

Final Closeout Recovery Progress Report

Final Closeout Report is cumulative of all three (3) years of the program and is to be uploaded in eRA under Closeout in the Terms & Conditions Section. Please refer to the Grantee Reference Closeout attachment.

Grant Name: BCOR X RCSP-SN _____ TCE-PTP _____

Grantee: Mooring Program Inc. d/b/a Apricity

Grant Number: 1H79TI080800-01

Reporting Period: 09/30/2020 - 09/29/2021

Date Submitted: 12/30/2021

Completed By: Sadie Bodenbach

Title: Recovery Works Project Manager

Name of Institution awarded Grant: Mooring Programs d/b/a Apricity

Project Name: Recovery Works Initiative

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I. CHANGES IN KEY PERSONNEL

The major challenge during grant Year 1 was the deterioration of the business relationship with Face It Together (FIT) and the recognition of the need for a measurement tool for recovery wellness and a useable customer engagement platform, all which were promised as part of the Face It Together Workplace Initiative. The partnership with Face It Together was terminated in July 2019. Later in July 2019, a contract was signed with Faces & Voices of Recovery (FAVOR) to utilize their Recovery Capital Scale and Recovery Data Platform. In July 2020, however, the unmistakable insufficiency in the platform could no longer be overpassed as the output data was not shown to be of value.

A. New Key Staff Information:

Name:	Sadie Bodenbach	LOE: 90 %
Title:	Recovery Works Project Manager	
E-mail:	sbodenbach@apricityservices.com	

B. Former Key Staff Information:

Name:	Lynn McLaughlin	LOE: 90%
Title:	Recovery Works Project Manager	
E-mail:	lmclaughlin@apricityservices.com	

Year 2 saw reassignment of Grants Program Official (GPO) Enid Osborne to Darlene Sagheer. The transition saw many issues due to irreconcilable differences, resulting in reassignment of Grants Program Official (GPO) from Darlene Sagheer to Melissa McNeily.

An unforeseen obstacle of the COVID-19 pandemic in Year 2 was its negative impact on the Advisory Board for the Recovery Works Initiative. The Recovery Works Initiative Advisory Board met in-person in January 2020. The April 2020 meeting was cancelled and the July 2020 meeting transitioned to a virtual event, however, with minimal attendance of board members. With the formation of the Stakeholder Peer Advisory Committee (SPAC) in September 2020, as

a part of the ED2Recovery+ Program, the Recovery Works Initiative Advisory Board of Apricity and ThedaCare further sealed their union with a dual-purpose committee to oversee the goals, objectives, and outcomes related to both projects. The SPAC is comprised of eighteen individuals with and without lived experience in substance use and recovery.

The Year 3 addition of Apricity President of Contract Packaging and Recovery Support, Dan Haak, as the Recovery Coach Implementation Director. His position-maintained oversight of the Recovery Coaches trained through Apricity in the application of the ED2Recovery+ program. Key responsibilities for this position included:

- Assist in giving presentations to businesses and community organizations, attending networking events, and building connections with other recovery community organizations.
- Work collaboratively with the Project Coordinator and Recovery Coach Coordinator to establish training logistics and programming.
- Serve as a primary point-of-contact with employer relationships, establish workplace components, and allocate recovery coaching resources as required through the ED2Recovery+ program.
- Aid in the planning, marketing, and general advertising of quarterly educational sessions of recovery coaching sessions.

A. New Key Staff Information:

Name:	Dan Haak	LOE: 10 %
Title:	Recovery Coach Implementation Director	
E-mail:	dhaak@apricityservices.com	

II. PROJECT INFORMATION NARRATIVE

Mooring Programs, Inc. d/b/a Apricity, received the Notice of Award for the Recovery Works Initiative Year 1 on September 12, 2018. Mooring Programs, Inc. d/b/a Apricity, received the Notice of Award for the Recovery Works Initiative Year 2 on December 16, 2019 and Year 3 on September 23, 2020. The Recovery Works Initiative was implemented to increase the prevalence and quality of long-term recovery support services through workplaces in the Fox Valley area.

Goal 1: Increase substance use awareness and recovery in the workplace through education and integration of peer recovery support services.

Goal 2: Build capacity of recovery coaches to provide peer support within Apricity and externally to area workplaces.

Goal 3: Apricity will conduct quarterly performance assessments to evaluate implementation, determine achievement of goals, objectives, and outcomes, and adjust implementation for quality improvement.

Best Practices Events Performance Period 09/30/2018 – 9/29/2021	Event Target	Events Completed
Cumulative Total	55	55

The best practices events of the grant period included quarterly education sessions on substance use recovery and the workplace, community presentations, and business presentations and networking, as well as Recovery Coach and Wisconsin Certified Peer Specialist trainings. Multiple best practices events for the peer support workers of Apricity ranged from identification of substances, signs and symptoms of substance intoxication and withdrawal, de-escalation strategies, ethical obligations and responsibilities in the treatment of substance use disorders (SUDs), and cultural humility. Despite the quick response to COVID-19, the Recovery Works Initiative, was not spared of the unfavorable impact of the pandemic. Some Year 2 events, including: Business Workshop (April 2020), Recovery Works for Business (July 2020), CCAR Recovery Coach Academy (July 2020), and Neenah Foundry Wellness Fair (September 2020) were cancelled outright. Despite this adversity, the event target set at 55 events was met.

Peer Support Services (PSS) Trainees Performance Period 09/30/2018 – 9/29/2021	PSS Trainee Target	Actual PSS Trainee Attendance
Cumulative Total	216	187

Certified Peer Support Specialist and CCAR Recovery Coach trainings were set on a quarterly basis beginning in October 2018, totaling four trainings per grant year or twelve trainings per grant period with an anticipated participant count at eighteen per training for a total sum of 216 trained peer support service workers.

Unbeknownst to Apricity, the key staff change in the Recovery Works Project Manager position from Lynn McLaughlin to Sadie Bodenbach towards the end of grant Year 1 would later impact Years 2 and 3. Ms. McLaughlin, a State of Wisconsin Certified Peer Specialist (CPS) Trainer through Access to Independence and Connecticut Community for Addiction Recovery (CCAR) Recovery Academy Trainer of Coaches, aimed to meet the annual participant target through best practices events for both Wisconsin Certified Peer Support Specialists and CCAR Recovery Coaches. Mrs. Bodenbach, a CCAR Recovery Academy Trainer of Coaches, continues to pursue certification as a State of Wisconsin Certified Peer Specialist Trainer, however, the pursuit has been halted as the training curriculum is being reassessed by a committee of state-wide stakeholders in expanding mental health and alcohol and other drug abuse (AODA) supportive services. The reassessment has been nearly a three-year-long process, thus far.

At the onset of the pandemic, CCAR halted all in-person offerings of the Recovery Coach Academy (RCA) to limit exposure and slow the spread of the COVID-19 virus. After a weeks-long hiatus, CCAR began, limitedly, reviewing requests to facilitate the trainings virtually, CCAR, however, did not modify the RCA curriculum to better suit a virtual format, instead requiring facilitators to do so themselves.

Throughout the grant period, Apricity facilitated fourteen Certified Peer Support Specialist and Recovery Coach trainings, two more than initially projected, totaling 187 trained peer support service workers, 86.5% of the goal.

Best Practices Participants Performance Period 09/30/2018 – 9/29/2021	Participant Target	Actual Participant Attendance
Cumulative Total	225	2,549

III. PEER RECOVERY SUPPORT SERVICES

The novel coronavirus 2019 proved that addiction does not stop for a global crisis, whereas the common good of recovery has proven beneficial for many members of the surrounding community. There is direct correlation, causal or not, between substance use and negative consequences, including: educational and vocational interference, physical and emotional health issues, financial difficulty, personal relationship and caregiver impairment, which may prove detrimental to both the individual and the surrounding community. The use of the peer-model capitalizes on the positive and negative experiences of persons with Substance Use Disorders for the betterment of the individual.

ED2RECOVERY+ PROGRAM

The ED2Recovery+ Program, a product of the Recovery Works Initiative, allowed for a larger distribution of peer-model recovery supports to the greater Wisconsin area. The implementation of the Apricity and ThedaCare partnership began in grant Year 3 and, by the end of the grant period, included all seven ThedaCare locations.

- ThedaCare Regional Medical Center – Appleton
- ThedaCare Medical Center – Berlin
- ThedaCare Medical Center – Waupaca
- ThedaCare Medical Center – Shawano
- ThedaCare Medical Center – New London
- ThedaCare Regional Medical Center – Neenah
- ThedaCare Medical Center – Wild Rose

Recovery Coaches from outside organizations and the surrounding communities were trained through the Apricity CCAR Recovery Coach Academy to meet the implementation need for peer support workers. The ED2Recovery+ Program partners coaches with recoverees for, up to, eighteen months. A goal of the ED2Recovery+ Program is to expand further to target substances outside of opioids and stimulants, pending additional program support.

Another goal of ED2Recovery+ Program is for further expansion. Since grant period end, Apricity has expanded and partnered with the ThedaCare Behavioral Health in Menasha. Outside of the hospital systems, ThedaCare Behavioral Health has locations in: Oshkosh,

Appleton, and Neenah, Wisconsin. Further networking and collaboration is required to solidify implementation of ED2Recovery+ Program services to the Ascension Hospital System and their 24 Wisconsin hospitals.

WORKFORCE DEVELOPMENT

Apricity continued its partnership with the State of Wisconsin Department of Workforce Development (DWD), a Division of Vocational Rehabilitation (DVR) as a vendor service provider. The services support a program of rehabilitation for individuals with disabilities, to include substance use disorders, to reach employment goals. The two Apricity DVR Job Coaches assist with resume writing, mock-interviewing, employability skills training, and site placement.

NAADAC APPROVED EDUCATION PROVIDER

Apricity retained its certification as a National Association for Alcoholism and Drug Abuse Counselors (NAADAC) Approved Education Provider offering four courses valued with continuing education units (CEUs), including: Substance Use in the Workplace, Peer Support Workers in Motion, Other Substance Use, and Understanding the Negative Impact of Stigma. Furthermore, the Recovery Works Initiative Project Manager, Sadie Bodenbach, became a certified Fetal Alcohol Spectrum Disorders (FASD) Educator through the University of Wisconsin at Milwaukee and a certified Naloxone Trainer through the Wisconsin Department of Health and Human Services.

IV. SUCCESSES, CHALLENGES, and MODIFICATIONS (including COVID-19)

The collision of the novel coronavirus 2019 (COVID-19) and addiction epidemics caused obstacles to public health, safety, and economic growth. The mass layoffs and closures that occurred in businesses, beginning just a few weeks into the crisis, resulted in additional health, emotional, family and marital, legal and financial, stress, and other concerns. A mishmash of uncertainty and unease, dread of closing, and varied beliefs on the duration of pandemic-related disruptions ensued. Populations especially susceptible to infection by the virus, including persons with Substance Use Disorders, were further exposed to impediments in the delivery of treatment services and associated recovery supports.

