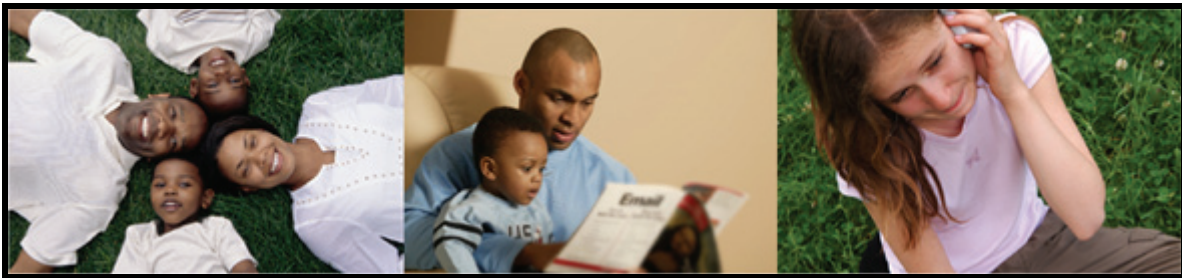


Capital Area Human Services District

Outpatient Behavioral Services

Client Orientation Handbook



Our Mission

To facilitate person-centered recovery by empowering people with chronic behavioral health and developmental disability challenges to strengthen relationships, establish independence, and enhance their ability to improve their physical health and emotional wellbeing

**Client Orientation Handbook
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Capital Area Human Services District Acknowledgement of Receipt of Client Orientation Handbook

Welcome to Capital Area Human Services District (CAHSD). We work to provide you with the best possible care and treatment. Our mission is to facilitate person-centered recovery by empowering people with chronic behavioral health and developmental disability challenges to strengthen relationships, establish independence, and enhance their ability to improve their physical health and emotional wellbeing. We have prepared this handbook as a quick guide to help you better understand how we work and what we will need from you or your family.

This handbook contains the following information:

1. An introduction to us and your clinical services
2. A description of the clinical services we provide here
3. What we will need from you before you begin treatment (Informed Consent)
4. Your rights and responsibilities
5. Privacy protection (required by the Federal Health Insurance Portability and Accountability Act (HIPAA))
6. Information about confidentiality
7. Attendance expectations and policy
8. Fees and payment
9. Copying your records
10. Medication policy
11. Consumer concerns
12. Expected conduct of our staff
13. No weapons policy
14. Health and safety practices
15. Emergency preparedness and response
16. Zero Violence Policy

If you have questions about any of the enclosed information, please talk with your therapist.

I understand that it is my responsibility to read and understand the information contained in this handbook and ask questions if I do not understand something or if I have concerns.

Signature

Date

Signature of Legal Guardian, Personal Representative or
Other Relationship

Date

Introduction and Overview of Our Clinical Services

We will work to help you identify and cope more effectively with problems you may be experiencing.

Our staff includes psychiatrists, psychologists, social workers, counselors, nurses, psychiatric aides and support staff. During your time with us, you might work with one or more of our professionals, who might use various ways to help you, including individual therapy, medication(s), and/or community support services.

Confidentiality of information and privacy is respected and valued by our staff.

The information you provide and that we talk with you about is considered confidential and will not be released to others without your permission, unless 1) there is an emergency in which there is a danger to you or others, 2) required by law, 3) released for the purposes of providing and/or coordinating services with other CAHSD or Department of Health and Hospitals staff, or 3) for accreditation purposes. You may be asked to sign a release of information so that we may speak with others involved in your life about treatment issues.

Your records will not be released without your written consent, unless required by law.

We will maintain a clinical chart or medical record that contains information about your treatment here, and those records will be kept confidential.

You are responsible for helping us treat you.

You will need to give us correct and complete information to help us treat you. You are also expected to play an active role in your treatment, including setting goals, completing your homework, and assessing your own progress. How many times you meet with us and how long we meet will depend on the professional staff member you are seeing and what he or she recommends. Unless a court orders you to participate in treatment, you may discontinue treatment at any time; however we encourage you to talk with your therapist/psychiatrist before leaving.

You can reach us in the event of an emergency.

In cases of emergency during clinic hours, you may walk into the Center or contact your assigned clinician. After hours, just call The Phone at 225-924-3900 or 1-800-437-0303, and a crisis line staff member will help. For children/adolescents, call 225-922-0631 or 1-866-392-4692. At any time, you may also call 911 or go to the nearest emergency room.

