



Community Health &
Research Center

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Approved By: Mohamad Khraizat	Title: Health Operations Manager
Signature:	Date: 11-4-19

I. POLICY

It is the policy of Arab Community Center for Economic and Social Services (ACCESS) Community Health and Research Center (CHRC) to assure that it provides Culturally and Linguistically Appropriate Services (CLAS) for individuals with diverse cultural backgrounds, values beliefs, and practices. This applies to all service levels ACCESS.

II. PURPOSE

1. To provide agency-wide guidelines that promote working effectively with culturally diverse, sensory impaired, and/or limited English proficiency individuals and under-served communities.
2. 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.

III. APPLICATIONS

1. This policy applies to all ACCESS CHRC employees, interns and volunteers who provide support and treatment on behalf of the ACCESS.
2. This policy serves all populations: Adults, Children, seeking our services
3. This policy impacts all contracts/service lines.

IV. KEY WORDS

1. Culturally Competent Services
2. Diversity
3. Limited English Proficiency
4. Health Literacy

V. STANDARDS and PROCEDURES

ACCESS CHRC will communicate with Governance, Leadership and Workforce to:

1. Foster an organizational philosophy that incorporates cultural competency principles into its mission, vision, values, goals policies and procedures.
2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.

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- Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

ACCESS will provide Communication and Language Assistance to:

- Incorporate programs and services for diverse populations within the service community and methods to evaluate their effectiveness.
- 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 and services.
- 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 signage in the languages commonly used by the populations in the service area. Provide ongoing staff cultural self-assessments to determine the level of knowledge of the diverse populations within the service community and the learning needs that exist among staff at all levels.
- Provide educational and training opportunities for staff and community about natural supports (i.e., family, religious organization, advocacy groups, and social organization) within diverse cultural groups.
- Ensure that health literate and culturally competent care approaches to health care delivery are understandable, effective, respectful, and provided in a manner compatible with individual's cultural beliefs and practices.

ACCESS will show Engagement, Continuous Improvement and Accountability as we:

- Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations
- Develop policies in alignment with various funding sources' directives.
- Periodically review the goals, policies, and procedures to ensure that they incorporate principles and practices that promote linguistic and cultural competence.
- Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
- Incorporate processes that allow for the capturing of data on individual's race, ethnicity, spoken and written language to establish applicable needs assessment and services.
- Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

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18. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
19. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
20. Establish collaborative partnerships with diverse community-based organizations to assist in designing and implementing cultural competence related activities.
21. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
22. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
23. Ensure that oral and written grievance, appeals and resolution processes are sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints.
24. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the public.
25. Incorporate culturally sensitive assessments in the Planning Process and the Individual Plan of Service (IPOS) to identify special needs, beliefs and/or practices.
26. Cultural Competence training is required for all new hires of ACCESS CHRC Staff. Re-training is required bi-annually for ACCESS CHRC staff.

VI. QUALITY ASSURANCE/IMPROVEMENT

The ACCESS CHRC Quality Manager shall review and monitor adherence to this policy as one element in its contracting programs and as one element of the QAPIP Goals and Objectives. The quality improvement programs of ACCESS CHRC must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

VII. COMPLIANCE WITH ALL APPLICABLE LAWS

ACCESS Employees, interns and volunteers are bound by all applicable local, state, and federal laws, rules, regulations, and policies, all federal waiver requirements, state, and county contractual requirements, policies, and administrative directives in effect and as amended.

VIII. LEGAL AUTHORITY AND REFERENCES

1. Michigan Department of Community Health Practice Improvement Steering Committee Compendium of Michigan's Evidence-Based, Best and Promising Practices, 2009
2. Michigan Mental Health Code, PA 258 of 1974, as amended, Suitable Services; treatment environment; setting; rights, MCL 330.1708
3. Michigan Department of Community Health, Application for Participation, 2009

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4. Regulations of the US Department of Health and Human Services issued pursuant to the Acts, Title 45 Code of Federal Regulations (CFR) part 80, 84, and 91.
5. Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d et.seq
6. National Center for Cultural Competence—Georgetown University Center for Child and Human Development
7. National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

IX. EXHIBITS

1. DWMHA Cultural Competence Policy 6/2017
http://www.dwmha.com/files/3215/0248/2162/Cultural_Competence.pdf
2. National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care
<https://www.thinkculturalhealth.hhs.gov/pdfs/enhancednationalclasstandards.pdf>