being integrated throughout an organization. This requires a bottom-up and a top-down approach to advancing and sustaining CLAS. In 2008, DBHDS adopted these standards as the framework for planning culturally and linguistically appropriate services in our system.

The Civil Rights Act of 1964 says that no person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination based on race, gender, ethnicity, or national origin under any program or activity receiving Federal financial assistance." The law requires that organizations who receive federal dollars such as Medicaid reimbursements are required to take reasonable steps to ensure meaningful access to their programs and activities by individuals who have limited English Proficiency.

The Americans with Disabilities Act also requires that organizations that receive federal dollars such as Medicaid reimbursements "take appropriate steps to ensure that communications with applicants, participants, and members of the public with disabilities are as effective as communications with others." (28 C.F.R. § 35.160(a).

As part of the Partnership Agreement included in the current Community Services Performance Contract, the Department's central office, state facilities and CSBs have agreed to:

- Endeavor to deliver services in a manner that is understood by consumers. This involves communicating orally and in the primary languages of

consumers, including Braille and American Sign Language when applicable, and at appropriate reading comprehension levels.

- Endeavor to address to a reasonable extent the cultural and linguistic characteristics of the geographic areas and populations that they serve.

DBHDS Departmental Instruction 209 (RTS) 95 Ensuring Access to Language and Communications Supports establishes guidelines for providing effective language access services for individuals receiving services in state hospitals or training centers and their authorized representatives. The Instruction provides guidance related to three distinct categories of stakeholders using and seeking services:

- Individuals who have limited English proficiency (LEP);
- Persons who are deaf, hard of hearing, late deafened, or deaf-blind; and
- Individuals who have other types of communication or language needs.

Purpose

To articulate policy affirming the importance of a culturally and linguistically competent workforce in Virginia's public mental health, intellectual disability and substance abuse services system and to support the integration of culturally and linguistically competent practices and concepts into system design and service delivery.

The purposes of providing such care and services are to:

- Create a safe and welcoming environment at every point of contact that both fosters appreciation of the diversity of individuals and provides individual- and family-centered care
- Ensure that all individuals receiving health care and services experience culturally and linguistically appropriate encounters
- Meet communication needs so that individuals understand the health care and services they are receiving, can participate effectively in their own care, and make informed decisions
- Eliminate discrimination and disparities

Policy

It is the policy of the Board 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 individuals in the public mental health, intellectual disability, and substance abuse services system. To support implementation, policy guidance is organized within the themes of the National Standards for Culturally and Linguistically Appropriate Services.

Governance and Leadership

The Board believes that efforts to provide such services must permeate every area of the organization from the top down and the bottom up. As such, the Department, state facilities, and CSBs should use a variety of formal and informal mechanisms to advance and sustain organizational governance and leadership that promote culturally and linguistically appropriate services and health equity.
It is the policy of the Board that organizations will work to institutionalize culturally and linguistically appropriate services through the development and continual assessment and evaluation of policies, practices, and allocated resources.

It is the policy of the Board that the Department, state facilities, and CSBs will develop strategies to recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are less responsive to the population in the service area. Plans should be in place to educate and train leadership and staff in appropriate policies and practices, on an ongoing basis.

Communication and Language Assistance

It is the policy of the Board that written documents and verbal communication related to services be made available to consumers in their preferred or primary language to the greatest extent possible within available resources. Consistent with this policy and Title VI of the Civil Rights Act, the Department, state facilities, and CSBs shall:

- Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care needs.
- Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
- Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- Provide easy-to-understand print and multimedia materials and signing in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

It is the policy of the Board that to the extent possible, the Department, state facilities, and CSBs should consider the additional data necessary to understand and plan for the development and implementation of services for diverse populations in their communities. This may require the collection of data on the social determinants of health, community health assets and needs, and population trends.

It is the policy of the Board to ensure that the Department, state facilities, and CSBs partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness. It is important to use a variety of formal and informal mechanisms to involve consumers, family members, and relevant community groups with multicultural perspectives, including membership on state and community boards, councils, and advisory committees; participation in community meetings and on focus groups; and through informal conversations and interviews. This participation and collaboration can provide the system with better understanding of the strengths and disparities present in such populations, provide meaningful expertise that can inform decision making, and be mutually beneficially opportunities for providers, individuals, and families.

Finally, it is the policy of this Board that organizations can ensure that conflict and grievance resolution processes can anticipate, identify, and respond to cross-cultural needs, are culturally and linguistically appropriate, and can identify, prevent, and resolve conflicts or complaints in a timely manner.