According to SAMHSA's National Survey on Drug Use and Health (2019), only about 1 in 10 of the 20.4 million Americans with Substance Use Disorders received treatment services. The pandemic had expanded this treatment gap. A White House drug policy office analysis (2020) indicated an 11.4% increase in fatalities for the first four months of 2020. The nationwide social distancing and quarantine measures, crucial to the reduction of viral transmission, exacerbated the number of overdose deaths and persons misusing substances to alleviate negative emotions. Social isolation, a primary risk factor for relapse, heightened as access to peer-support groups and other social connections limited. Mental health and substance use disorder service organizations scrambled to assemble telehealth services equal in terms with in-person services.

Project and event planning, management one-on-one sessions, and workshops were cancelled as businesses rallied to face the undisputed spread of the virus. The business contacts that once held

potential as Recovery Works Initiative participants, were occupied by scattered workforces, exposure of frontline workers, and navigation of a public health emergency. Client and staff member safety remained the number one priority of Apricity, as such a number of safeguards were implemented, including:

- Clients entering residential programming were tested for COVID-19 on-site.
- Individuals entering Apricity Contract Packaging or sober living were accepted only after discharge from a quarantined treatment facility or like services.
- Clients and staff members provided with nose and mouth facial masks.
- Frequently touched surfaces cleaned and disinfected multiple time per day using comprehensive protocols.
- Touchless hand sanitizer dispensers were installed throughout the facilities.
- On-site education, events, and visitation were suspended.
- Staff members, temporarily, furloughed.
- Staff members and clients monitored daily for fever or other common symptoms of COVID-19.

The transition from in-person events to teleworks proved to be an unanticipated benefit of the COVID-19 pandemic as best practice events became more readily able to others outside of the Fox Valley Area. Moving forward, the Recovery Works Initiative continued to offer the VRCA.

V. ALIGNMENT WITH DISPARITY IMPACT STATEMENT (DIS)

Grant Year 3 Disparity Impact Statement	Number to be Served by Race/Ethnicity	Number Served by Race/Ethnicity
White (non-Hispanic)	117	239
People of color	19	19
No answer	0	1
TOTAL:	136	259

Grant Year 3 Disparity Impact Statement	Number to be Served by Gender	Number Served by Gender
Female	104	175
Male	33	82
None of these	1	2
TOTAL:	138	259

The United States Census Bureau estimates the population of Wisconsin as 87% white alone with 50% of the total population female sexed. The demographics projected in the Disparity Impact Statement (DIS) were in line with the demographics of the grant period.

A baseline cultural competency self-assessment of the enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) from the Office of Minority Health at the U.S. Department of Health and Human Services was conducted by Apricity evaluator JKV Research LLC. in Year 1. The follow-up assessment was conducted in Year 3.

The Apricity Cultural Competency Self-Assessment Report highlights several formal practices that occurred as a result of the 2019 Year 1 self-assessment, including administration formally identifying ethnic and cultural competence as an organizational concern. With this, diversity training for staff members on cross-cultural beliefs, values, and behaviors increased through both orientation and mandatory training. Furthermore, most of the educational trainings were rated a 4 on a 5-point scale where five is “extremely effective.”

VI. LESSONS LEARNED

The events of the Recovery Works Initiative were born of community-wide collaboration and the ever optimistic, spirit of recovery. These events along with many other activities, made evident the enthusiasm for recovery and saw an expansion of recovery support resources, not only available in the community surrounding Apricity, but in the greater state of Wisconsin.

Interest in the Recovery Works Initiative by local employers was minimal prior to the onset of the COVID-19 pandemic. During the pandemic, employer interest reached absolute zero. Surprisingly, word-of-mouth traffic through community engagement and investment in recovery supportive cohorts, through the provision of free education and training opportunities, sparked. Further surprising was that, of those interested in services, more were interested in education simply for the gains in knowledge than for the benefits, such as earned continuing education units or state certification.

The Recovery Works Initiative caught the attention of Healing Properties, a sober living facility for men in Delray Beach, Florida and was featured in their blog, “Addiction Help — From Allentown to the Fox Cities,” written by John Hood.

“Apricity’s Recovery Works Initiative is essentially a workplace teaching and training program. In fact, upon implementing said program an “organization will receive the education, training, and recovery support needed to help their employees and family members get the addiction help they need.” Why should employers care? Well, costs of course.

Plus some good-old-fashioned common sense. Like the site says, the cost of addiction to an employer’s bottom line is indeed significant. It also results in higher absenteeism, higher health care costs, higher turnover, and greater likelihood of work-related safety incidents. Equally important, “by enrolling in the Recovery Works Initiative, you are sending a clear message to your employees that their wellness is important.”

Sounds like a sound plan to us. Must sound like a plan to others too. Because Apricity has been providing just this kind of addiction help for 35 years.”

Michelle Devine Giese, Project Director of the Recovery Works Initiative was then featured on the cover of Insight Magazine. The six-page cover story, “Lighting the Way — Apricity fills the

gap for businesses while supporting those in recovery,” written by Marybeth Matzak discusses the 2018 merger of STEP Industries and the Mooring Programs, Inc as filling a need in the community and creating opportunities for persons in early recovery.

Since the end of project, the Recovery Works Initiative has continued to offer free education and training to organizations such as: Hortonville Police Department, ThedaCare Hospital System, Green Lake County, Marathon County, Western Region Recovery Residence Network, Oneida County, AOD Partnership Wausau, Northcentral Healthcare, and Waushara County, etc. proving that the ever-optimistic spirit of recovery lives on.

VII. EVALUATION

Best Practices Post Event Forms Performance Period 09/30/2018 – 9/29/2021	Participant Target	Post Event Forms Received	Post Event Rate
Cumulative total	225	450	200%

Participation in the Best Practices Post Event Form proved to be a challenge. For example, events that required facilitator approval prior to certification, such as with the CEUs assigned to the NAADAC-approved educations, elicited a higher rate of completion than those without. In addition, incentives, such as the AODA Resource Guide, also elicited a higher rate of completion than those without; resulting in higher rates of Post Event Forms completion in Year 3 when compared to Year 1.

Best Practices 30-day Follow-up Performance Period 09/30/2018 – 9/29/2021	30-day Follow-ups Due	30-day Follow-ups Received	30-day Follow-ups Rate
Cumulative total	273	141	51.6%

Due to misunderstanding while in training of key personnel, over the course of Year 1 and Year 2, the 30-day follow-up rate was below the anticipated 80%. Through trial and error, it was discovered that voluntary, prompt, participation in the Follow-up Form would be difficult to come by despite its necessity for further provision of services and grant compliance. The transition from in-person to virtual events posed similar challenges in participation.

Reminder emails and telephone calls were placed in an attempt to collect the missing data. It was through the small amounts of data received that the Alcohol and Other Drug Abuse (AODA) Resource Guide was developed. Feedback from the 30-day Follow-up Form indicated that newly trained Recovery Coaches felt confident in their newfound skillset, however, were unaware of the many resources available to offer referral. The, now 43-page, document lists resources available across the state of Wisconsin, including: in-patient treatment, outpatient treatment, family services, veterans’ services, sober living, etc. The document was used as a carrot to motivate participation, however, was only given to participants of the Recovery Coach

Academy. Throughout the course of the grant period, the methods of data collection diversified, resulting in far better rates of Follow-up Form completion in Year 3 when compared to Year 1.

VIII. GRANT BUDGET CHECK

Actual Expenditures YTD	Budget YTD	Variance
Personnel YTD expenditures of \$338,292.55	YTD budget of \$332,769	0.02
Fringe YTD expenditures of \$76,719.16	YTD budget of \$75,107	0.02
Travel YTD expenditures of \$23,298.30	YTD budget of \$26,168	-0.11
Equipment YTD expenditures of \$11,952.82	YTD budget of \$10,920	0.09
Supplies YTD expenditures of \$15,583.51	YTD budget of \$16,267	-0.04
Contractual YTD expenditures of \$108,975.45	YTD budget of \$126,905	-0.14
Other YTD expenditures of \$67,928.21	YTD budget of \$79,137	-0.14
TOTAL YTD expenditures of \$642,741.00	TOTAL YTD budget of \$667,273.00	X

There are no variances of more than 15%, either positive or negative, between the budgeted and actual cumulative expenditures. A sum of \$24,532 of unspent grant funds was returned. The reduction in travel expenses related to the COVID-19 pandemic and the reduction in actual cost against budgeted cost of consultation services with Face it Together and JKV Research LLC. are attributed to this.

IX. SUCCESS STORY

Stephanie Good - Virtual Recovery Coach Academy #5093

“I did the Virtual Recovery Coach Academy with Apricity in December of 2020. I thought it was a great experience. It taught me how to communicate with and support people while in the Emergency Room. It also taught me a lot about my own recovery and strengths that I possess that I can use to help others. I learned a lot about resources in the area as well. I've been doing the ED2Recovery+ Program for almost a year and service hospitals in Berlin and Wild Rose.”

Stephanie Good is a person in recovery from alcohol and drug abuse. Her recovery began in December 2016. Four years later, Stephanie enrolled in the Virtual Recovery Coach Academy with Apricity, where she developed the skills needed to guide, mentor, and support persons wanting to enter into or sustain long-term recovery from substance use. A year later, Stephanie continues to serve as a Recovery Coach for the ED2Recovery+ Program and accepted an intern position with Apricity as a Substance Abuse Counselor In-Training, where she will continue to hone her skills and help others find recovery.

Apricity Cultural Competency Self-Assessment Report

10/4/2021

Background

In August 2018, Apricity received a Substance Abuse and Mental Health Services Administration (SAMHSA) Comprehensive Addiction and Recovery Act: Building Communities of Recovery grant called Recovery Works Initiative (RWI). Within the initiative, Apricity indicated they would conduct a baseline cultural competency self-assessment of the enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) from the Office of Minority Health at the U.S. Department of Health and Human Services. Although the National Standards were originally developed for health and health care organizations, they are broad enough to include organizations that provide services such as behavioral and mental health, public health, emergency services, and community health. The CLAS Standards are centered around three themes, with an overarching principal standard.

Principal Standard:

1. 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. This Standard will be fulfilled when the remaining 14 are met.

Theme 1: Governance, Leadership, and Workforce Standards:

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

Theme 2: Communication and Language Assistance Standards:

5. 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.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Theme 3: Engagement, Continuous Improvement, and Accountability Standards:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. 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.
12. 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.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Methodology

In 2019, it was determined to use "Conducting a Cultural Competence Self-Assessment Protocol for Community Health Centers" by the School of Public Health at Drexel University in collaboration with Lumetra through the Center for Medicare and Medicaid (CMS) of the U.S. Department of Health and Human Services. The assessment was revised by Apricity's project coordinator and JKV Research to meet Apricity's Peer Specialist model.

