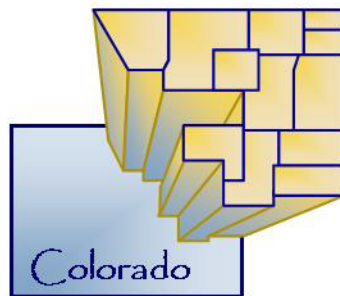


Northeast Behavioral Health Partnership, LLC



Cultural Competency Program Description and Annual Plan

July 1, 2010 through June 30, 2011

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Mission Statement:

The Cultural Competency Committee's mission is to support the efforts of Northeast Behavioral Health Partnership through its provider network in providing behavioral health services that are effective, linguistically appropriate, fully understandable by the client, and respectful of the client's cultural beliefs.

Cultural Competency Program Description

Introduction

Northeast Behavioral Health Partnership (NBHP) places high importance on building and maintaining a network of culturally competent providers and staff. NBHP conceptualizes cultural competency as the ability to deliver excellent mental health services that are culturally and linguistically appropriate. As such, the NBHP Cultural Competency Committee was created to increase cultural competence across all staff, provider, and organizational levels. The Committee is comprised of staff members from Centennial Mental Health Center, Larimer Centers for Mental Health, North Range Behavioral Health, and NBHP. Meetings are held quarterly and member and independent provider representation will be highly encouraged.

The NBHP Cultural Competency Committee recognizes that mental healthcare disparities exist across the many different strata that comprise “culture,” such as language, ethnicity/race, religion, sexual orientation, sex/gender roles, socioeconomic status, and age. The Committee also recognizes the influence that culture has on many issues related to mental health care, including barriers to service, attitudes towards recovery, beliefs about mental illness, and help-seeking behaviors. Keeping these issues in mind, the Committee will actively work towards fostering a robust network of culturally competent providers and staff by:

- Promoting cross-cultural awareness and respect.
- Assessing cultural competence.
- Training culturally competent providers.
- Promoting the recruitment of bilingual or bicultural staff of the prevalent secondary language of our region.

What is Cultural Competency?

Cultural competency, on an individual level, evolves through changes in behaviors, attitudes, knowledge, and skills. On an organization level, it evolves through changes in policy, development of structure, and providing education to its staff. NBHP recognizes that the incorporation of these two levels into a culture of competency for its staff, providers, and subcontractors is needed to provide quality services to our clients.

NBHP further defines cultural competency as follows:

- ❖ Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. ‘Culture’ refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. ‘Competence’ implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs present by consumers and their communities.

(The Office of Minority Health as adapted from Cross, 1989)

- ❖ Cultural competence includes attaining the knowledge, skills, and attitudes to enable administrators and practitioners within systems of care to provide effective care for diverse populations. Recovery and rehabilitation are more likely to occur where systems, services, and providers have and utilize knowledge and skills that are culturally competent and compatible with the backgrounds of consumers, their families, and communities. Cultural competence acknowledges and incorporates variance in normative acceptable behaviors, beliefs, and values in determining an individual's mental wellness/illness, and incorporating those variables into assessment and treatment.

(SAMHSA'S Cultural Competence Standards in Managed Care Mental Health Services)

- ❖ Linguistic competence is the capacity of an agency to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, individuals with disabilities, and those who are deaf or hard of hearing.

(National Center for Cultural Competence)

Cultural Competency Standards:

NBHP's plan is based on the adoption of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care published by the US Department of Health and Human Services' Office of Minority Health in 2000. These standards are:

- A. Assurance that clients receive from all providers effective, understandable, and respectful care that is provided in a manner compatible with their cultural beliefs and practices and preferred language.
 - 1. 'Effective health care' is care that successfully restores the client to the desired health status and takes steps to protect future health by incorporating health promotion, disease prevention, and wellness interventions. In order for health services to be effective, the clinician must accurately diagnose the illness, discern the correct treatment for that individual, and negotiate the treatment plan successfully with the client.
 - 2. 'Understandable care' focuses on the need for clients to fully comprehend questions, instructions, and explanations from clinical, administrative, and other staff. To be understandable the concepts must "make sense" in the cultural framework of the client.
 - 3. 'Respectful care' includes taking into consideration the values, preferences, and expressed needs of the client and helps to create an environment in which clients from diverse backgrounds feel comfortable discussing their specific needs with any member of the staff.
- B. Offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each client with limited English proficiency at all points of contact, in a timely manner during all hours of operation;

- C. Provide to clients in their preferred language both verbal offers and written notices informing them of their right to receive language services;
- D. Ensure the competence of language assistance provided to limited English proficient clients by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the client); and
- E. Make available easily understood client-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.
- F. Implement strategies to recruit, retain, and promote at all levels a diverse staff and leadership represent the demographic characteristics of the service area;
- G. Ensure that staff at all levels and across all disciplines receive ongoing education in culturally appropriate service;
- H. Develop, implement, and promote a written strategic plan that outline clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally appropriate services;
- I. Ensure that data on the individual client's race, ethnicity, and spoken/written language are collected in health records, and/or integrated into the management information systems and periodically updated;
- J. Maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for a services that respond to the cultural characteristics of the service area;
- K. Develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms, to facilitate community and client involvement in designing and implementing CLAS-related activities;
- L. Ensure that conflict and grievance resolution processes are culturally sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by clients; and
- M. Regularly make available to the public information about their progress and successful innovations implementing the CLAS Standards and to provide public notice in their communities about the availability of this information.

