

CULTURAL COMPETENCY PLAN

Introduction

In 1997, The U.S. Department of Health and Human Services (HHS), Office of Minority Health (OMH) asked Resources from Cross Cultural Health Care and the Center for the Advancement of Health to review and compare existing cultural and linguistic competence standards and measures in a national context, propose draft national standard language where appropriate, assess the information or research needed to relate these guidelines to outcomes, and develop an agenda for future work in this area. This resulted in recommendations for National Standards and an Out-come-Focused Research Agenda submitted to OMH in May 1999. The draft CLAS (cultural and linguistically appropriate services) standards were published in the Federal Register on December 15, 1999 (Volume 64, Number 240, pages 70042 – 70044), and full report for individual's and organizations review and comments from January 1 to April 30, 2000. The final report and standards by the Office of Minority Health, National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care were published in the Federal Register: December 22, 2000 (Volume 65, Number 247). The Final Report publication put out by the U.S. Department of Health and Human Services, dated March 2001, Washington D.C. sets forth 14 Standards. The 14 Standards are organized by themes: Cultural Competent Care (Standards 1-3), Language Access Services (Standards 4-7), and Organizational Supports for Cultural Competence (Standards 8-14). Within this framework, there are three types of standards of varying stringency: mandates, guidelines, and recommendations. Standards 4, 5, 6 and 7 are CLAS mandates that are current requirements for all recipients of Federal funds. Standards 1, 2, 3, 8, 9, 10, 11, 12, and 13 CLAS guidelines are activities recommended for adoptions as mandates by Federal, State, and national accrediting agencies. Standard 14 CLAS recommendation is suggested by Office of Minority Health (OMH) for voluntary adoption by health care organizations. Standards are attached as Attachment A to this plan.

Purpose

It is the responsibility of NCCMH – Northern Affiliation to ensure contracted providers take reasonable steps to facilitate appropriate cultural competence in the provision of mental health and substance abuse services.

The purpose of this plan is to clarify the responsibilities of NCCMH- Northern Affiliation in ensuring that people entering mental health and substance abuse services receive equitable treatment in a culturally and linguistically appropriate manner.

Application

North Country Community Mental Health is both a Medicaid specialty prepaid inpatient health plan (PIHP) and a service provider. This plan is intended to address both aspects of the organization's operations. It is the intent of NCCMH that the scope of the Cultural Competency Plan should promote equitable treatment in a culturally and linguistically appropriate manner.

The Northern Affiliation is a division of NCCMH that performs the managed care functions of the PIHP. NCCMH is authorized to perform these functions for a thirteen county area through an Intergovernmental Transfer of Functions and Responsibility ACT agreement. The Affiliation's Cultural Competency Plan applies to all NCCMH services, providers, and subcontractors providing services under contract with NCCMH - Northern Affiliation.

General Overview

It is acknowledged that efforts to provide equitable mental health and substance abuse treatment in a culturally and linguistically appropriate manner to consumers must be organizational wide and must be ongoing. In order to assure that these efforts are sustained, compliance to Cultural Competency Plan is developed from the performance improvement perspective. Assuring this compliance, both prospectively and retrospectively, is best done through focus on improvement, utilizing objective data, systems analysis, and feedback.

Administrative Responsibilities

Primary responsibility for implementing and monitoring compliance to the Affiliations Cultural Competency Plan shall be assigned to the Regulatory Compliance Coordinator. The Compliance Coordinator will, with oversight of the Director of Affiliation Services, perform the following activities:

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- Review and amend the Cultural Competency Plan (CC Plan), as necessary, based on changes in the laws and regulations that govern cultural competency standards.
- Develop methods to ensure that employees and provider organization staff are aware of the CC Plan/policies, and are aware of the importance of ensuring equitable treatment in a culturally and linguistically appropriate manner.
- Ensure that employees and provider organization staff are educated and trained in the cultural competence standards.
- Monitor at least annually for appropriate training of staff, and that appropriate data gathering is occurring.
- Initiate corrective actions for identified deficiencies in implementation and maintenance of cultural competence standards.
- Develop processes to identify the number or proportion of culturally diverse persons in the population to be served or likely to be encountered by the provider or service.
- Develop processes for identifying and reporting data pertinent to tracking cultural diverse person's needs and future needs.