The protocol subscribed by Drexel University/Lumetra includes 2 components:

- 1) Internal audit - this contains three sections and each section was completed by the most knowledgeable person at Apricity and completed online. Follow-up questions were conducted over email.
 - i. Section 1 relates to the ethnic/cultural characteristics of the organization and staff. There are two sub-sections: (a) board, staff, and patient/community profiles; and (b) organizational recognition of diversity needs.
 - ii. Section 2 relates to organizational approaches to accommodate diversity needs and attributes. There are two sub-sections: (a) diversity training; and (b) staff resource programs.
 - iii. Section 3 relates to organizational links to the communities served, as well as client and staff diversity initiatives. There are five sub-sections: (a) organizational links to community; (b) organizational adaptation to diversity; (c) database systems and data development; (d) language and communication needs of clients and staff; and (e) business strategies attracting clients from diverse cultures.
- 2) Supplemental questionnaire of staff – a brief survey to Apricity Contract Packaging staff to obtain the perspective of cultural competency in action. These open-ended questions were related to the sub-sections above. In order to lessen respondent burden, the questions were divided into two separate questionnaires and distributed randomly via online.

Responses to the internal audit were scored according to Drexel University/Lumetra guidance as either a positive or negative response. If a sub-section had more positive responses than negative responses, it was deemed culturally competent. The number of sub-sections meeting competency determined where on the "spectrum of cultural competency" an organization would be placed. The spectrum ranges from Inaction (Stage 0) to The Cultural Diversity Learning Organization (Stage 4). See Appendix A for a complete description of the stages, as defined by Drexel University/Lumetra.

The baseline report was provided in 2019. This 2021 report will update the stage Apricity was placed on the continuum. From there, we will look at how that breaks down into meeting the themes of the CLAS Standards and any changes since 2019. The internal audit is the main data source and staff comments are in *italics*. Finally, we list recommendations to increase meeting the CLAS Standards.

Findings

In 2019, Apricity was placed in Stage 1, Symbolic Action and Initial Organization. Per the continuum, "During Stage 1, organizations have taken some action to recognize diversity within their staff, their client population and community. There is a feeling, at least among staff and some in management, that diversity is an important issue, that the organization may face problems associated with cross-cultural competence, and that some action must be taken to address it." In 2021, Apricity is still at Stage 1, although they have moved closer to Stage 2.

"At this Stage, the organization may have given recognition to staff, standing committees may have been instructed to address cultural diversity, and new committees may have been formed that specifically address this issue for clients and/or staff. However, relatively little formal movement and direction would have taken place.

Funding commitment may be minimal and client related initiatives on cross-cultural competence would tend to be ad hoc.”

Not every statement above may completely fit Apricity, however, with baseline and follow-up data, we can feel confident that this is the best fit and progress is being made. Theme 1 (Governance, Leadership and Workforce) has seen the most improvement. There has been little change in Theme 2 (Communication and Language Assistance) and Theme 3 (Engagement, Continuous Improvement and Accountability). Breaking down each sub-section will provide greater detail in how Apricity has moved forward to meet the CLAS Standards.

Theme 1: Governance, Leadership, and Workforce Standards

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

Theme 1 contains Sub-Sections 1A (Board, Staff and Client/Community Profiles), 1B (Organizational Recognition of Diversity Needs, 2A (Diversity Training) and 2B (Staff Resource Programs). As seen in Table 1, Sections 1B, 2A and 2B met cultural competency, having more positive responses than negative, and improving since 2019.

Table 1: Internal Audit Sub-sections that Meet Theme 1: Governance, Leadership and Workforce Standards

	2019		2021	
	+ Responses	- Responses	+ Responses	- Responses
1A: Board, Staff and Client/Community Profiles	1	6	3	4
1B: Organizational Recognition of Diversity Needs	5	2	7	0
2A: Diversity Training	3	1	4	0
2B: Staff Development and Resources	4	10	10	4

Approximately 77% of the communities Apricity serves are non-Hispanic European American. This results in 23% who are classified as non-white race/ethnicity (Black/African American, American Indian/Eskimo/Aleut, Asian/Pacific Islander or Hispanic). At Apricity, administration and support staff race/ethnicity matched the non-white community characteristics well. Board members were not matched as well.

By 2021, several new formal practices occurred. Administration formally identified ethnic/cultural competence as an organizational concern. In addition, there were formalized policies/procedures in place to address concerns or complaints concerning unfair treatment in the area of ethnic/cultural issues, including Equal Employment Opportunity/ADA, harassment, and violence-free workplace. Apricity also recognized that 1) cultural awareness/participation is an important factor in decision making; 2) soliciting minority input in developing programs, models, guidelines and training materials; 3) establishing long-term commitment to achieving cultural competence; and 4) establishing measures for attracting and retaining minority staff would help increase cultural competency.

Similar to 2019, difficulties in ethnic/cultural understanding among administration, support staff and clients include facilities are spread across broad geography and there is a lack of education. Staff members also stated the following about diversity at Apricity Contract Packaging:

“Fox Valley is a predominantly white community. That makes hiring diversity difficult. I don't think we would have any concerns hiring different populations, but the opportunity doesn't really present itself. That said, it does make it more difficult when trying to treat clients from different cultures when they come to treatment with a lesser understanding of how culture can affect them.”

“Being truly all inclusive and education. It can be hard to facilitate education as often as it may be required to stay on top of an ever-changing world. Another challenge is being all inclusive, as this may need extra organization, building changes, personnel shifts, etc.”

“Challenges- we are a pretty secluded area”

“I think a priority is offering multi-ethnic and culturally appropriate services to meet the needs of the clients. Racism, structural or otherwise, as well as generational trauma, language barriers, stereotypes and stigma are deeply rooted in a number of cultures, some of which require a diverse staff.”

“Placement in gender specific treatment if individual identifies different than sex at birth. Wanting to believe and respect individual cultural and religious beliefs while still respecting abstinence based treatment and expectations. Example use of peyote for spiritual practices, females not being allowed to touch certain Native items such as drum. Clients and some staff smudging in facility. Some things that come to mind.”

“Needing to have expectations and policies that apply to all yet wanting to provide individualized care, not possible to have knowledge and understanding of all ethnic and cultural understandings due to the vast amount and possibilities. We continue to be a learning environment for staff and clients and strive to do better and be better in treatment and care of our clients through communication, education and experience.”

Staff diversity training increased significantly since 2019. Either through orientation or training (mandatory for all staff, management and support staff), staff are educated on issues including cultural beliefs, values and behavior; adherence to treatment regimens; integration with client preference for alternative therapies; gender roles; definitions/discussions of relevant concepts, diversity, culture, race or ethnicity; laws and regulation against discrimination; and organizational policies, plans, protocols regarding culturally and linguistically appropriate services. Most education trainings were rated 4 on a 5-point scale where, 5 is “extremely effective.” Staff responses often mentioned First Nation training.

“Not knowing others' cultures/traditions; diversity among clients/staff can be minimal at times due to the lack of diversity in our region...Apricity leadership sees the importance for staff to have training about varying cultures so they can grow, learn and understand cultures/traditions and offers such accordingly.”

“Daily working lunch to discuss client concerns and problem resolution, team input. Education and guest speakers (Native American), Vivent and other professional agencies to learn more, gather resources and educate staff for client care.”

“Cultural training with Oneida nation. There could be more opportunities that we should utilize.”

“I think that leadership does a good job of connecting with outside agencies and requesting resources and education.”

“The education has been great as well as the open communication, knowing that I can talk to my supervisors if any issues arise is very helpful.”

“We had an educational seminar on cultural competency, offer smudging for clients have frequent conversations on ways to offer best care for client's of different cultures.”

Internally, promotions of ethnic/cultural staff also increased. Discrimination or grievances, retention of ethnic/cultural staff, and turnover rates remained the same. Mentoring, company provided training, company-paid training opportunities and employee assistance programs were utilized by an increased percent of

ethnic/cultural (non-white) staff since 2019. Financial support for cultural diversity activities or programs has occurred by 2021. Staff training increased from \$0 in 2019 to \$10,000 in 2021. Community based outreach (treatment programs) and community education programs increased from \$0 to \$2,000. Staff often mentioned leadership support, open communication and ongoing contact as support efforts.

“There is an open door policy among all staff and leaders to communicate issues with cultural competency. Staff can and does go to leadership to share when training/understanding is needed to do their job and provide the best client/staff care.”

“Staffing of clients individually with clinical staff helps to address individual client needs.”

“Supervision is a great option for discussion of any concerns. As well as team lunches and group supervision.”

“Sensitive to practice of singing, drum playing, and smudging. Multi-generational trauma and Sensitivity to ask questions prior to assuming. Being open to continued learning and teaching strengthen therapeutic relationship.”

“We do have all new staff shadow and train with current staff.”

“We can ask for training openly and freely and know confidently that leadership will make that happen.”

“We have a diverse Staff with many different backgrounds that are willing to educate each other in a good way. Our leadership has been proactive.”

“Clinical supervisors are available at all times as issues/concerns arise. We have a workplace culture of openness to questions, concerns, learning.”

“We continue to be a learning environment for staff and clients and strive to do better and be better in treatment and care of our clients through communication, education and experience.”

Theme 2: Communication and Language Assistance Standards:

5. 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.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Theme 2 contains Sub-Section 3D (Language and Communication Needs). Although only one sub-section, it contains 31 scorable questions. As seen in Table 2, only one response was positive, with no change since 2019.

Table 2: Internal Audit Sub-section that Meets Theme 2: Communication and Language Assistance Standards

	2019		2021	
	+ Responses	- Responses	+ Responses	- Responses
3D: Language and Communication Needs	1	30	1	30

According to 2019 Outagamie and Winnebago Counties population estimates, 7% of households have a language other than English spoken at home, although it is not indicated if it was the primary language (most recent

estimate due to COVID). In a typical year, Apricity Contract Packaging serves 350+ clients, with none reporting the need for interpreter/translator services.

As in 2019, the policy manual identifies the laws and regulation against discrimination and organizational policies, plans, protocols regarding culturally and linguistically appropriate services. Services are available for hearing-impaired clients and sight-impaired clients.

Interpreter/translator services are identified at admissions, during support staff assessments or through self-identification. At this point Apricity does not have any translated client materials, for example, client education materials, client satisfaction survey, marketing/advertisements, billing information, directions to sites/services or medication instructions. There are no marketing initiatives to clients about minority staff and no financial support for cultural diversity activities or programs. Staff members also do not have translated materials like the employee handbook and employment application. However, state and federal mandated posters are posted in different languages as required.

Theme 3: Engagement, Continuous Improvement, and Accountability Standards:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS- related measures into measurement and continuous quality improvement activities.
11. 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.
12. 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.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Theme 3 contains Sub-sections 3A (Organizational Links to Community), 3B (Organizational Adaptation to Diversity), 3C (Database Systems and Data Development) and 3E (Business Strategies Attracting Clients from Diverse Cultures) of the internal audit.