Description of Clinical Services

We provide our services based on your needs and on the belief that you can recover.

We respect the diversity of our clients. We strive to accept personal preferences and to respect personal differences. We pledge to provide services that meet your behavioral health needs, regardless of age, race, gender, ethnicity, sexual orientation, religion, disability, cultural origin, veteran status, political affiliation, or financial status. To learn more about our commitment to diversity, please see Attachment C, located in the back of this book.

To begin your treatment, we will conduct an initial evaluation.

After that evaluation, our staff will talk with you about recommended treatment. That treatment could include:

- Therapy
- Use of medication(s)
- A referral to your primary care doctor
- A support group in the community
- Referral to another agency or to other treatment options

Our primary services include:

Counseling

Our counseling involves individual, couples, family and/or group counseling by one of our licensed mental health or addiction recovery professionals. These individuals use their skills, knowledge, training and experience to help you identify problems and develop a plan to address those problems. Your goals and needs will determine the number and length of times of your treatment sessions, and we will talk with you about your goals and progress each time we visit.

Use of Medication(s)

The use of medication(s) to treat symptoms of various behavioral health problems can be an important part of treatment. You may be referred to one of our doctors or nurse practitioners to talk about the use of appropriate medication(s). If recommended, and you agree, you will be informed about the benefits and side effects of any medication(s). You will then see the doctor or nurse practitioner for further evaluation. Changes to your medication(s) will be made as needed. It is very important that you:

- Take the medication(s) as prescribed
- Do not adjust or stop using your medication(s) without the advice of your prescriber
- Tell us about any side effects you experience from the medication(s)
- Tell us about any other prescribed or over-the-counter medication(s) that you take

School-Based Counseling Services

The CAHSD School-Based Program provides counseling in about 30 area schools for individuals, groups and families in an effort to reduce absences from school, as well as suspensions and expulsions because of inappropriate behaviors. Our counselors work with students, teachers, school officials and others to improve student performance.

Child and Adolescent Response Team (CART)

This program is available to all children and families who live in the seven-parish area served by CAHSD. CART is a 24-hour, seven-days-a-week service that helps children and their parents whenever and wherever a crisis occurs. Whether the crisis happens at home, at school or somewhere else, our team can help. For example, we will assess the situation, help prepare a safety plan and assist the family until appropriate services are identified and provided. Our CART team includes master's level social workers and is supervised by a licensed clinical social worker.

Adult Outreach Team

This team can help a new CAHSD client who needs education about our services. The Adult Outreach Team also provides short-term (30-90 days), in-home therapy crisis support for clients 18 years and older who experience repeated difficulties related to their diagnosis. Clients who can benefit from this program are those with a history of multiple emergency room visits and/or inpatient psychiatric hospitalizations.

Emergency Services

In cases of emergency, you may walk into the Center during clinic operations or contact your assigned clinician. After hours, just call The Phone at 225-924-3900 or 1-800-437-0303, and a crisis line staff member will help. For children/adolescents, call 225-922-0631 or 1-866-392-4692. At any time, you may also call 911 or go to the nearest emergency room.

Supportive Housing

We offer contracted supportive housing services for adults who are homeless with very low or no income because their severe mental illnesses, addictive disorders, developmental disabilities, or co-occurring disorders have affected their ability to keep a home or job. Contracts are for licensed beds at congregate living facilities and for supportive services provided to existing tenants in rental units that are part of the Louisiana Permanent Supportive Housing Initiative.

Informed Consent to Treatment

As part of the admissions process, we want to inform you about:

- Your responsibility to provide us with information as a condition of your admission into the program and your ongoing treatment;
- The nature of the proposed care, treatment, services, medication(s), interventions, or procedures;
- Reasonable treatment choices, discussed at the time of informed consent;

- Risks, benefits, and side effects related to your treatment, including the possible results of not receiving care, treatment, and services;
- When indicated, any limits on the confidentiality of information learned from or about you;
- When indicated, potential problems about recovery or reuniting with your family.

Rights and Responsibilities

You have rights and responsibilities while receiving services from us. Those rights and responsibilities are outlined in Attachment A of this handbook.

