| Overall Objective | Measurement | Strategy | Who is responsible? | Who/How will this be monitored? |
| --- | --- | --- | --- | --- |
| ***A. POLICY*** | | | | |
| 1. Diverse Region 3 employees | 1. Annual review of Hiring Recruitment and Retention Plan. 2. Review of Region 3 employees diversity for adherence to diversity of population in 22 counties | 1. Ensure that the Hiring, Recruitment and Retention Plan is being utilized by reviewing plan with supervisors. 2. Review Region 3 employees’ diversity annually and strive to match staff diversity to population diversity. | HR  CQI Department | Annual documentation by HR  Annual documentation by CQI Department |
| 1. Affirmative Action postcards | Review of applicants documentation | 1. Develop and implement process with Leadership Team guidance. Ensure that all departments/programs understand and are utilizing process. 2. Report Affirmative Action postcards information annually to LT. | Operations Manager  Operations Manager | Annual documentation by Operations Manager  Annual documentation by Operations Manager |
| 1. Review Policy Manual for cultural competency | Annual review of policies to determine if culturally competent. | 1. Revise policies as determined by in house review 2. New policies and revisions of existing policies are reviewed for cultural competency 3. Revisions shared with employees | Program Managers, HR, and Leadership Team | Annual documentation HR |
| 1. Review Region 3 Strategic Plan and CQI for cultural competency and diversity | Annual review of Strategic Plan and CQI | 1. CQI Department and the Assistance Regional Administrator will review the Region 3 Strategic Plan and CQI for cultural competency and diversity | CQI Department and Assistant Regional Administrator | Annual documentation by CQI Department and Assistant Regional Administrator |
| ***B. STRUCTURAL*** | | | | |
| 1. Facility/Décor is welcoming and accessible to all cultural groups | Annual inspection of Facility/Décor for ADA compliance and cultural friendliness. | 1. Periodic changes in décor. CARF/Safety Team will do an annual walk through of public areas for cultural friendliness. 2. CARF/Safety Team will ensure that an annual internal inspection will be conducted for compliance to ADA. | CARF/Safety Team  CARF/Safety Team | Annual documentation by CARF/Safety Team  Annual documentation by CARF/Safety Team |
| 1. Review and monitor the Cultural Competency Plan | Annual review of Cultural Competency Plan | 1. CQI Department reviews to Cultural Competency Plan and make appropriate revisions. LT approves the Cultural Competency Plan revisions. 2. CQI Department collects and reports the results of the Cultural Competency Plan. LT reviews the results | CQI Department and LT  CQI Department and LT | Annual documentation by CQI Department  Annual documentation by CQI Department |
| 1. Employee Orientation addresses Cultural Competency, including the Region’s definition of culture, the CC Plan, and other information to promote best practices | Review of new employee orientation documents that indicate completion of orientation. | 1. Operations Manager to add cultural competency information to the orientation process | Operations Manager | Annual documentation by Operations Manager |
| 1. Existing documents (as determined by each program) are culturally competent. | Annual review of documents to determine if translations are accurate and to determine if all necessary documents have been translated. | 1. Each program decides which documents are to be translated and/or modified to meet the needs of persons served. 2. General Region 3 documents to be translated will be determined by Leadership Team | Each supervisor  HR and Leadership Team | Annual documentation by program supervisor  Annual documentation by HR |
| ***C. PRACTICE*** | | | | |
| 1. Translation of key documents (brochures, assessment tools) | Ongoing review of all key documents to be translated to determine if all applicable documents have been translated | 1. Each program decides which documents are to be translated and/or modified to meet the needs of persons served. 2. General Region 3 documents to be translated will be determined by Leadership Team | Program Managers  HR and Leadership Team | Ongoing documentation by Program Managers  Annual documentation by HR |
| 1. Develop a protocol for access to translators | Develop a protocol for the utilization of translators for Region 3 documents | 1. Develop a protocol for the process of contacting and utilizing translators for Region 3 documents to include a section on proficiency 2. Annual review of translator protocol | Operations | Ongoing documentation by Operations |
