

CULTURALLY AND LINGUISTICALLY SPECIFIC SERVICES APPLICATION RUBRIC

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PROVIDER									
Provider's Name									
Qualification's Type					<input type="checkbox"/> Urban <input type="checkbox"/> Rural				
REVIEWER									
<input type="checkbox"/> Alfonso Ramirez			<input type="checkbox"/> Daniel Garcia			<input type="checkbox"/> Roberto Osorio			
<input type="checkbox"/> Brittany Wake			<input type="checkbox"/> Dishanta Kim			<input type="checkbox"/> Sahand Kianfar			
REVIEW DATES & STATUS									
1 st Click or tap to enter a date.			2 nd Click or tap to enter a date.			3 rd Click or tap to enter a date.			
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Pending	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Pending	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Pending	
Final Acceptance Status					Final Decision Date				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied					Click or tap to enter a date.				

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INSTRUCTIONS FOR REVIEWERS
<ul style="list-style-type: none"> ❖ Complete all information on the provider, qualification type, reviewer, review dates and status ❖ Each question with a checked equals 1 point ❖ Applicants must receive all 5 points to become eligible for enhanced payment ❖ All denials must go through a team review to confirm that applicant does not qualify ❖ Complete "rationale" and "clarification" areas when needed ❖ Upload all completed rubrics in the CLSS Teams folder

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REQUIREMENTS FROM APPLICANTS
<p>Bilingual Providers: Must demonstrate proficiency in the language other than English that they will be providing direct care services in as detailed in OAR 309-065-040. Applicants must attain advanced or intermediate-advanced equivalent proficiency. Language proficiency testing by an employer does not qualify. Applicants can submit non-OHA approved language proficiency tests but will require Division of Equity and Inclusion approval. If an application is submitted and there is no language proof, refer to the team for review. If no language proficiency assessment is available through OHA approved testing centers, the applicant must detail how proficiency in the language was acquired and this must be approved through the Division of Equity and Inclusion. Attach proof of OHA approved language proficiency assessment (https://www.oregon.gov/oha/EI/Pages/HCI-training.aspx).</p> <p>Individual Providers: May include and reference a resume or curriculum vitae detailing academic credentials, relevant course work or certifications; and/or a narrative that details the applicant's strategic plan or professional history and experience, including specific examples, without identifying clients to answer these questions.</p> <p>Organizations and Programs Providers: Although not required, they may include and reference their organization's detailed policies and procedures, a list of staff training requirements; and/or a narrative that details the organization's strategic plan or history and experience, including specific examples, without identifying any individual client.</p> <p>Sign Language Providers: Must have sign language certification as detailed in OAR 309-065-040. If the person is not pursuing interpretation but believes they have advanced sign language skills, refer to Bridges Oregon for review. Attach proof of OHA approved sign language interpretation certification (https://www.oregon.gov/oha/EI/Pages/HCI-training.aspx).</p>

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DEFINITIONS
<p>Health inequities are differences in (health) status or in the distribution of (health) resources between different population groups, arising from the social conditions in which people are born, grow, live, work and age. (World Health Organization).</p> <p>Intersectionality: Intersectionality is the interconnected nature of social categorizations such as race, class, gender identity, sexual identity, and disability as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage. (Pharoah Bolding, Outside In - quoting Kimberly Crenshaw -https://www.law.columbia.edu/news/archive/kimberle-crenshaw-intersectionality-more-two-decades-later).</p> <p>Minoritized community or communities are those that have experienced historical and contemporary discrimination and oppression primarily on the basis of race, ethnicity, gender identity, sexual and affectional orientation, ability status, and/or migration history, as per OAR 309-065-0010(5).</p> <p>Rural is defined as any geographic areas in Oregon ten or more miles from the centroid of a population center of 40,000 people or more. https://www.oregon.gov/boli/workers/Pages/minimum-wage.aspx.</p>

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INDIVIDUAL PROVIDERS	
BEFORE SCORING THE APPLICATION	
❖ If yes to all : Proceed with review	
❖ If no to any : Stop review and staff with the BH Equity & Community Partnership Team	
<input type="checkbox"/> Y <input type="checkbox"/> N	The applicant provider is in private practice rather than employed by an agency
<input type="checkbox"/> Y <input type="checkbox"/> N	The applicant provides a Medicaid number for their private practice
<input type="checkbox"/> Y <input type="checkbox"/> N	The culturally specific community is a minoritized community**