Notice of Privacy Practices

The Notice of Privacy Practices is required by the Health Insurance Portability and Accountability Act. If you have any questions about this document, please ask staff for information on how to contact our Privacy Officer.

Confidentiality

Everyone on our staff respects your privacy and the confidentiality of your behavioral health information. The information you provide is confidential and will not be released to others without your permission, unless there is an emergency in which there is a danger to you or others. Information may also be released if required by law or for accreditation purposes.

Attendance Expectations and Policy

CAHSD programs may operate according to a scheduled appointment or walk-in format. The Center provides the option for scheduled and unscheduled appointments. Attending your appointments and following through with suggestions, recommendations or homework assignments is an important part of the treatment process. For scheduled appointments, you are expected to notify us 24 hours in advance if you are unable to attend. Clients who miss appointments may lose their scheduling privileges.

Fees and Payment At Time of Service Policy

How Fees Are Established

The fee for services you receive will be established at the time of your first visit and will be reviewed annually (or more often if changes in your financial situations occur). The Center has a sliding fee scale and will work with you on fees, based on your income. You have a 60-day grace period from the time of admissions, to provide the required income information to establish your fee. If you do not bring in the required information to document your income within the 60 day grace period, you will be charged the full cost of your service.

We Accept Insurance

The Center accepts insurance. We will file all insurance claims for you. If you are covered by insurance, please bring your insurance card and obtain any required authorization at the time of your initial appointment. You will be charged the full cost of your service if you do not obtain the required authorization or notify us of any change in your insurance. If you receive payment from your insurance company for services provided by the Center, you are required to pay that amount to the Center and to provide the Center with an Explanation of Benefits or you will be charged at the full fee for the cost of the service(s) provided.

Pharmacy Services

Clients, who are indigent according to our sliding fee scale, will be eligible for free medication(s) that are prescribed by the Center's doctor or nurse practitioner through a private pharmacy located at the main CAHSD location.

Patient Assistance Program

Some clients may be eligible for free medication(s) through pharmaceutical companies. In order to determine if you qualify for these medication(s), you may be required to supply additional information to document your eligibility.

Copying of Records Policy

You may inspect or request a copy of your protected health information (PHI) by submitting the request in writing to your assigned clinician by using the Client Request for Access to PHI Form 201P. A fee to copy your records will be charged to you, as allowed by Louisiana law. The fee is payable at the time you receive the records, and the fees are as follows:

- \$1.00 per page for the first 25 pages;
- \$.50 per page for pages 26 through 350;
- \$.25 per page thereafter;
- Handling charge not to exceed \$25.00 and the actual postage.

If PHI is provided in a digital format, the same above rates can be charged, not to exceed \$100, including all postage and handling charges actually incurred. If requested, a certification page will be provided.

Medication Refill Policy

We will give you information about medication refills when you meet with your doctor or nurse practitioner the first time.

Consumer Complaint Process

Your satisfaction (and that of your family) with the quality of our services is very important to us.

You have the right, and we encourage you, to voice any complaints or concerns you have about the services you receive. We will review your feedback and will resolve any issues to your satisfaction, if possible. Making a complaint will not affect your ability to continue to receive services. Please review the Consumer Complaint Form for procedures for voicing complaints.

Expectations of Staff Conduct

CAHSD staff is expected to follow a code of conduct to ensure services are provided in a competent, respectful, and professional manner when serving consumers, their families and/or representatives and when representing the organization within the communities we serve. All staff will perform their duties in compliance with all federal, state, and local regulations, abide by the State Code of Governmental Ethics, CAHSD Organizational Ethics and will follow the code of their professional license if applicable. If you have a complaint related to the way you have been treated, you may file a complaint as described above. If you would like a copy of the CASHD Code of Ethics which describes expected conduct of staff, please ask our admissions staff for a copy.

No Weapons Policy

CAHSD does not allow weapons on any of its campuses. If anyone comes to the Center with a weapon, they will be asked to leave the facility and their appointment will be rescheduled. If they refuse to leave, law enforcement will intervene. If you have questions, please talk with your therapist or physician.

Zero Tolerance for Violence Policy

CAHSD supports a violence free environment for its employees, clients, and visitors. CAHSD will not tolerate threatening behaviors, harassment, or verbal or physical threats toward our staff, clients, or visitors. If you engage in any such behaviors, you risk termination of services from CAHSD. If your behaviors result in termination of services, CAHSD cannot guarantee finding another provider.