| 1. Develop a protocol for access to interpreters | Develop a protocol for the utilization of interpreters | 1. Develop a protocol for the process of contacting and utilizing interpreters. 2. Annual review of translator protocol | Operations | Ongoing documentation by Operations |
| 1. Annual Cultural Competency Staff Development | Agenda and Attendance Sheet from Annual Cultural Competency Staff Development | 1. Annual Cultural Competency Staff Development 2. Annual reporting and review of the evaluation of the annual Cultural Competency Staff Development | CQI Department  CQI Department | Annual documentation by CQI Department  Annual documentation by CQI Department |
| 1. Representation of cultures on the Region Behavioral Health Advisory Committee | Review of Behavioral Heath Advisory Committee membership | 1. Review membership of BHAC for desired diversity according to demographics and ability; recruit accordingly. Demographics can include age, gender, ethnicity, heritage, work experience, city/county of residency, religion, experience with behavioral health system, and social group. | Regional Administrator | Annual documentation by Regional Administrator |
| 1. Region 3 employees are culturally sensitive to non-English speaking consumers and individuals. | Annual review of “Front office protocol for non-English speaking consumers." | 1. Review “Front office protocol for non-English speaking consumers” by Operations annually. 2. Share “Front office protocol for non-English speaking consumers” with employees annually. | Operations | Annual documentation by Operations |
| 1. Forcefully and publicly condemn intolerance, unfair treatment, bias, bigotry, and discrimination based on differences within our organization and community. | Annual Survey | 1. Adherence to Communication Policy 2. LT and CQI Department will communicate to Region 3 employees regarding the importance of taking action when exposed to bigotry and discrimination 3. Review of Cultural Competency and Diversity Survey results | All Region 3 employees and LT  LT and CQI Department  CQI Department, employees and LT | Survey results  Annual documentation of email  Survey Results |
| 1. Adherence to CLAS Standards | Review of CLAS Standards | 1. Annual review of CLAS Standards by LT and CQI Department | LT and CQI Department | CLAS Standard Matrix |
| ***D. ATTITUDE*** | | | | |
| 1. Organizational Assessment | Survey(s);   1. Employee Demographic Survey 2. Satisfaction Surveys (Family and Youth (FS & YS) satisfaction surveys, stakeholder satisfaction survey) 3. Wraparound Fidelity Index (WFI)) 4. Cultural Competency and Diversity Survey | 1. Region 3 employees will complete a demographic survey within 3 months of orientation 2. Review Satisfaction Surveys and include questions on cultural competency 3. Review WFI results with Professional Partner Program semi-annually. 4. Distribute a Cultural Competency and Diversity Survey to measure cultural competency & review results annually | CQI Department | Annual documentation by CQI Department |
| 1. Contracted Network Providers are culturally competency | Gather information from providers regarding Cultural Competency  Adherence to CLAS Standards. | 1. Region 3 MH & SA Audit process will review of providers’ cultural competency actions and policies every three years. 2. Work with providers for adherence to CLAS. | Network Specialist  Network Specialist and CQI Department | Ongoing documentation by Network Specialist  Ongoing documentation by Network Specialist  and CQI Department |
| 1. Training to promote positive employee attitude toward diversity | 1. Performance evaluations 2. Agenda and Attendance Sheet from Annual Cultural Competency Staff Development 3. Cultural Competency and Diversity Survey 4. Train case management employees on cultural competency | 1. Performance evaluation 2. Annual Staff Development of Cultural   Competency   1. Staff self-assessment through Cultural Competency and Diversity Survey 2. Provide training about cultural competence and   best practices to case management employees | Operations Manager  CQI Department    CQI Department  Program Supervisors and Managers | Ongoing and annual documentation by Operations Manager, CQI Department, Program Supervisors and Managers |
| 1. Employee self-assessment | Distribute Cultural Competency and Diversity Survey to all employees once a year | Conduct Annual Cultural Competencyand Diversity Survey | CQI Department | Annual documentation by CQI Department |