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Point <input type="checkbox"/>	Question 1
Meets Eligibility	Applicant describes how as individual provider has either:
<input type="checkbox"/>	(A) extensive experience working with or being immersed in the same distinct minoritized culturally specific community served; or
<input type="checkbox"/>	(B) at least five years primarily serving the distinct minoritized culturally specific community.
Comments	
Point <input type="checkbox"/>	Question 2
Meets Eligibility	Applicant describes and provides examples of the diverse lived experiences held by the distinct minoritized cultural community served and its impact on the community's collective mental health and wellbeing. This may include any of the following:
<input type="checkbox"/>	Lived Experience: Personal knowledge about the world gained through direct, firsthand involvement in everyday events rather than through representations constructed by other people. (Suicide Prevention Resource Center). This is the lived experiences of the clients being served.
<input type="checkbox"/>	Structural Racism: It refers to racial bias among institutions and across society. This involves the cumulative and compounding effects of an array of societal factors, including the history, culture, ideology and interactions of institutions and policies that systematically privilege white people and disadvantage people of color. (Race Forward)
<input type="checkbox"/>	Individual (interpersonal) Racism: Interpersonal racism (personally mediated) occurs between individuals. This is the bias that occurs when individuals interact with others and their personal racial beliefs affect their public interactions. (Race Forward)
<input type="checkbox"/>	Minoritization: The impact to communities that have experienced historical and contemporary racism, trauma, and social, political, and economic injustices
<input type="checkbox"/>	Discrimination: The unfair or prejudicial treatment of people and groups based on characteristics such as race, gender, age, or sexual orientation. That's the simple answer. But explaining why it happens is more complicated. (American Medical Association)
Comments	
Point <input type="checkbox"/>	Question 3
Meets Eligibility	Applicant describes and provides examples of behavioral health inequities experienced by the distinct minoritized cultural community served, which may be addressed by your culturally and linguistically specific services. This may include, but not limited to, any of the following:
<input type="checkbox"/>	Education
<input type="checkbox"/>	Healthcare Access
<input type="checkbox"/>	Economic Stability
<input type="checkbox"/>	Neighborhood & Built Environment
<input type="checkbox"/>	Social & Community Contexts
Comments	

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Point <input type="checkbox"/>	Question 4
Meets Eligibility	Applicant describes and provides examples of how they support and affirm cultural and language practices for the distinct minoritized cultural community served. This may include, but not limited to, any of the following:
<input type="checkbox"/>	Health & Safety Beliefs or Practices
<input type="checkbox"/>	Positive Cultural Identity, Pride, or Resilience
<input type="checkbox"/>	Immigration Dynamics
<input type="checkbox"/>	Spiritual / Religious Beliefs
<input type="checkbox"/>	Other Cultural & Language Practices
Comments	
Point <input type="checkbox"/>	Question 5
Meets Eligibility	Applicant describes and provides examples of how they support and affirm clients experiencing intersectional oppression in the provision of services. This may include, but not limited to, any of the following:
<input type="checkbox"/>	Established collaboration with other culturally specific providers
<input type="checkbox"/>	Dedicated spaces or groups provided for clients experiencing intersectional oppression
<input type="checkbox"/>	Other supportive and affirming practices
Comments	

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RATIONALE: If the applicant did not qualify, please provide rationale including the date and outcome of the team review, if applicable:	
<input type="checkbox"/> Incomplete Application <input type="checkbox"/> Does not serve a culturally specific community <input type="checkbox"/> Other (specify if needed)	<input type="checkbox"/> Medicaid Inactivity <input type="checkbox"/> Does not meet application criteria as a culturally and linguistically specific individual provider <input type="checkbox"/> Direct knowledge of lived experiences of the community served <input type="checkbox"/> Knowledge of specific inequities <input type="checkbox"/> Ability to support and affirm cultural practices for the community served <input type="checkbox"/> Ability to support and affirm intersectional identities <input type="checkbox"/> Having extensive experience working with or being immersed in the same minoritized community you serve (Only if applying as an CLSS individual provider)

CLARIFICATION: If clarifying information is needed for any of the questions above, complete the following:	
Individual(s) Contacted	
Date(s) of Contact	
Date(s) of Response	
Response / Clarification sufficient? <input type="checkbox"/> Y <input type="checkbox"/> N	
Response / Clarification Provided:	