Health and Safety Practices

A healthy and safe environment is promoted in all facilities where services are provided. Appropriate housekeeping, use of protective equipment, safe work practices, and regular inspections are used to maximize the health and well-being of persons served, staff, and visitors. All facilities are tobacco-free, and regular enforcement of this policy is maintained. Staff is trained to provide first aid and basic life support as needed. Our staff will review your physical health needs and will make referrals to community resources when indicated. Be sure to let our staff know if you have any symptoms of illness such as cough, rash, fever, night sweats, or other symptoms or need to request accommodations while receiving services. Proper hand washing and covering the mouth when sneezing or coughing are the best ways to prevent the spread of infection. Brochures are also available at the clinic on several topics at no charge. Our staff will respond to emergency situations and take appropriate actions necessary to promote safety.

CAHSD Emergency Preparedness and Response

CAHSD uses a code system to alert consumers, visitors and/or staff of the following emergency circumstances:

- **Code White**-Violent or potentially violent behavior
- **Code Silver**-Active shooter
- **Code Pink**-Child abduction
- **Code Blue**-Medical emergencies
- **Code Red**-Fire
- **Code Black**-Bomb threat
- **Code Gray**-Severe weather conditions
- **Code Outage**-Utility failure

In the event that a code is called while you are being served in one of our facilities, it will be identified as a real event or a drill. Our staff will assist you in getting where you need to go (another area of the building or outside the building) and they will instruct you on what you need to do to remain calm and safe.

CLINIC CLOSURE DUE TO DECLARED EMERGENCIES

When it is necessary to close the Center either fully or partially due to severe weather events, natural disasters or other emergencies, you will be notified and provided instructions regarding closure and medication/crisis information via recorded telephone voice messages, signs posted outside the Center, information posted on the CAHSD internet at www.cahsd.org and when possible and if time allows through direct phone communication by CAHSD staff.

Capital Area Human Service District

CLIENT RIGHTS & RESPONSIBILITIES

Attachment A

Client Rights Notice

Capital Area Human Services District (CAHSD) supports the delivery of services, treatment, and care that are provided in a way that respects and fosters client dignity, autonomy, positive self-regard, civil rights and client involvement in making decisions that impact their care at CAHSD.

Clients who are provided care, treatment, and services at CAHSD facilities have the right to:

1. Be served without discrimination due to race, color, religion, sex, age, national origin, disability, political beliefs, veteran status, or sexual orientation;
2. Be treated with courtesy and respect;
3. Have the nature of treatment and any specific risks involved, explained to them or their representatives;
4. Accept or reject treatment including medication, except as specified by law;
5. Participate or have their representatives participate in treatment planning to meet the client's specific needs;
6. Know or have their representatives know the name, role, and qualifications of the assigned physician/clinician; what services are available, including translation services, fees for services, and if the facility cannot provide the needed services;
7. Know or have their representatives know what CAHSD rules and/or policies apply to them as a condition of their admission and ongoing treatment;
8. Have their information remain confidential (Except as required by law, no information concerning the client, may be released without his/her written consent. With the exception of a criminal justice release of information, clients have the right to revoke consents at any time);
9. Have access to their client record and to have the information interpreted or explained as necessary, except when restricted by law;
10. Have their Behavioral Health and Medical Health Advance Directives respected to the fullest extent possible;
11. Be free from seclusion or restraint, except as allowed by law;
12. Be informed of fees for services; and
13. Communicate with their family, attorney, or personal physician. Exceptions are in the CAHSD residential programs where specific rules regarding communication exist. (For example, clients in CAHSD residential programs may have restrictions with regard to phone usage and all mail and packages must be opened in the presence of staff to assure that no contraband is entering CAHSD residential facilities); and
14. Receive services in a safe environment.

