



## **Cultural and Linguistic Program Description**

**2024**

February 16, 2024

# Alameda Alliance for Health

## Cultural and Linguistic Services Program Description

### 2024

#### Overview

The Alameda Alliance for Health (Alliance) is committed to delivering culturally and linguistically appropriate services (CLAS), to all eligible Medi-Cal and Group Care members. The Alliance's Cultural and Linguistic Services Program complies with 22 CCR sections 51202.5 and 51309.5(a), 28 CCR sections 1300.67.04(c)(2)(A) - (B) and 1300.67.04 (c)(2)(G)(v) - (c)(4), 42 CFR section 438.206(c)(2), Title VI of the Civil Rights Act of 1964, section 1557 of the Affordable Care Act of 2010, 42 CFR section 438.10, Exhibit A, Attachment III, Section 5.2.10 (Access Rights), and APL 21-004: Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services. The Alliance CLS Program aligns with the National Standards for Culturally and Linguistically Appropriate Services (CLAS) created by the U.S. Department of Health & Human Services ([CLAS Standards - Think Cultural Health \(hhs.gov\)](https://www.hhs.gov/oc/office-of-equity-and-cultural-competency/standards-for-culturally-and-linguistically-appropriate-services-clas)).

The goal of the Cultural and Linguistic Services (CLS) Program is to ensure that all members receive equitable access to high quality health care services, including behavioral health services, that are culturally and linguistically appropriate. This includes ensuring culturally appropriate services and access for members regardless of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, sexual orientation, creed, health status, or identification with any other persons or groups defined in Penal Code section 422.56.

Program objectives include:

- Comply with state and federal guidelines related to assessment of enrollees to offer its members culturally and linguistically appropriate services.
- Provide no-cost language assistance services at all points of contact for covered benefits.
- Ensure that all staff, providers, and subcontractors are compliant with the cultural and linguistic program through cultural competency training.
- Identify, inform, and assist limited English proficiency (LEP) members in accessing quality interpretation services.
- Ensure that Alliance health care providers follow the Alliance CLS Program.
- Integrate community input into the development and implementation of Alliance cultural and linguistic accessibility standards and procedures.
- Monitor and continuously improve Alliance activities aimed at achieving cultural competence and reducing health care disparities.

**The Organizational Chart** in Appendix B displays reporting relationships for the Alliance organization and identifies key staff with overall responsibility for the operation of the CLS Program.

#### Cultural and Linguistic Services Leadership

The **Quality Improvement Department** is responsible for developing, implementing, and evaluating the Alliance's Cultural and Linguistic Services Program in coordination with other Alliance departments including Provider Services, Human Resources, Analytics and Performance, Member Services, Communications and Outreach, Quality Assurance, Vendor

Management and Compliance.

**Population Health and Equity** is a part of the Alliance's Quality Improvement Department. The Manager of Cultural and Linguistic Services, under the direction of the Director of Population Health and Equity, and in collaboration with the aforementioned departments, develops the CLS Program work plan and integrates information and resources on cultural competency into the Alliance's programs and services. The Manager of Cultural and Linguistic Services also facilitates the Cultural and Linguistic Services Subcommittee (CLSS) of the Quality Improvement Health Equity Committee (QIHEC), which in turn reports to the Alliance Board of Governors. All participating persons/departments report ultimately to the Chief Executive Officer.

The **Director of Population Health and Equity** who oversees the Manager of Cultural and Linguistic Services has a Master's in Public Health with a concentration in Community Health Education and over 30 years' experience leading culturally and linguistically appropriate services. The staff include individuals who have bilingual capacity and experience in medical interpretation, program development in diverse Medi-Cal populations, and working with people with disabilities.

The **Chief Health Equity Officer** partners with leaders across the organization to develop and drive forward the key strategies of the organization as they relate to Diversity, Equity, and Inclusion (DEI) for members, providers, and employees.

The Manager of Cultural and Linguistic Services and the Communications and Outreach Senior Manager are responsible for supporting the **Alliance Community Advisory Committee (CAC)** (see below for description) in accordance with Title 22, CCR, Section 53876 (c). The Health Programs Coordinator provides administrative support to the CAC.

## **Departmental Roles**

The **Behavioral Health (BH) Department** oversees services provided for members with Mental Health Disease and Autism Spectrum Disorder. In April of 2023, Alameda Alliance has de-delegated responsibility of these services and is now responsible for the Program work plan. The BH team integrates information and resources on cultural competency into the Alliance's programs. It is also responsible for behavioral health utilization and case management activities including triage and referral and participation on the multi-disciplinary case management teams. The team is led by the Senior Director of Behavioral Health (Licensed Psychologist) and Senior Medical Director (MD).

The **Communications and Outreach Department** is responsible for ensuring that marketing practices for eligible beneficiaries or potential enrollees do not discriminate due to race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status or disability. In addition, they take into consideration results from member surveys and assessments, community feedback and other CLS monitoring activities when producing member materials. The department is also responsible for quality translations of member written materials and communications and assists all departments in sending the appropriate non-discrimination and language assistance service notices to members.

**Compliance** is responsible for conducting audits of the Alliance CLS Program, monitoring delegated CLS responsibilities, and ensuring that all state and federal regulations are followed.

**Health Education**, also a part of Quality Improvement, staff ensure that members have access to

qualified interpreters when participating in health education programs and make health education materials available to members and providers that meet the literacy, cultural, linguistic, clinical, and regulatory standards.

The **Human Resources (HR) Department** is responsible for bilingual assessment of new staff who will use their bilingual skills with members. They maintain a listing of Alliance bilingual staff and ensure quality monitoring of bilingual staff is not monitored through the Member Services quality assurance program. HR also ensures Alliance staff complete Diversity, Equity, and Inclusion (DEI) trainings, including participation in the cultural sensitivity training, annually.

