Policy Statement: It is the intent of the CCS program to offer services that are person-driven and individually resonant. By definition, this means that services offered must acknowledge and take into account client’s beliefs, customs and practices. CCS clients and their Service Facilitators will explore culture and language requirements, so that service plans reflect their values as well as their needs.

Discussion and Procedures:

1. CCS staff will be expected to discuss, document and provide services in ways that are relevant and understandable to the client from his/her perspective.

2. The Service Facilitator will introduce the concept of culture and working across differences early on in the service relationship and will make it known that talking about cultural differences and wishes is welcomed.

3. Upon referral to CCS, the applicant will be asked about his/her language of preference and the degree of English proficiency. If the person does not speak English, or has limited English proficiency, a staff person who speaks the person’s language, an interpreter or a certified language line will be provided.

4. The CCS will provide, free of charge, all documents necessary to its clients’ meaningful participation in CCS services in alternative languages appropriate to the needs of the client population.

5. Areas to be explored include:
   - Religion/spirituality
   - Socio-economic status of the person or family
   - Individual/family values
   - Race/ethnicity
   - Sexual/gender identity
   - Preference of name and pronouns
   - Education
   - How her/his family or friends view his/her particular disorder or disability
   - Any other areas the person identifies as unique to him/her or family.

6. The Service Facilitator will explain that exploring differences will help in deciding what interventions to employ toward reaching goals, and will aid the recovery team in working together.
7. Cultural information regarding clients will be gained over time. New information will be reflected in updates to the assessment and brought into reviewed and revised recovery plans.

5.1.14, 9.3.14
Revised 4.14.15