Table 3: Internal Audit Sub-sections that Meet Theme 3: Engagement, Continuous Improvement and Accountability Standards

	2019		2021	
	+ Responses	- Responses	+ Responses	- Responses
3A: Organizational Links to Community	3	4	3	4
3B: Organizational Adaptation to Diversity	3	9	4	8
3C: Database Systems and Data Development	1	4	1	4
3E: Business Strategies Attracting Clients from Diverse Cultures	1	6	1	6

As in 2019, Section 3A was close to meeting competency. Apricity has substantial links that are very effective with community advocacy groups (Wisconsin Association of Sober Housing, Wisconsin Voices for Recovery, and Winnebago County Opioid Fatality Review), local state providers (Breakwater-Winnebago County Coalition, Outagamie County Treatment Court and State Council on Alcohol and Other Drugs), higher education institutions (Fox Valley Technical College) and business groups (POINT, Department of Vocational Rehabilitation and Department of Workforce Development). At this point, there are no community links with ethnic/cultural organizations and churches that would assist with meeting diversity objectives and the possible recovery needs in the community.

Numerous staff members reported the strengthening relationship with the Native American community.

“Good relationships with the Native community and continuing to be educated on norms.”

“Personally, I notice the seamless relationship with the Native culture, and working with them has greatly increased competence in that area.”

“There are quite a few native clients and effort has been put forth on educating our staff on certain beliefs, terms, history, and practices of some of the individuals.”

“We have a good rapport with the Native community for one example. The relationship has grown stronger since the zoom meeting we had to try and help us understand their culture and beliefs.”

Other connections mentioned by staff include:

“Apricity works with organizations such as SOAR Fox Cities, Vivent Health, Planned Parenthood, Fox Valley Technical College, Partnership Community Health, and others to better understand and address the needs of clients in the area.”

The audit had a series of six questions about community outreach activities. In 2019, only one activity was conducted while in 2021 there were two--encouraged staff to participate in community meetings and offered to communities educational programs that address health beliefs/needs of ethnic/cultural population. The remaining four activities were not implemented: providing an ombudsman office to assist ethnic/cultural populations; involving the community in planning/evaluating functions; selecting client advocates for their ethnic/cultural diversity; and establishing/contributing to community support groups for certain ethnic/cultural populations.

Apricity collects ethnic/cultural demographic data of clients through admissions assessment and self-identification. However, it does not address the ethnic or cultural dietary preferences, interpreter services, preferred language for written materials or primary spoken language as well as religious preference accommodations. Monitoring of client satisfaction with services is conducted weekly, although, there are no questions asking about satisfaction related to cultural/ethnic needs and is only offered in English. In addition, there are no written policies for reviewing and assessing ethnic/cultural client needs. However, Apricity is monitoring census and demographic data to determine community changes.

Apricity maintains a computerized database documenting the ethnic/cultural demographic information of staff. However, it does not look at salary, rate of turnover, promotions, staff tenure, performance appraisals, training and absenteeism in order to analyze if discrimination is occurring.

By 2021, there was a marketing initiative to target clients and expand services through meetings with ethnic/cultural community organizations. There were no marketing initiatives to ethnic/cultural populations such as advertising in newspapers, community fliers, churches etc.; recruitment drives in ethnic/cultural neighborhoods; or meetings with ethnic/cultural business groups. There were no special initiatives to expand services to ethnic/cultural populations.

Conclusion/Recommendations

Since 2019, improvements have been made at Apricity Contract Packaging in meeting cultural competency, especially in Theme 1 (Governance, Leadership, and Workforce Standards). Below are recommendations to continue the forward progress.

Recommendation 1: Increase community links.

Currently, there are no links to churches and ethnic/cultural organizations in the communities Apricity serves. With 7% of households speaking a language other than English, Apricity may not be reaching everyone. Building relationships would help meet the needs of underserved populations.

Recommendation 2: Ensure interpreter/translator services are available.

As community links to churches and ethnic/cultural organizations increase, the need for interpreter/translator services may increase. Be proactive in obtaining translated documents and having interpreters available. To meet cultural competency, having a family member translate is not recommended.

Recommendation 3: Gather additional ethnic/cultural data on clients.

With 350+ clients a year, it is important to make sure that Apricity is meeting them where their needs are. Demographic data like race, ethnicity and gender identity are already included. Items such as primary language, preferred language and cultural information like religious and dietary preferences, should be included to ensure that Apricity is meeting everyone's needs.

Recommendation 4: Conduct another CLAS self-assessment in the future.

Apricity continues to implement initiatives to become more culturally competent. In two years, conduct the same internal audit and staff surveys to monitor progress has been made and what areas could be improved upon.

Appendix A: Spectrum of Cultural Competency by Drexel University/Lumetra

Stage 0: Inaction

During this Stage, virtually no activity, organized approach or conscious intent to address cross-cultural competence exists. While CEO and management may be aware or recognize it as important, leadership or involvement in promoting related initiatives is essentially non-existent. Staff and patients generally are left to fend for themselves.

Stage 1: Symbolic Action and Initial Organization

During Stage 1, organizations have taken some action to recognize diversity within their staff, their patient population and community. There is a feeling, at least among staff and some in management, that diversity is an important issue, that the organization may face problems associated with cross-cultural competence, and that some action must be taken to address it.

At this Stage, the organization may have given recognition to staff, standing committees may have been instructed to address cultural diversity, and new committees may have been formed that specifically address this issue for clients/patients and/or staff. However, relatively little formal movement and direction would have taken place. Funding commitment may be minimal and client/patient related initiatives on cross-cultural competence would tend to be ad hoc.

Stage 2: Formalized Action

An organization at Stage 2 has consciously recognized the need to address diversity and has developed formalized efforts in cross-cultural issues. Management/administration, at least to some important extent, are involved if not actively participating or leading in these efforts. The organization has made some financial commitment.

Organizations at this stage tend to have internalized much of the action and commitment on cultural diversity, for example, through workforce diversity training sessions and seminars. Some may feel that they “have to get their own house in order” before going beyond the management and staffing issues. Measures of progress and related processes, actions or activities may be more conceptualized in place.

Stage 3: Internal and External Cultural Diversity Initiatives

Organizations at Stage 3 have made a commitment to staff and undertake formal diversity initiatives both within the organization (i.e. workforce and management) and for services to diverse populations and communities. Plans have been developed and actions have been taken to advance these diversity staffing/management and client/patient issues. That is, there are organized client/patient and staff programs related to diversity and competency. Administration is at least cognizant and committed to diversity. These programs’ efforts tend to operate distinctly from each other, however, with little coordination. Measurement of related effects is initiated but not well developed.

Stage 4: The Cultural Diversity Learning Organization

The cultural diversity learning organization has synthesized critical elements into its planning, execution and review processes. Cultural diversity becomes part of orientation and training for staff at all levels. Diversity activities are seen as an integral part of the organization. Diverse communities are incorporated into planning and decision making at all organizational levels, while the organization also reaches out to the community to educate, inform and to receive feedback. Process and outcome measures of diversity initiatives’ effects are planned and put in place.

Appendix B: Internal Audit

Section 1: Ethnic/Cultural Characteristics

This section contains questions on the characteristics of Apricity. Questions relate to two broad areas: staff profiles and recognition of diversity needs.

PART 1A: BOARD, STAFF AND CLIENT/COMMUNITY PROFILES

Ethnic and Cultural Characteristics – For each of the five ethnic/cultural groups, please provide *percentages, for the past fiscal or calendar year*.

1. Please indicate if you will use the (1) fiscal year: or
(2) calendar year: 2020.

Please do not include the % symbol and the total must equal 100.

	2. Administration/ Management	3. Support Staff	4. Board Members
Black or African American (Includes persons of Caribbean descent and non-Hispanic).....	5%	6%	0%
American Indian/Eskimo/Aleut	14%	6%	0%
Asian/Pacific Islander	2%	0%	0%
European-American, non-Hispanic.....	77%	82%	89%
Hispanic/Latino.....	2%	6%	11%
Total 100%	100%	100%	100%

	5. Clients	6. Community Characteristics
Black or African American (Includes persons of Caribbean descent and non-Hispanic).....	4%	3%
American Indian/Eskimo/Aleut	12%	1%
Asian/Pacific Islander	4%	7%
European-American, non-Hispanic.....	77%	83%
Hispanic/Latino.....	3%	6%
Total 100%	100%	100%

7. To what degree do your board members reflect the ethnic/cultural characteristics of your community?

☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5
 Not at All Somewhat Almost a
 Perfect Match

8. Has the administration identified ethnic/cultural competence as an organizational concern?

Yes ☒ → CONTINUE WITH Q9
 No..... ☐ → GO TO Q10

9. In what ways has the administration identified ethnic/cultural competence as an organizational concern?

We hired an outside consultant to educate and host a conversation on ethics, to include open discussion on diversity to include gender as well as cultural diversity to bring some deficiencies to light.

10. Has the board/administration adopted a mission or goals statement that explicitly incorporates a commitment to cultural diversity?

Yes☐ → CONTINUE WITH Q11
 No.....☒ → GO TO Q14

11. To what degree does this mission/goals statement reflect the current issues and concerns of the organization?

☐ ☐ ☐ ☐ ☐
 1 2 3 4 5
 Not at All Somewhat Completely

12. What year was this mission/goals statement done?

13. Please attach the mission/goals statement (PDF, DOC, DOCX, PNG, JPG, JPEG, GIF), or provide a paper copy.

PART 1B: ORGANIZATIONAL RECOGNITION OF DIVERSITY NEEDS

14. What are the major organizational characteristics that inhibit ethnic and cultural understanding among administration, support staff or clients? (Check all that apply.)

		Administration	Support Staff	Clients
a.	Facilities are spread across broad geography	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b.	Communication difficulties for non-English speaking clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Signage and communication problems.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Lack of education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e.	Lack of interaction.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Other, please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. To what degree are there strategies in place to recruit/retain a culturally diverse management/administration?

<input type="checkbox"/> 1 Not at All ↓ Go to Q17	<input type="checkbox"/> 2 ↘	<input type="checkbox"/> 3 Somewhat ↓ Continue with Q16	<input checked="" type="checkbox"/> 4 ↓	<input type="checkbox"/> 5 High ↙
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16. What are these strategies to support a culturally diverse management/administration?

		Yes	No
a.	Minority search firm	<input type="checkbox"/>	<input type="checkbox"/>
b.	Mentoring.....	<input type="checkbox"/>	<input type="checkbox"/>
c.	Other: Education on specific cultures, additional training in services we offer with a specific population in mind and to have those staff members act in official ways to educate other staff. Specific conversations on diversity with the interviewing staff when screening and hiring for positions across all areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>

17. To what degree are there strategies in place to recruit/retain a culturally diverse support staff?

<input type="checkbox"/> 1 Not at All ↓ Go to Q19	<input type="checkbox"/> 2 ↘	<input type="checkbox"/> 3 Somewhat ↓ Continue with Q18	<input checked="" type="checkbox"/> 4 ↓	<input type="checkbox"/> 5 High ↙
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18. What are these strategies to support a culturally diverse support staff?