Client Responsibilities Notice

Clients who are provided care, treatment and services at CAHSD facilities have the responsibility to:

1. Treat all CAHSD staff, other clients and visitors with respect and courtesy;
2. Refrain from verbal abuse, threats, violence and aggression in accordance with the CAHSD Domestic and Other Violence in the Workplace Policy;
3. Refrain from the use of tobacco on the campus in accordance with the CAHSD Tobacco-free Workplace Policy;
4. Provide accurate, complete information as required for billing and patient assistance program purposes and notify staff if their financial status changes;
5. Provide full information about problems, including physical health information, to allow for proper evaluation, diagnosis, and treatment;
6. Assist clinical staff in developing a treatment plan, adhere to the treatment plan, and notify clinical staff of any concerns about their progress in treatment or care provided;
7. Arrive for appointments at the designated time and to notify the CAHSD treatment facility/program at least 24 hours prior to cancelled appointments;
8. Discuss the discontinuance of treatment with clinical staff prior to making the decision to terminate care;
9. Refrain from discussing other clients' care at the facility/program;
10. Follow CAHSD policies that are provided at the time of admission and during treatment;
11. Pay required CAHSD assessed fees; and
12. Notify staff anytime their behavioral or medical health advance directives change and provide a current copy for their medical record.

Capital Area Human Service District
Notice of Privacy Practices
Attachment B

Capital Area Human Services District

Notice of Privacy Practices (NPP)

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Capital Area Human Services District (CAHSD) provides many types of services. CAHSD staff must collect information about you to provide these services. CAHSD knows that information we collect about you and your health is private. CAHSD is required to protect this information by Federal and State law. **We call this information “protected health information” (PHI).**

This Notice of Privacy Practices tells you how CAHSD may use or disclose information about you. Not all situations will be described. We are required to give you a notice of our privacy practices for the information we collect and keep about you. CAHSD is required to follow the terms of the notice currently in effect. However, CAHSD may change its privacy practices and make that change effective for all PHI maintained by the Department. The effective date of this Notice of Privacy Practices is April 14, 2003.

CAHSD May Use and Disclose Information Without Your Authorization

- **For Treatment.** CAHSD may use or disclose information to health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment.
- **For Payment.** CAHSD may use or disclose information to get payment or to pay for the health care services you receive. For example, CAHSD may provide PHI to bill your health plan for services provided to you.
- **For Health Care Operations.** CAHSD may use or disclose information in order to manage its programs and activities. For example, CAHSD may use PHI to review the quality of services you receive.
- **Appointments and Other Health Information.** CAHSD may send you reminders for services, checkups, and eligibility renewal. CAHSD may contact you by telephone or send you information about services that may relate to your care (i.e., reminder of appointments, discuss your treatment, etc.).
- **For Health Oversight Activities.** CAHSD may use or disclose information to inspect or investigate health care providers.
- **As Required by Law and For Law Enforcement.** CAHSD will use and disclose information when required or permitted by Federal or State law or by a court order. If Federal or State law creates higher standards of privacy, CAHSD will follow the higher standard.
- **For Abuse Reports and Investigations.** CAHSD is mandated by law to receive and investigate reports of abuse, neglect or exploitation involving CAHSD clients and makes a report to the appropriate agency as indicated.
- **For Government Programs.** CAHSD may use and disclose information for public benefits under other government programs. For example, CAHSD may disclose information for the determination of Supplemental Security Income (SSI) benefits.
- **To Avoid Harm.** CAHSD may disclose PHI to extent needed in order to avoid a serious threat to the health, welfare and safety of a person or the public.
- **For Research.** CAHSD uses information for studies and to develop reports but not in the form of identifiable client information.
- **Disclosures to Family, Friends, and Others.** CAHSD may disclose information to your family or other persons who are involved in your medical care. You have the right to object to the sharing of this information, unless it's a personal representative.

Disclosures to DHH or other CAHSD Agencies

DHH and CAHSD are business partners. Your PHI may be disclosed to DHH or other CAHSD agencies in order to provide treatment or for other reasons stated above. You have the right to object to this sharing of information; however, it may alter CAHSD's ability to provide you full services.

Other Uses and Disclosures Require Your Written Authorization

For other situations, CAHSD will ask for your written authorization before using or disclosing information. You may cancel this authorization at any time in writing. CAHSD cannot take back any uses or disclosures already made with your authorization.

Other Laws Protect Your Protected Health Information

Many CAHSD programs have other laws for the use and disclosure of information about you. For example, your written authorization may be needed for CAHSD to use or disclose your mental health or chemical dependency treatment records.