Cultural Competency Plan

Authority, Structure, and Responsibility for the Integration and Implementation of the Plan

NBHP's Executive Director and the NBHP Board of Managers have the authority and responsibility to integrate cultural competency throughout the NBHP operation. The Partnership delegates the development and oversight of the plan to NBHP's Director of Quality Improvement and the Cultural Competency committee.

The Cultural Competency Committee is charged with implementing the Cultural Competency Plan. The Plan is required by the NBHP's policy on cultural competency and is updated annually. Committee members include Senior NBHP Managers, including the Director of Quality Improvement and the Director of Member and Family Affairs. It also includes Members and provider representatives who have demonstrated cultural proficiency. The Committee meets quarterly to review progress toward meeting plan goals, to plan new initiatives, and to provide resources and technical assistance to other providers.

The overall aim of the plan is to foster a robust network of culturally competent providers and staff by:

- Recognizing and honoring diversity in all forms;
- Assessing cultural competency;
- Offering immediate access to culturally appropriate behavioral care for Members;
- Offering continuous, comprehensive cultural competency/diversity education and training for staff and provider; and
- Promoting the recruitment of bilingual/bicultural staff of the prevalent secondary language/culture of our region.

NBHP's overall strategy has been, and will continue to be the following continuous looping sequence: (1) assess the extent to which NBHP and our providers are meeting the needs of the culturally diverse populations we serve, (2) plan the necessary steps and interventions needed to address any deficiencies noted in the assessment and to build on the strengths identified, (3) implements the plans developed, and (4) evaluate effects of the implementation. (See Appendix A: Quality Improvement Guide.)

Overall Goal of the Culturally Competency Program

To confront the problem of the disparities and barriers to service that exist across the many different aspects of "culture," including, language, ethnicity/race, religion, sexual orientation, sex/gender roles, socioeconomic status, and age, a Cultural Competency Plan has been developed that define our expectations with respect to providing culturally proficient services. The NBHP policies require the plan to include:

- ▶ Development of specific goals;
- ▶ Specific strategies to meet those goals; and

- ▶ Measures of the extent to which the goals are met.

NBHP stated its overarching goals in the recent response to the RFP for the Colorado Medicaid Community Mental Health Services Program and are listed below. In addition, the Committee may choose to establish further goals or assessment to ensure that the Plan is effective.

Culturally Competent Care

- Goal:** Ensure clients are receiving culturally appropriate services.
- Strategies:**
1. Impact of culture is incorporated into the treatment planning process.
 2. Recruitment of bilingual/bicultural staff.
 3. Cultural Competency training for all providers.
- Measures:**
1. Chart audits, consumer satisfaction surveys.
 2. Number and distribution of bilingual/bicultural providers.
 3. Service providers are required to participate in ongoing trainings.

Language Access Services

- Goal:** Ensure clients receive linguistically appropriate services
- Strategies:**
1. Utilization of language translation services.
 2. Client materials are easily understood and available in language of choice
- Measures:**
1. Semi-annual “secret shopper” calls to service providers assess staff proficiency with accessing translation services.
 2. Client materials and signage are reviewed annually by an external quality review organization.

Organizational Supports for Cultural Competence

- Goal:** Ensure clients have access to services that are sensitive to their cultural and linguistic needs.
- Strategies:**
1. Organizational and provider assessment.
 2. Knowledge of service area demographic profiles.
 3. Provide relevant trainings to staff and service providers.
- Measures:**
1. Annually NBHP reviews progress toward its goals, grievances, and it conducts formal bi-annual

organizational self-assessments.

2. **On a quarterly basis NBHP reviews the demographic profiles of the covered area.**
3. **Number and types of staff receiving education.**

Appendix A: Quality Improvement Guide

(Adapted from NCQA Multicultural Health Care: Quality Improvement Guide)