		Yes	No
a.	Minority search firm	<input type="checkbox"/>	<input type="checkbox"/>
b.	Mentoring.....	<input type="checkbox"/>	<input type="checkbox"/>
c.	Other: Education on specific cultures, additional training in services we offer with a specific population in mind and to have those staff members act in official ways to educate other staff. Specific conversations on diversity with the interviewing staff when screening and hiring for positions across all areas	<input checked="" type="checkbox"/>	<input type="checkbox"/>

19. Overall, to what degree does the organization accommodate needs and preferences of ethnic and cultural staff?

<input type="checkbox"/> 1 Not at All	<input type="checkbox"/> 2	<input type="checkbox"/> 3 Somewhat	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5 Completely
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20. An organization can identify several ways to increase cultural competence. Below are potential initiatives and areas in which organizations address diversity. To what extent has Apricity identified these and other areas? Please use the following scale in responding.

		1 Not at All	2	3 Somewhat	4	5 Great Extent
a.	Establishing measures for attracting and retaining minority staff	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Cultural awareness/participation is recognized as important factor in decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c.	Soliciting minority input in developing programs, models, guidelines and training materials.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d.	Long-term commitment to achieving cultural competence has been established.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix C: Internal Audit

Section 2: Organizational Approaches to Accommodating Diversity Needs and Attributes

This section contains questions on how your organization addresses diversity needs. Questions relate to diversity training and human resource programs.

PART 2A: DIVERSITY TRAINING

- Are staff members educated in the following regarding the education of ethnic/cultural diversity?
- If yes, how effective is the education in meeting staff diversity needs?

1. Educated			2. If yes; Effectiveness				
Yes	No		1 Not Effective	2	3 Somewhat	4	5 Extremely Effective
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Cultural beliefs, values and behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. Adherence to treatment regimens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. Integration with client preference for alternative therapies.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	d. Gender roles.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	e. Definitions and discussions of relevant concepts, diversity, culture, race or ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	f. Laws and regulations against discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	g. Organizational policies, plans, protocols regarding culturally and linguistically appropriate services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	h. Other:(please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



If no to all of the above, go to Q10.

- Are staff members educated about ethnic/cultural diversity at orientation?

Yes☒

No.....☐

- Are staff members educated about ethnic/cultural diversity with reading materials?

Yes☐

No.....☒

- Are staff members educated about ethnic/cultural diversity with training?

Yes☒

No.....☐

→ CONTINUE WITH Q6

→ GO TO Q10

6. Is training mandatory or voluntary or not applicable for the following groups.
7. If voluntary, what is the compliance rate? Please enter a number. Do not include the % symbol.

6 If yes to training				7 If Voluntary, what is compliance rate
Mandatory	Voluntary	N/A		(Percent)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. All staff	%
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Management.....	%
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Support staff.....	%
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	d. Volunteers	%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Other: (please specify)	%

8. What **benefits** to providing ethnic/cultural diversity training for your staff has your organization experienced?

Understanding around some of the traditions, importance of the rituals of some cultures and ways to approach conversations around cultural differences.

9. What **challenges** to providing ethnic/cultural diversity training for your staff has your organization experienced?

Creating time to do more, finding the people to do the education but I think we have made progress in that area.

PART 2B: STAFF DEVELOPMENT AND RESOURCES

10. Does your organization have the following programs?
11. If yes, for which staff are these programs offered to? (Check all that apply)

10 Have Programs			11 For which staff?	
Yes	No		Administration/ Management	Support Staff
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Career development activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. Technical training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. Management development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	d. Other: (please specify).....	<input type="checkbox"/>	<input type="checkbox"/>

12. Do you have the following activities available?

		Yes	No
a.	Mentoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b.	Company provided training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c.	Company-paid training opportunities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d.	Employee assistance programs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e.	Other: (please specify).....	<input type="checkbox"/>	<input type="checkbox"/>

If no to all of the above, go to Q15. ← ←

13. If yes to any of the above (Q12a-e), how effective are those programs identified in Q12 in contributing to organizational goals for ethnic/cultural (i.e. non-white) staff?
14. To what extent do non-white staff participate in each program? Please enter a number. Do not include the % symbol.

13 If yes; Effectiveness						14 Non-White Staff
1 Not Beneficial	2	3 Somewhat Beneficial	4	5 Extremely Beneficial		Participation (Percent)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Mentoring	50%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. Company provided training.....	100%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. Company-paid training opportunities	50%
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Employee assistance programs	25%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Other:(please specify).....	0%

15. With regard to ethnic/cultural (i.e. non-white) staff at your organization, what trend do you observe in the past two years?

		Increasing	The Same	Decreasing	Unknown
a.	Discrimination or grievances are	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Retention of ethnic/cultural staff is.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Promotions of ethnic/cultural staff are.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Turnover of ethnic/cultural staff is	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Are there policies and procedures in place to address concerns or complaints concerning unfair treatment in the area of ethnic/cultural issues?

Yes ☒ → CONTINUE WITH Q17
 No..... ☐ → GO TO Q19

17. What are these policies and procedures to address concerns or complaints?
 18. How effective are these policies/procedures to address concerns or complaints?

	17 Description	18 Effectiveness				
		1 Not at All	2	3 Somewhat	4	5 Extremely Effective
Policy and procedure #1 ..	Equal Employment Opportunity/ADA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Policy and procedure #2 ..	Harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Policy and procedure #3 ..	Violence-free workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

19. Has the organization developed a special office or function to address ethnic/cultural diversity, for instance, an Office of Diversity?

Yes ☐
 No..... ☒

20. Are there marketing initiatives to identify, select and retain minority staff with client contact?

Yes ☐ → CONTINUE WITH Q21
 No..... ☒ → GO TO Q22

21. What are these marketing initiatives? Provide examples here or paper copies.

22. Is there specific financial support for cultural diversity activities or programs?

Yes ☒ → CONTINUE WITH Q23
 No..... ☐ → GO TO THANK YOU

23. In the past fiscal or calendar year, has money been allocated to the following key areas of cultural diversity activities or programs?

24. How beneficial have these programs been in achieving related objectives?

23 Money Allocated		24 Benefits						
Yes	No		1 Not Beneficial	2	3 Somewhat Beneficial	4	5 Extremely Beneficial	Don't Know
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Staff Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. Community Based Outreach (Treatment Programs).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. Community Education Programs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	d. Other: (please specify).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. How much money has been allocated to the key areas? Please include the dollar amount. Do not include the dollar sign.

26. Over the past fiscal or calendar year, has the allocation increased, decreased or was there no change in the allocation?

27. Approximately how much has the allocation increased? Do not include the dollar sign.

28. Approximately how much has the allocation decreased? Do not include the dollar sign.

25 Allocation		26 Change in Allocation			27/28
		Increased	Decreased	No Change	\$ Changed
\$10,000.00	a. Staff Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$8,000.00
\$2,000.00	b. Community Based Outreach (Treatment Programs).....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$1,000.00
\$2,000.00	c. Community Education Programs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$1,000.00
\$	d. Other: (please specify).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

Appendix D: Internal Audit

Section 3: Links to Clients and the Communities You Serve

Questions in this section are dedicated to organizational links to the communities you serve as well as clients and staff diversity initiatives. This section is divided into five parts: (a) organizational links to community; (b) organizational adaptation to diversity; (c) database systems and data development; (d) language and communication needs of clients and staff; and (e) business strategies attracting clients from diverse cultures.

PART 3A: ORGANIZATIONAL LINKS TO COMMUNITY

Questions in this section address your organization's links to the communities you serve and the effectiveness of these linkages.

1. Does your organization have substantial links with **Community Advocacy Groups**?

Yes ☒ → CONTINUE WITH Q2
 No ☐ → GO TO Q4

2. A Please name up to four (4) groups/organizations with which your organization has substantial links with **Community Advocacy Groups**.

B What are the service linkage activities for each **Community Advocacy Group**?

C On a scale of 1 to 5, how effective are these linkages for each **Community Advocacy Group**?

A Community Advocacy Groups	B Activities	C Effectiveness				
		1-Not at All	2	3-Somewhat	4	5-Extremely
Winnebago County Opioid Fatality Review	Advisory member and participant of review team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wisconsin Voices for Recovery	Advisory Council member, involved with planning rally, and identify opportunity for stigma reduction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wisconsin Association of Sober Housing	Steering team member and part of housing certification team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3. How closely does your organization work with these Community Advocacy Groups in accomplishing diversity objectives?

☐ ☐ ☒ ☐ ☐
 1 2 3 4 5
 Not Much Somewhat A Lot

4. Does your organization have substantial links with **Local/State Provider Associations**?

Yes ☒ → CONTINUE WITH Q5
 No ☐ → GO TO Q7

5. A Please name up to four (4) groups/organizations with which your organization has substantial links with **Local/State Provider Associations**.
 B What are the service linkage activities for each **Local/State Provider Association**?
 C On a scale of 1 to 5, how effective are these linkages for each **Local/State Provider Association**?

A Local/State Provider Assoc.	B Activities	C Effectiveness				
		1-Not at All	2	3-Somewhat	4	5-Extremely
Breakwater-Winnebago County Coalition	Steering team member and chair of treatment and recovery action team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
State Council on Alcohol and Other Drugs	Council member and Planning and funding committee member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outagamie County Treatment Court	Treatment team member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

6. How closely does your organization work with these Local/State Provider Associations in accomplishing diversity objectives?

☐ 1 Not Much
 ☐ 2
 ☐ 3 Somewhat
 ☒ 4
 ☐ 5 A Lot

7. Does your organization have substantial links with **Ethnic/Cultural Organizations**?

Yes ☐ → CONTINUE WITH Q8
 No..... ☒ → GO TO Q10

8. A Please name up to four (4) groups/organizations with which your organization has substantial links with **Ethnic/Cultural Organizations**.
 B What are the service linkage activities for each **Ethnic/Cultural Organization**?
 C On a scale of 1 to 5, how effective are these linkages for each **Ethnic/Cultural Organization**?

A Ethnic/Cultural Organizations	B Activities	C Effectiveness				
		1-Not at All	2	3-Somewhat	4	5-Extremely
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How closely does your organization work with these Ethnic/Cultural Organizations in accomplishing diversity objectives?

☐ 1 Not Much
 ☐ 2
 ☐ 3 Somewhat
 ☐ 4
 ☐ 5 A Lot

10. Does your organization have substantial links with **Churches**?

Yes ☐ → CONTINUE WITH Q11
 No..... ☒ → GO TO Q13

11. A Please name up to four (4) groups/organizations with which your organization has substantial links with **Churches**.

B What are the service linkage activities for each **Church**?

C On a scale of 1 to 5, how effective are these linkages for each **Church**?

A Churches	B Activities	C Effectiveness				
		1-Not at All	2	3-Somewhat	4	5-Extremely
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. How closely does your organization work with these Churches in accomplishing diversity objectives?

☐ ☐ ☐ ☐ ☐
 1 2 3 4 5
 Not Much Somewhat A Lot

13. Does your organization have substantial links with **Higher Education Institutions**?

Yes ☒ → CONTINUE WITH Q14
 No..... ☐ → GO TO Q16

14. A Please name up to four (4) groups/organizations with which your organization has substantial links with **Higher Education Institutions**.