Your Privacy Rights

- **Right to See and Get Copies of Your Records.** In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records. **Right to Request to Correct, Amend, or Update Your Records.** You may ask CAHSD to change or add missing information to your records if you think there is a mistake. You must make the request in writing, and provide a reason for your request (CAHSD form 301P).
- **Right to Get a List of Disclosures.** You have the right to ask CAHSD for a list of disclosures made after April 14, 2003. You must make the request in writing (CAHSD form 701P). This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include information provided directly to you or your family or information that was sent with your authorization.
- **Right to Request Limits on Uses or Disclosures of Protected Health Information.** You have the right to ask CAHSD to limit how your information is used or disclosed. You must make the request in writing and tell CAHSD what information you want to limit and to whom you want the limits to apply. CAHSD is not required to agree to the limit. You can request in writing that the limit be terminated (CAHSD form 501P).
- **Right to Revoke Permission.** If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing (CAHSD form 403P). This will not affect information that has already been shared.
- **Right to Choose How We Communicate with You.** You have the right to ask that CAHSD share information with you in a certain way or in a certain place. For example, you can ask CAHSD to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the reason for your request.
- **Right to File a Complaint.** You have the right to file a complaint with CAHSD at the address listed below and with the Secretary of the United States Department of Health and Human Services if you do not agree about how CAHSD has used or disclosed information about you (CAHSD form 601P).
- **Right to Get a Paper Copy of this Notice.** You have the right to ask for a paper copy of this notice at any time.
- **Right to Receive Notice of Change to CAHSD Privacy Practices.** You have a right to receive notice of changes in CAHSD privacy practices that affect you on or after the effective date of the change.

How to Review CAHSD Privacy Policies

You may review CAHSD privacy policies and related forms by going to www.cahsd.org and looking for the HIPAA Privacy Policy link. You may also contact the CAHSD Privacy Officer at the address listed at the end of this notice.

**How to Contact CAHSD to
Review, Correct, or Limit Your Protected Health Information (PHI)**

You may contact the local CAHSD office which collects and maintains your protected health information or you may contact the CAHSD Privacy Officer at the address listed at the end of this notice to:

- ✓ Ask to look at or copy your records;
- ✓ Ask to limit how information about you is used or disclosed;
- ✓ Ask to cancel your authorization;
- ✓ Ask to correct or change your records; or
- ✓ Ask for a list of the times CAHSD disclosed information about you.

Your request to look at, copy, or change your records may be denied. If CAHSD denies your request, you will receive a letter that tells you why your request is being denied and how you can ask for a review of the denial. You will also receive information about how to file a complaint with CAHSD or with the U.S. Department of Health and Human Services, Office for Civil Rights.

How to File a Complaint or Report a Problem

You may contact the Privacy Officer listed below if you want to file a complaint or to report a problem about how CAHSD has used or disclosed information about you. Your benefits will not be affected by any complaints you make. CAHSD cannot punish or retaliate against you for filing a complaint, cooperating in an investigation, or refusing to agree to something that you believe to be unlawful. Your Privacy Office contact is:

**Capital Area Human Services District
Privacy Officer
4615 Government St., Bldg. 2
Baton Rouge, LA 70806
(225) 922-2700**

Capital Area Human Service District
Respect For Diversity Statement
Attachment C

Capital Area Human Service District

Respect For Diversity Statement

- We believe all individuals have intrinsic worth and make valuable contributions to our communities.
- CAHSD is committed to quality care for all CAHSD clients in need of mental health, addiction recovery and developmental disability services regardless of age, race, gender, ethnicity, sexual orientation, religion, disability, cultural origin, or their ability to pay.
- We continually evaluate the diversity of the individuals we serve in an effort to ensure that those served are representative of all individuals in need in our community.
- We respect the diversity of our employees. We strive to accept individual preference and respect individual differences.
- We strive to recruit, retain and develop a culturally diverse workforce at all organizational levels of CAHSD who are representative of the individuals we serve.

CAHSD COMMITMENT TO CULTURAL COMPETENCE

- We accept that every individual has an ethnicity, as well as a gender, sexual orientation, level of ability, age, and socio-economic status; therefore, every human interaction is a cross-cultural encounter.
- We respect the dignity and worth of all persons.
- We are committed to providing ongoing cultural competence training for all employees and administrators.