The **Member Services Department** assesses member cultural and linguistic needs at each contact by identifying and verifying language preferences, reported ethnicity and preference for use of interpreter services. Members are informed that they can access no cost oral interpretation in their preferred language and written materials translated into Alliance threshold languages or provided in alternative formats. Member Services also monitors call quality of Member Services Representatives' ability to follow cultural and linguistic protocols.

The **Provider Services Department** is responsible for ensuring that the Alliance provider network composition continuously meets members' cultural and linguistic needs. Provider Services also trains providers on the Alliance Cultural and Linguistic program requirements. Language capabilities of clinicians and other provider office staff are identified during the credentialing process and providers update language capacity with the Alliance regularly.

The **Quality Assurance Department** supports the CLS program through monitoring and reporting of grievances related to CLS services.

**Quality Improvement Specialists** conduct member and provider surveys, and Quality Nurses conduct medical record and facility site reviews that monitor CLS requirement implementation at the provider office level and issue corrective action plans as needed.

**Vendor Management** supports compliance oversight of language services vendors and implements corrective action plans as needed.

### **Community Advisory Committee**

The **Community Advisory Committee (CAC)** is supported by the Senior Manager of Communications and Outreach and Manager of Cultural and Linguistic Services and their respective departments. The purpose of the CAC is to provide a link between the Alliance and the community. The CAC advises the Alliance on the development and implementation of policies and procedures that affect cultural and linguistic access, quality, and health equity. It offers the opportunity for our culturally diverse community to provide input into identifying and prioritizing opportunities for improvement.

The committee's responsibilities include:

- a. Identify and advocate for preventive care practices to be used by the Alliance.
- b. Develop and update cultural and linguistic policy and procedures related to cultural competency issues, educational and operational issues affecting seniors, people who speak a primary language other than English, and people who have a disability.
- c. Advise on Alliance member and provider-targeted services, programs, and trainings.
- d. Provide and make recommendations about the cultural appropriateness of communications,

partnerships, and services.

e. Review findings from the Population Needs Assessment (PNA) and discuss improvement opportunities on Health Equity and Social Drivers of Health and provide input on selecting targeted health education, cultural and linguistic, and Quality Improvement (QI) strategies.

f) Provide input and advice, including, but not limited to, the following:

- i. Culturally appropriate service or program design
- ii. Priorities for health education and outreach program
- iii. Member satisfaction survey results
- iv. PNA findings
- v. Marketing materials and campaigns
- vi. Communication of needs for network development and assessment
- vii. Community resources and information
- viii. Population Health Management
- ix. Quality
- x. Health delivery systems to improve health outcomes
- xi. Carved out services
- xii. Coordination of care
- xiii. Health Equity
- xiv. Accessibility of services
- xv. Development of the provider manual and clarification of new and revised policies and procedures in the manual.

The Alliance CAC is comprised of over 51% members or their caregivers/parents. The Alliance actively recruits CAC members who reflect the cultural diversity of the Alliance membership. At minimum, the CAC includes individuals representing the racial, ethnic and linguistic groups that comprise at least 5% of the population.

The CAC enables the Alliance to maintain community partnerships with consumers, community advocates and traditional and safety net providers regarding CLAS, ensuring diverse perspectives and inclusive decision-making.

### **Standards and Performance Requirements**

The Alliance's policies and procedures comply with standards and performance requirements for the delivery of culturally and linguistically appropriate health care services. The Alliance has systems and processes to:

- Provide all members – including those with mental health and autism spectrum disorder - access to no cost language assistance services at all points of contact, 24 hours a day, 7 days a week. Educate members and providers about the availability of language services and how to access them.
- Assess and track linguistic capability of interpreters, bilingual employees, and contracted staff in medical and non-medical settings. Implement a system to provide adequate training regarding the Alliance language assistance programs to all employees and contracted staff that have routine contact with LEP Members or Potential Members.
- Conduct a Population Needs Assessment (PNA) according to the DHCS timeline to:
  - Identify member health needs and health disparities.
  - Evaluate health education, CLS, and quality improvement (QI) activities and available

- resources to address identified concerns.
  - Implement targeted strategies for health education, CLS, and QI programs and services.
  - Share with relevant stakeholders and inform the cultural and linguistic services program priorities.
- Provide annual Diversity, Equity and Inclusion Training that covers sensitivity, diversity, communication skills, Health Equity, and cultural competency training and related trainings for staff, providers, and clinical and non-clinical contracted staff. The training will cover the Alliance Cultural and Linguistic Program, language and literacy, gender affirming care, as well as working with identified diverse cultural groups within the Alliance service areas.
- Monitor and evaluate the Cultural and Linguistic Services Program and the performance of individuals providing linguistics services. The Alliance tracks and addresses any identified gaps in the Alliance's ability to address members' cultural and linguistic needs.

The program meets the standards detailed in the following Alliance Policies and Procedures:

- CLS-001: Cultural and Linguistic Services Program Description
- CLS-002: Cultural and Linguistic Services Program - Member Advisory Committee
- CLS-003: Cultural and Linguistic Services Program – Nondiscrimination, Language Assistance Services, and Effective Communication for Individuals with Disabilities
- CLS-008: Cultural and Linguistic Services Program - Member Assessment of Cultural and Linguistic Needs
- CLS-009: Cultural and Linguistic Services Program – Contracted Providers
- CLS-010: Cultural and Linguistic Services Program - Staff Training and Assessment
- CLS-011: Cultural and Linguistic Services Program – Compliance Monitoring

**Alameda Alliance for Health Organizational Chart  
 Cultural and Linguistic Services  
 APPENDIX B**