B What are the service linkage activities for each **Higher Education Institution**?

C On a scale of 1 to 5, how effective are these linkages for each **Higher Education Institution**?

A Higher Education Institution	B Activities	C Effectiveness				
		1-Not at All	2	3-Somewhat	4	5-Extremely
Fox Valley Technical College	We have reached out to FVTC as they have graduating counselors to identify those who may be a fit. We also have worked with FVTC AODA staff to provide training for our staff on best practices. In addition to them helping our staff, we also work with FVTC to provide career counseling for people in early recovery looking to move their education forward.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

15. How closely does your organization work with these Higher Education Institutions in accomplishing diversity objectives?

☐ 1 Not Much
 ☐ 2
 ☒ 3 Somewhat
 ☐ 4
 ☐ 5 A Lot

16. Does your organization have substantial links with **Business Groups**?

Yes ☒ → CONTINUE WITH Q17
 No..... ☐ → GO TO Q19

17. A Please name up to four (4) groups/organizations with which your organization has substantial links with **Business Groups**.

B What are the service linkage activities for each **Business Group**?

C On a scale of 1 to 5, how effective are these linkages for each **Business Group**?

A Business Groups	B Activities	C Effectiveness				
		1-Not at All	2	3-Somewhat	4	5-Extremely
Department of Vocational Rehabilitation	Approved service provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Workforce Development	Liaison between opportunity for employment and training opportunities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
POINT	Team member of jobs and employment group.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. How closely does your organization work with these Business Groups in accomplishing diversity objectives?

☐ 1 Not Much
 ☐ 2
 ☐ 3 Somewhat
 ☒ 4
 ☐ 5 A Lot

19. Does your organization engage in the following community outreach activities?

		Yes	No
a.	Provide an ombudsman office to assist ethnic/cultural populations?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	...If yes, how long have you had this activity?..... (in years)...		
	...If no, do you have plans to undertake this activity?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b.	Involve the community in planning/evaluating functions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	...If yes, how long have you had this activity?..... (in years)...		
	...If no, do you have plans to undertake this activity?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c.	Encourage staff to participate in community meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	...If yes, how long have you had this activity?..... (in years)...		5 years or more
	...If no, do you have plans to undertake this activity?.....	<input type="checkbox"/>	<input type="checkbox"/>
d.	Select client advocates for their ethnic/cultural diversity?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	...If yes, how long have you had this activity?..... (in years)...		
	...If no, do you have plans to undertake this activity?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e.	Offer to communities educational programs that address health beliefs/needs of ethnic/cultural population?.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	...If yes, how long have you had this activity?..... (in years)...		3 years
	...If no, do you have plans to undertake this activity?.....	<input type="checkbox"/>	<input type="checkbox"/>

		Yes	No
f.	Establish or contribute to community support groups for certain ethnic/cultural populations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	...If yes, how long have you had this activity? _____ (in years)...		
	...If no, do you have plans to undertake this activity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g.	Other: (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
	...If yes, how long have you had this activity? _____ (in years)...		
	...If no, do you have plans to undertake this activity?	<input type="checkbox"/>	<input type="checkbox"/>

20. Does your organization explicitly seek contract arrangements with ethnic/cultural businesses in your community?

Yes ☐ → CONTINUE WITH Q21
 No..... ☒ → GO TO Q23

21. If yes, please give examples of contract arrangements with ethnic/cultural businesses in your community.

22. How long have you had this initiative or program to seek contract arrangements with ethnic/cultural businesses in your community? _____ (in years) [GO TO Q24]

23. Do you have plans to undertake this activity to seek contract arrangements with ethnic/cultural businesses in your community?

Yes ☐
 No..... ☒

PART 3B: ORGANIZATIONAL ADAPTATION TO DIVERSITY

24. Do you have an organized way to collect data on the ethnic/cultural characteristics of clients?

Yes ☒ → CONTINUE WITH Q25
 No..... ☐ → GO TO Q26

25. Is the database or information system used to identify the special needs of the ethnic/cultural clients in the following areas?

		Yes	No
a.	Dietary preferences	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b.	Interpreter services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c.	Preferred language for written materials	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d.	Primary spoken language	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e.	Other: (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

26. How does your organization determine the ethnic/cultural characteristics of the clients served?

		Yes	No
a.	Identification by admissions assessment.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b.	Support staff assessment	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c.	Self-identification	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d.	Other: (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

27. Do you survey clients to determine their perception of your services?

Yes☒ → CONTINUE WITH Q28
 No.....☐ → GO TO Q33

28. How often do you survey clients?

Weekly☒
 Monthly.....☐
 Quarterly☐
 Annually.....☐
 Less Often than Annually☐

29. Does your survey ask questions assessing service satisfaction related to cultural diversity (e.g. language preference, beliefs)?

Yes☐ → CONTINUE WITH Q30
 No.....☒ → GO TO Q31

30. Please attach the survey here (PDF, DOC, DOCX, PNG, JPG, JPEG, GIF), or provide a paper copy.

31. Is the survey available in languages other than English?

Yes☐ → CONTINUE WITH Q32
 No.....☒ → GO TO Q33

32. In what languages is the survey available?

1
2

33. In addressing the ethnic/cultural needs of clients throughout the continuum of their care, do you provide the following...

34. If yes, how effective are the continuum of care provisions for the ethnic/cultural needs of clients?

33 Needs Provided			34 If yes; Effectiveness				
Yes	No		1 Not at All	2	3 Somewhat	4	5 Extremely Well
<input type="checkbox"/>	<input checked="" type="checkbox"/>	a.	Protocols for addressing ethnic/cultural interpreting needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	b.	Accommodations for religious preferences of clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	c.	Accommodations for the ethnic/cultural dietary preferences of clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	d.	Assistance for ethnic/cultural populations in discharge planning	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	e.	Other: (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. In addressing the ethnic/cultural needs of clients throughout the continuum of their care, do you provide signs that direct clients to language/cultural assistance?

Yes ☐ → CONTINUE WITH Q36
 No..... ☒ → GO TO Q39

36. How effective are the signs that direct clients to language/cultural assistance?

☐ ☐ ☐ ☐ ☐
 1 2 3 4 5
 Not at All Somewhat Extremely Well

37. In what languages are the signs available?

1
2

38. Where are these signs posted?

		Yes	No
a.	Casa Claire.....	<input type="checkbox"/>	<input type="checkbox"/>
b.	Mooring House	<input type="checkbox"/>	<input type="checkbox"/>
c.	Contract Packaging	<input type="checkbox"/>	<input type="checkbox"/>
d.	Sober Living	<input type="checkbox"/>	<input type="checkbox"/>
e.	Other:(please specify)	<input type="checkbox"/>	<input type="checkbox"/>

PART 3C: DATABASE SYSTEMS AND DATA DEVELOPMENT

39. Does your organization maintain a computerized database documenting the characteristics of your ethnic/cultural staff?

Yes ☒ → CONTINUE WITH Q40
 No..... ☐ → GO TO Q44

40. Does your database or information system include the characteristics of ethnic/cultural staff; such as salary, rate of turnover, promotions, staff tenure, performance appraisals, training, absenteeism?

Check yes if one or more of the above apply.

Yes ☐ → CONTINUE WITH Q41
 No..... ☒ → GO TO Q44

41. Is the database analyzed?

Yes ☐ → CONTINUE WITH Q42
 No..... ☐ → GO TO Q44

42. Describe the nature of analyses that apply to such data.

43. Identify initiatives, programs or policies developed based on such analyses.

PART 3D: LANGUAGE AND COMMUNICATION NEEDS OF CLIENTS AND STAFF

44. Does your organization have written policies that relate to the provision of interpreter/translator services?

Yes ☐ → CONTINUE WITH Q45
No..... ☒ → GO TO Q46

45. Please attach the policy(ies) here (PDF, DOC, DOCX, PNG, JPG, JPEG, GIF) or provide a paper copy.

46. Does your organization have interpreter/translator services?

Yes ☐ → CONTINUE WITH Q47
No..... ☒ → GO TO Q57

47. What kind of interpreter/translator services does your organization have?

48. For each service used, how effective is the service in addressing the needs of your ethnic/cultural population?

47 Services			48 If yes; Effectiveness				
Yes	No		1 Not at All	2	3 Somewhat	4	5 Extremely Well
<input type="checkbox"/>	<input type="checkbox"/>	a. AT&T phone translation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	b. Friend or family of client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	c. Outside organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	d. Other: (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. Does your organization maintain a central registry documenting requests for interpreter/translator services?

Yes ☐ → GO TO Q51
No..... ☐ → CONTINUE WITH Q50

50. How do you track or document the utilization of interpreter/translation services?

51. Does your organization allocate support specifically for interpretation services?

Yes ☐ → CONTINUE WITH Q52
No..... ☐ → GO TO Q56

52. What is the dollar amount of this support? Enter number without the dollar symbol.
\$ _____

53. Has the allocation for interpretation services increased, decreased or remained the same over the past fiscal or calendar year?

Increased ☐ → CONTINUE WITH Q54
 Decreased..... ☐ → GO TO Q55
 Remained the Same..... ☐ → GO TO Q56

54. Approximately how much has the allocation for interpretation services **increased** over the past year?

Enter number without the dollar symbol.

\$ _____ → GO TO Q56

55. Approximately how much has the allocation for interpretation services **decreased** over the past year?

Enter number without the dollar symbol.

\$ _____

56. What percent of your interpreter/translator services is 'paid,' in contrast to voluntary? Please enter a number without the % symbol.

_____ %

STAFF ISSUES

57. Does your organization have a policy for recruiting bilingual staff?

Yes ☐
 No..... ☒

58. Does your organization give preference in hiring to bilingual staff?

Yes ☐
 No..... ☒

59. How or where are translators used for clients?

		Yes	No
a.	Casa Claire	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b.	Mooring House	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c.	Contract Packaging	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d.	Sober Living	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e.	Other:(please specify)	<input type="checkbox"/>	<input type="checkbox"/>

60. How or where are translators used for staff?

		Yes	No
a.	Employment interviews	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b.	Employee counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>

61. Does your organization assess the quality of interpretation services?

Yes ☐ → CONTINUE WITH Q62
 No..... ☒ → GO TO Q63

62. How does your organization assess the quality of these services?

63. Are interpreters accredited, or otherwise evaluated for proficiency?

Yes ☐

No..... ☒

CLIENT ISSUES

64. Does your organization identify languages spoken in your service community?

Yes ☐

No..... ☒

65. How does your organization identify clients needing interpretation and translation?

		Yes	No
a.	Identification by admissions assessment.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b.	Support staff assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c.	Self-identification	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d.	Other: (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

66. What languages, other than English, are the principal languages of your clients?

67. What percent of all clients use each principal language? Please enter a number without the % symbol.

66 Principal Language	67 Percent of Clients
	%
	%
	%
	%
	%

68. What languages, other than English, are the principal languages of your staff?

69. What percent of all staff use each principal language? Please enter a number without the % symbol.

68 Principal Language	69 Percent of Staff
	%
	%
	%
	%
	%

70. Estimate the percentage of clients served by your organization who require interpreter services. Please enter a number without the % symbol.