Assessment		
What to Assess:	Disparities:	What population do we serve or could we serve? What do we know about our population and community? Are there disparities in the quality of care we provide? In access to the services we provide? In utilization of the services we provide? In the health of our members?
	Cultural Competence:	How effectively do our clinicians and staff deal with a diverse population? Do we have effective services for people of different racial and ethnic backgrounds? How does the concept of equitable care fit with the organization's goals and objectives?
	Linguistic Competence:	Do we provide adequate language access for members with limited English proficiency?
Assessing the Population Served:	Demographic Characteristics:	Race/ethnicity; age; income; education; language spoken including primary or preferred languages; geographic distribution including home and workplace.
	Health Care Needs:	Mental Health profile; health behaviors; access to services; use of preventive care services; inpatient, ambulatory and emergency room utilization.
Assessing the Culture of NBHP/Centers	Structure:	The organization's governance, including its committees and boards, executive staff, policies and diversity of staff at various levels. How much time and effort does the organization invest in staff education and QI?
	Cultural Competence:	Cultural awareness and the ability of managers and staff to work effectively with people from diverse backgrounds.
	Linguistic Capabilities:	The organization's processes and staff's ability to communicate with people who do not speak English well.
	Information Systems:	The organization's ability to collect, access, analyze, and report data on services and outcomes stratified by race, ethnicity, and language. Thoroughness, accuracy, and source of data.
Assessing the Delivery System:	Demographics:	The race/ethnicity of clinicians and staff. Languages spoken by clinicians and staff. Location of clinicians in relation to the population served.
	Cultural Competence and Language Capabilities:	Availability of clinicians and staff who speak clients primary languages; availability and use of interpreter services, language lines, or bilingual staff for interpretation; availability and use of education materials, prescription labels and other materials in clients primary languages and at appropriate reading levels.
	Performance:	The quality of care delivered, and client satisfaction.
Assessing the Community:	Demographics:	The racial and ethnic make-up, age, socio-economic, education, and linguistic profile of the surrounding community.

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	Capabilities:	The various resources available in the community.
	Needs:	Information about specific needs and difficulties of a community.
Assessing Disparities in Care:	<p>Differences in prescribing and prescription dispensing patterns.</p> <p>Emergency room utilization rates.</p> <p>Clinical outcomes.</p> <p>Client's experience and satisfaction with care and services.</p> <p>Rates of grievances and complaints</p> <p>Utilization management authorizations for services.</p> <p>Dropout or no show rates.</p> <p>Clinician change requests.</p>	
Planning		
Identify the Problems and their Causes:	Brainstorm Causes:	Invite people familiar with the problem to develop a list of all possible causes, using the resources gathered – which includes the analysis performed during the assessment phase and the data.
	Organize Causes::	For example: people (personnel shortages, poor training, limited experience or expertise); methods (systematic barriers, slow response times, confusing protocols); or information (lack of information about the causes of disparities, lack of awareness or education).
	Visualize:	Chart causes and effects.
Prioritize:	<p>Which causes affect the target population most?</p> <p>Which causes have the greatest effect on the problem? Which are most likely to be successful?</p> <p>Which causes have the greatest effect on the organization' income or expenses?</p> <p>Which causes are most important to the organization?</p> <p>Which causes are most important to the organization's stakeholders?</p> <p>Which causes are most important to the organization's leaders?</p> <p>Which causes are most important to the organization's mission?</p> <p>Which causes are most easily addressed?</p>	
Identify a Solution:	<p>All possible solutions should be evaluated for feasibility, cost, and probable effect so the organization can compare and choose the most effective interventions. A good solution will solve a problem by attacking individual root causes.</p> <p>Consultation with stakeholders who could be affected by projects developed to solve the problem. Stakeholders include clients, family members, advocates, clinicians, staff, administrators, community service organizations, and others who can contribute information from a unique point of view.</p>	
Developing a Project Plan:	Why should the organization undertake this project?	State the project's purpose and explain how a problem or disparity negatively affects the organization and its populations.

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	What problems will this project address?	Clearly describe the identified problem and the project's goals and objectives.
	Who will contribute to the project?	Who will do the work and what responsibility will these persons assume? To whom will the project staff be accountable?
	Where will the project take place:	Identify who will be affected and how changes will affect the organization and the community at large.
	How will the problem be addressed?	Identify specific interventions including outlining steps for project staff and specifying funding and staffing requirements. The projects budget must be secured in advance, to the extent possible.
Planning for Evaluation:	Determine what results to expect, how results will be evaluated and what data will support an informative evaluation.	
Implementation		
Pilot Testing:	Ensures that an intervention is likely to succeed before an organization invests significant time and energy in it; establishes the feasibility of a proposed initiative; builds support for a controversial change; makes the change process more acceptable to staff and stakeholders.	
	Monitor Performance:	Assess the work plan, make modifications if needed, and decide on the next change to test, eventually testing, and evaluating the entire intervention before full-scale implementation.
Types of Interventions:	Client-focused:	Include changes intended to reach individual clients and support them in changing their behavior.
	Clinician-focused:	Primarily involves education opportunities.
	Provider Network:	Includes recruiting clinicians of the same race, ethnicity, or language as clients; and communicating to members about the skills of practitioners and staff.
	Community:	Focus on increasing public awareness through health fairs, screening events, and public health information campaigns that are culturally appropriate for certain populations.
	Organization:	Reducing barriers regarding navigating the Medicaid mental health program, getting referrals and coordination with other services.
Evaluation		
What an Evaluation Can Tell You:	How well is the program running?	Is it being implemented as planned? Do staff contribute as intended? Is it running efficiently?
	Is the program successful?	Is it having the desired results? Should it be continued? Is it worth the investment of time and resources?
	What factors contribute to the program's success?	What are its strengths and weaknesses? What aspects should be continued or enhanced, or what additions are needed? What should be discontinued or deemphasized?