0 %

71. Does your organization measure clients' satisfaction with your organization's interpreter/translator services?

Yes ☐

No..... ☒

72. Please indicate up to four (4) languages for which you have the highest demand for interpretation or translation.

73. What is the percent of each language is requested of all interpretation or translation requests? Please enter the percent without the % symbol. The total should equal 100.

72 Languages	73 Percent of all requests
	%
	%

74. How does your organization acquire translated materials?

		Yes	No
a.	Translated by internal staff.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b.	Translations by volunteers	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c.	Translated materials purchased from contracted person	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d.	Translated material secured from other agency or organization.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e.	Other: (please specify)	<input type="checkbox"/>	<input type="checkbox"/>

75. What materials are translated into other languages for clients?

		Yes	No
a.	Client education materials	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b.	Client satisfaction survey	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c.	Marketing/advertisements	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d.	Billing information	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e.	Directions to sites/services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f.	Medication instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>

76. What materials are translated into other languages for staff?

		Yes	No
a.	Employee handbook.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b.	Employment application	<input type="checkbox"/>	<input checked="" type="checkbox"/>

77. Does your organization provide interpreter services for:

		Yes	No
1.	Hearing impaired clients	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Sight impaired clients.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	Gay/lesbian clients	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Physically disabled clients	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	Mentally disabled clients.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

PART 3E: BUSINESS STRATEGIES ATTRACTING CLIENTS FROM DIVERSE CULTURES

78. Are you undertaking special initiatives to target clients and expand services to ethnic/cultural populations through marketing?

		Yes	No
a.	Advertising (e.g. newspapers, community fliers, churches, etc.)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	...If yes, how long have you had this initiative? _____ (in years).		
	...If no, do you have plans to undertake such an initiative?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b.	Recruitment drives in ethnic/cultural neighborhoods?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	...If yes, how long have you had this initiative? _____ (in years).		
	...If no, do you have plans to undertake such an initiative?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c.	Meetings with ethnic/cultural community organizations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	...If yes, how long have you had this initiative? _____ (in years).	2 years	
	...If no, do you have plans to undertake such an initiative?	<input type="checkbox"/>	<input type="checkbox"/>
d.	Meetings with ethnic/cultural business groups?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	...If yes, how long have you had this initiative? _____ (in years).		
	...If no, do you have plans to undertake such an initiative?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e.	Other: (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
	...If yes, how long have you had this initiative? _____ (in years).		
	...If no, do you have plans to undertake such an initiative?	<input type="checkbox"/>	<input type="checkbox"/>

79. Are you undertaking special initiatives to expand services to ethnic/cultural populations?

		Yes	No
a.	Developing services in ethnic/cultural communities?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	...If yes, how long have you had this initiative? _____ (in years).		
	...If no, do you have plans to undertake such an initiative?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b.	Expanding services in ethnic/cultural communities?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	...If yes, how long have you had this initiative? _____ (in years).		
	...If no, do you have plans to undertake such an initiative?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c.	Developing special ethnic/cultural related health programs?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	...If yes, how long have you had this initiative? _____ (in years).		
	...If no, do you have plans to undertake such an initiative?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d.	Monitor outcomes regarding ethnic/cultural minorities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	...If yes, how long have you had this initiative? _____ (in years).		
	...If no, do you have plans to undertake such an initiative?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e.	Other: (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
	...If yes, how long have you had this initiative? _____ (in years).		
	...If no, do you have plans to undertake such an initiative?	<input type="checkbox"/>	<input type="checkbox"/>

80. Do you have written policies for reviewing and assessing ethnic/cultural client needs?

Yes☐ → CONTINUE WITH Q81
No.....☒ → GO TO Q85

81. Please attach (PDF, DOC, DOCX, PNG, JPG, JPEG, GIF) these policies and procedures for reviewing and assessing ethnic/cultural client needs; e.g. ombudsman, cross organizational team. Or provide a paper copy.

82. Do these policies and procedures address all of your ethnic/cultural client groups that have substantial numbers of clients?

Yes☐

→ GO TO Q84

No.....☐

→ CONTINUE WITH Q83

83. What groups are omitted?

1

2

3

4

84. What groups are included?

1

2

3

4

85. How does your organization incorporate ethnic/cultural minority client issues into Quality Improvement efforts?

Increased native population has led to cultural training opportunities.

Appendix E: Staff Cultural Competency Survey

25/41 Participants (61% Response Rate)

1. When you hear the term “cultural competence,” what comes to mind?
 - an educated staff on cross cultural counseling practices. Open to making adjustment in the service we provided to better support and help those with cultural differences
 - A general knowledge of the traditions, mannerisms, religion, perceptions, etc of a few different cultures outside of your own.
 - Ability to respond to clients of all cultural backgrounds in a manner that does not assume values, traditions, beliefs
 - Being around people from all different backgrounds and bringing everyone together to find common ground.
 - Being aware of and understanding different cultures.
 - Being aware of cultural differences and how that might play a part in people’s lives, perceptions, and belief. Awareness of culturally incentive language and actions.
 - Being aware of other cultures and knowing people's cultures are going to vary.
 - Having an understanding of culture.
 - Having been educated on various cultures and how they play a role in addiction and putting into practice.
 - The way I understand other's cultures. Ability to be open to other cultures even if they are different then mine.
 - Understanding and responding in an ethical way to all cultures.
 - understanding people of a different culture
 - Understanding the culture we are trying to create and maintain at Apricity.
 - An individual's understanding and respect of different cultures/ethnic backgrounds people have.
 - Awareness is the first thing that comes to mind. Being culturally competence requires that we are aware that there are other cultures that may differ from our own. Going above and beyond awareness is being open minded and asking questions (learning). When one commits to being culturally competent it is something that can never fully be achieved, there is always room to learn and new cultures are continuing to develop. It requires an open mind to the possibility of other cultures as well as what those other cultures believe and practice.
 - Being aware of differences of other cultures and how my knowledge or lack of may affect outcomes
 - Being open minded and eager to learn about other cultures that I may be unfamiliar.
 - Having an understanding of cultural differences and making an effort to learn more.
 - How you understand and empathize with different cultures.
 - I think more about "cultural humility" versus "cultural competence." Competence implies that there is a standard to be met and, upon meeting the standard, one is considered competent, whereas humility implies that continued learning is required because, as people, we learn and grow daily.
 - Knowledge and awareness of differences and sensitivities that may be present among various individuals based on personal preferences, beliefs, sex, heritage, race etc.
 - The understanding and knowledge about many different cultures not just your own
 - The understanding of cultures.
 - To understand the mission statement purpose, integration and implementation, with awareness, assertive communication and sensitivity to others background, strengths, areas of improvement and solution based flexibility.
 - When I hear the term cultural competence, it means that an individual is able to work with all cultures/backgrounds effectively in their practice and field. A person would understand their culture from education courses and have the ability to ask questions about one’s culture for further understanding. These individuals are able to connect and relate and understand the differences between cultures.

2. What are the most challenging priorities of the multi-ethnic and cultural nature of the organization?
 - It is important to respect each other's beliefs and culture. I do not find this challenging since I have an understanding of many cultures and I respect all individuals.
 - Being truly all inclusive and education. It can be hard to facilitate education as often as it may be required to stay on top of an ever-changing world. Another challenge is being all inclusive, as this may need extra organization, building changes, personnel shifts, etc.
 - Biases you may be aware or unaware of.
 - Continuing education/awareness for both Clients and Staff
 - Having knowledge of the different cultures to be able to respect all aspects of the culture(s).
 - I think a priority is offering multi-ethnic and culturally appropriate services to meet the needs of the clients. Racism, structural or otherwise, as well as generational trauma, language barriers, stereotypes and stigma are deeply rooted in a number of cultures, some of which require a diverse staff.
 - I think that we just want all people to feel welcome and understood, regardless of background or cultural differences. I hope that individuals can find someone that they can relate to on our staff even if they have cultural differences.
 - Outside influence, all forms of media, family systems, core values and beliefs systems, age, gender, religion, personal experience, behavioral habits during conflicts.
 - Placement in gender specific treatment if individual identifies different than sex at birth. Wanting to believe and respect individual cultural and religious beliefs while still respecting abstinence based treatment and expectations. Example use of peyote for spiritual practices, females not being allowed to touch certain Native items such as drum. Clients and some staff smudging in facility. Some things that come to mind.
 - Understanding varying traditions and beliefs and how those influence the lives of those that have grown up in those cultures.

3. What are the major organizational obstacles (policies, organizational characteristics) inhibiting ethnic and cultural understanding among staff, clients, etc.? What are the major organizational characteristics that enhance the multi-ethnic and cultural nature of the organization?
 - Again just the abundance of education required to keep up and the amount of people/time involved in making policy changes in some organizations. Things that may enhance a multi-ethnic and cultural nature of an organization is education and open discussions.
 - I believe we do a good job of awareness with our Staff. Getting Clients to be aware is the hurdle
 - I think an obstacle would be that even though staff have a firm understanding of cultural understanding, clients may not have understanding and be open to change. Enhancement characteristics may include, awareness forward insight planning, education and processing, using non judgment, compassion and empathy finding common traits of human nature and connection, knowing ways how to connect.
 - I think that the difficulty lies in the fact that our surrounding area is dominated by white/caucasian folks. It has been helpful for representatives from various ethnic/cultural groups coming to offer education.
 - I would say language barriers, lack of understanding, not being educated on the cultural norms in this culture.
 - Obstacles-Needing to have expectations and policies that apply to all yet wanting to provide individualized care, not possible to have knowledge and understanding of all ethnic and cultural understandings due to the vast amount and possibilities. We continue to be a learning environment for staff and clients and strive to do better and be better in treatment and care of our clients through communication, education and experience.
 - Obstacles: Not knowing others' cultures/traditions; diversity among clients/staff can be minimal at times due to the lack of diversity in our region; Characteristics that enhance: Apricity accepts clients of all ethnic/cultural backgrounds into services. Apricity hires staff of all ethnic/cultural backgrounds. Apricity leadership sees the importance for staff to have training about varying cultures so they can grow, learn and understand cultures/traditions and offers such accordingly.
 - There are no cultural resources. Classes that include cultural content are not required to take by staff. I don't hear much about ethnic culture at the work place.
 - Not sure (2)

4. As the organization has attempted to meet the needs of ethnic and cultural diversity, what issues have arisen (need for resources, conflict, etc.)
 - A need for consistent educational opportunities from a multitude of standpoints.
 - I have not personally seen any issues arise.
 - I haven't seen issues that have not been addressed in a good way
 - Lack of option for person to feel connected to their culture while in services and language barriers.
 - May need more of an understanding of different cultures. May not locally have connections or resources in the immediate area to connect client with.
 - Need for resources
 - Obstacles-Needing to have expectations and policies that apply to all yet wanting to provide individualized care, not possible to have knowledge and understanding of all ethnic and cultural understandings due to the vast amount and possibilities. We continue to be a learning environment for staff and clients and strive to do better and be better in treatment and care of our clients through communication, education and experience.
5. What mechanisms if any, are in place that promote communication within the organization in regard to issues of cultural competence?
 - Daily working lunch to discuss client concerns and problem resolution, team input. Education and guest speakers (Native American), Vivent and other professional agencies to learn more, gather resources and educate staff for client care.
 - I think we've begun, as an organization, to talk more about cultural competence due to the trainings on the topic.
 - Open dialog, trainings, Guest speakers.
 - Staff meeting times for education discussion and trainings. Cultural resources - question answers. Clinical supervision and collaboration with coworkers and community resources.
 - Staffing of clients individually with clinical staff helps to address individual client needs.
 - Supervision is a great option for discussion of any concerns. As well as team lunches and group supervision.
 - There is an open door policy among all staff and leaders to communicate issues with cultural competency. Staff can and does go to leadership to share when training/understanding is needed to do their job and provide the best client/staff care.
6. What has the organization done to provide the best care for the multi-ethnic and cultural client population (e.g. educating staff in regard to different ethnic/cultural beliefs and practices; use of specific services—interpreters, community liaisons, etc.)?
 - Cultural training with Oneida nation. There could be more opportunities that we should utilize.
 - Has offered different educational trainings and information.
 - I do not provide direct client care. What I am aware of is that leadership has brought in staff training about NAmerican cultural and ethnic traditions/practices in order to better support our NAmerican clients/program participants.
 - I think that leadership does a good job of connecting with outside agencies and requesting resources and education.
 - If we don't have the information we seek outside resources through speakers and education.
 - Native American, LGBT, contact info for support, collaboration and education training completed.
 - The education has been great as well as the open communication, knowing that I can talk to my supervisors if any issues arise is very helpful.
 - We had an educational seminar on cultural competency, offer smudging for clients have frequent conversations on ways to offer best care for client's of different cultures.
 - We have an increasing Indigenous (First Nation) Client population. Leadership had Staff attend a Training by the Local Nations Cultural dept.

7. In what ways have you addressed the ethnic and cultural needs of clients as they receive care?
- Asking the client to share to help me better understand their ethnic or cultural needs. Shared resources and information with co-workers, arranged guest speakers to educate.
 - By being respectful, asking questions in an appropriate manner. Sharing things about my culture.
 - I do not work directly with clients
 - Independent research, clinical supervision/staffing, asking the client him/herself.
 - Offer smudging as coping skill, Wellbreity educational material and DVD's and explore options available in the community.
 - Sensitive to practice of singing, drum playing, and smudging. Multi-generational trauma and Sensitivity to ask questions prior to assuming. Being open to continued learning and teaching strengthen therapeutic relationship.
 - When working with a client that has a different ethnic or cultural background than my own I try to encourage them to share what needs they have in relation to their culture and ask questions if I have them. The internet is also a great tool and we have resources with some great non profits that can provide information.
8. What services, programs, etc. are available to staff regarding ethnic/cultural-related issues?
- I don't have access right now, however I am confident I can obtain contact information if needed and ask my coworkers, clinical support, supervisor as they too are very resourceful.
 - none really throughout the company. Mostly research or explore options on a case by case basis.
 - Supervisors and outside resources.
 - Trainings and resources
 - Unsure but we are always open to suggestions and trust this is covered during schooling. We do have all new staff shadow and train with current staff.
 - We can ask for training openly and freely and know confidently that leadership will make that happen.
 - We have a diverse Staff with many different backgrounds that are willing to educate each other in a good way. Our leadership has been proactive.
 - White Bison/Wellbriety curriculum is available.
9. In what ways are staff trained and helped to deal with ethnic and cultural issues?
- Clinical supervisors are available at all times as issues/concerns arise. We have a workplace culture of openness to questions, concerns, learning.
 - I'm not aware of strain, however I know staff are helped and supported, action and follow through observed.
 - It is a discussion had on a semi regular basis and it is something we have been offer education on.
 - Outside agencies being welcomed in.
 - Outside sources that can train staff on ethnic/cultural issues are brought in as well as courses/webinars/seminars are made available.
 - We have a diverse Staff with many different backgrounds that are willing to educate each other in a good way. Our leadership has been proactive.
 - Some staff has much experience working with different cultures as well as continuing to learn from clients.
 - Training classes

10. What relationships does the organization have with particular ethnic/cultural community groups and how have the relationships affected the ethnic/cultural competency effort?
- A little unsure as to what is meant by "community groups." Apricity works with organizations such as SOAR Fox Cities, Vivent Health, Planned Parenthood, Fox Valley Technical College, Partnership Community Health, and others to better understand and address the needs of clients in the area.
 - Apricity has been working on training our employees to become more knowledgeable on different cultures.
 - Good relationships with the Native community and continuing to be educated on norms.
 - Peer Specialists
 - Personally, I notice the seamless relationship with the Native culture, and working with them has greatly increased competence in that area.
 - Strong connection with Oneida Behavioral Health as a referral agency sending people to treatment. To help those clients, Apricity has engaged some of the staff to provide cultural education opportunities.
 - There are quite a few native clients and effort has been put forth on educating our staff on certain beliefs, terms, history, and practices of some of the individuals.
 - We have a close relationship with Fox Valley Tech and they provide a great deal of education. We have received education on Native Am. population through Oneida Tribe
 - We have a good report with the Native community for one example. The relationship has grown stronger since the zoom meeting we had to try and help us understand their culture and beliefs.
 - Not sure (2)
11. What community outreach actions have been taken by the organization (e.g. programs, materials and forums for various ethnic/cultural groups, community support for clients of various ethnic/cultural backgrounds)?
- Apricity allows spiritual practice on an individual basis, and strive to be in tune to the needs of the client.
 - As far as I know it would be the zoom program on Native American beliefs. We do not have any negativity towards any groups and are always willing to learn.
 - As previously mentioned, Oneida Behavioral Health presented on Native culture.
 - Native cultural training
 - Training staff on different cultures from time to time.
 - We have curriculum that our Native Am. population has access to utilize that addresses substance use and how to heal using cultural practices
 - We just had a two hour training with Oneida Behavioral Health on the Native culture. We had a training with FVTC where we had a serious discussion amongst our staff and the facilitator from FVTC on our current policy on the transgender population.
 - We recently had a guest presenter from Oneida Nation, we've had discussions facilitated by Jeremiah Olson of Fox Valley Technical College regarding gender diversity, and have worked with Us 2 Behavioral Health.
 - Zoom meeting with a member of a Native tribe providing cultural education.
 - Zoom training with a person from Oneida behavioral health
 - Not sure (2)

12. In what ways are ethnic and cultural differences recognized throughout the organization?
- Apricity changes as new and better approaches and concept are introduced.
 - Clients can share their own cultural perspectives and participate in spiritual practices that align with their beliefs and customs
 - Clinical staff has been educated through college classes.
 - Having an understanding and the compassion we show towards all ethnic groups.
 - I think Apricity is very open and accepting of different cultures. We had a training on Native American Culture which was helpful to understand a new way of approaching things
 - Just by talking about it.
 - Open mindedness, compassion
 - Open mindedness. Recovery targeted (AODA)
 - We all try to be aware of them to what I hope is the best of our abilities
 - We are adjusting some of our current curriculum after recognizing that some cultures took offense to some of the material.
 - We are continuing to explore ways to better serve our LGBT population as well as continue to seek more understanding in the cultural needs of our Native Am.
 - Not sure
13. What, if any, ethnic/cultural professional programs are there to develop, as well as attract staff? Are internships targeted toward ethnic professionals? Mentoring programs? What are the challenges in developing and delivery these programs?
- Challenges- we are a pretty secluded area
 - I don't know anything about such efforts to attract staff of any particular background. As for development, we have educational sessions several times a year to learn more about cultural issues and topics.
 - I think just educating staff on the different cultures that we can better serve clients.
 - I would like to see more of this
 - None that I am aware of other than the few trainings we have had.
 - None that I'm aware of. We strive for individual ownership.
 - Don't know (3)
14. What are the greatest strengths and the biggest concerns of the organization in regard to the delivery of care and interactions with the multi-ethnic/cultural populations of its community?
- Apricity strengths are that they serve all cultures that seek services.
 - Empathy Empathy Empathy
 - Fox Valley is a predominantly white community. That makes hiring diversity difficult. I don't think we would have any concerns hiring different populations, but the opportunity doesn't really present itself. That said, it does make it more difficult when trying to treat clients from different cultures when they come to treatment with a lesser understanding of how culture can affect them.
 - I think Apricity is willing to learn and do things that will benefit all people.
 - I think everyone is treated equally for the most part. I think at the Milwaukee Plant (the most diverse of our organization) they do not get the attention that Neenah and Appleton does. For example, Neenah has an incentive program for good attendance, and Milwaukee does not.
 - I think our strength is always being willing to do what we can to educate. I don't have any concerns.
 - Lack of culturally diverse staff members.
 - Strengths - Team seems to have a very willing and open attitude about other cultures Concern - Do those good attitudes translate to practice? I'm less confident.
 - Strengths are having a willingness to learn and understand various ethnic groups. No concerns due to us doing our very best.
 - We do not want to be disrespectful or disregard any cultures
 - Not sure

15. What have you seen or would you like to see in terms of actual effects of ethnic/cultural initiatives on the work environment and on client care?
- A better understanding of more groups.
 - Caring Structure
 - I don't have any concerns in the work environment. I think regarding clients, we continue to review annually the cultural make up of the clients. Last year, there was a spike in the Native population, and staff reached out to try and learn more to be able to better address needs.
 - I think Apricity does well, I wouldn't change anything.
 - I would like to see more cultural diversity in our curriculum. I think this would benefit all of our clients and staff.
 - I would like to see the Milwaukee Plant included more in incentives, events, activities.
 - In group settings, more things that have a more open feeling to them. Some groups are 12 step based or surround around religion which is difficult for some cultures to relate to.
 - More discussion of client's cultural background, beliefs, etc when staffing or addressing issues with client related to these areas (and more thought as to whether such a correlation exists if it hasn't already been looked at)
 - More trainings like the one from OBH
 - recognition and cooperation with clients when cultural activities are planned.
16. What are your concerns about any of the ethnic/cultural activities undertaken by our organization?
- I just don't think that there is much knowledge on this topic amongst the organization as a whole. Or it's just not talked about a lot.
 - They may not be enough.
17. Please list any other thoughts or comments about cultural competency at your organization here.
- Continue to educate and grow.
 - I think Apricity does a great job at cultural competency.
 - More trainings on culture would be nice.
 - I think that overall we do the best we can to provide the best care for different cultures. I think continued conversation and change in regards to LBGTQ, I think if someone identifies with a certain gender it is important for us to respect that.