Administrative Plan

Each provider operation shall appoint a representative to serve as the Cultural Competency leader for that organization's activity. The CC leaders will coordinate cultural competency activities. (See Northern Affiliation Administrative Manual, 6/18/02 Operations Committee approved "*Policy Regarding Cultural Sensitivity*") The Regulatory Compliance Coordinator will have regular contact with the CC leaders about matters of common interest.

Each provider organization is responsible for the development and implementation of a plan to address Cultural Competency compliance efforts. These plans shall, at a minimum include the following features:

- Written policies and procedures for operational activities undertaken by the organization personnel, including any specialty specific standards that may be relevant;
- Education and training programs to ensure staff have a working knowledge of cultural competency standards;
- A system ensuring and documenting that all new personnel receive training regarding cultural competency standards;
- A system ensuring and documenting that staff receive annual cultural competency training;
- A process for routine "spot checks" of cultural competency activities, with the results of such review being reported to the CC leader and the Affiliation's Compliance Coordinator;
- A system that tracks the cultural diversity in service requests and provision of services, as well as issues that have been raised within the organization and the resolution of those issues;
- A process to assess and analyze community need, and implementation of policy/procedure to meet needs identified.
- A process for availability of interpreter services when needed.

Policy Guidelines

The Cultural Competency Plan will be reviewed annually, and revised as necessary. Cultural Competency training will be a part of new employee orientation and staff annual training.

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Definitions

Definitions used here can be found in: Cross T., Bazron, B., Dennis, K., & Isaacs, M. (1989). Towards a Culturally Competent system of Care, Volume I. Washington, D.C.: Georgetown University Child Development Center, CASSP Technical Assistance Center.

The idea of more effective cross-cultural capabilities is captured in many terms similar to cultural competence. Cultural knowledge, cultural awareness, and cultural sensitivity all convey the idea of improving cross-cultural capacity, as illustrated in the following definitions:

Cultural Knowledge: Familiarization with selected cultural characteristics, history, values, belief systems, and behaviors of the members of another ethnic group (Adams, 1995).

Cultural Awareness: Developing sensitivity and understanding of another ethnic group. This usually involves internal changes in terms of attitudes and values. Awareness and sensitivity also refer to the qualities of openness and flexibility that people develop in relation to others. Cultural awareness must be supplemented with cultural knowledge (Adams, 1995).

Cultural Sensitivity: Knowing that cultural differences as well as similarities exist, without assigning values, i.e., better or worse, right or wrong, to those cultural differences (National Maternal and Child Health Center on Cultural Competency, 1997).

However, cultural competence, is defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations (Cross, Bazron, Dennis, & Isaacs, 1989). Operationally defined, cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of health care; thereby producing better health outcomes (Davis, 1997). Cultural competency emphasizes the idea of *effectively* operating in different cultural contexts. Knowledge, sensitivity, and awareness do not include this concept. "This is beyond awareness or sensitivity," says Marva Benjamin of the Georgetown Technical Assistance Center for Children's Mental Health.

REFERENCES

U.S. Department of Health and Human Services, OPHS – Office of Minority Health; "National Standards for Culturally and Linguistically Appropriate Services in Health Care" FINAL REPORT, March 2001, Washington, D.C.

The Office of Minority Health, Public Health Services, U.S. Department of Health and Human Services – Cultural Competence Standards, "Assuring Cultural Competence in Health Care", Summary

SAMHSA'S National Mental Health Information Center; Cultural Competence Standards in Managed Care Mental Health Services, Section II – Overall System Standards and Implementation Guidelines

Federal Register: December 22, 2000 (Volume 65, Number 247); Notices: Page 80865 – 80879

Federal/National Partnership Cultural Competency Task Force, Center for Mental Health Services, Meeting Summary Report Dated April 29, 1998, Washington, D.C.

Newsletter of the Office of Minority Health, Mental Health and Minorities, September 1997

Cultural Competence web site: www.air-dc.org/cecp/cultural/

"How is this different than Cultural Sensitivity or Awareness?" Definitions

"Who should be involved?" Clarifies not just an issue for mental health service providers

"How Do I start?" Checklist

Developing Cross-Cultural Competence, authors Eleanor W. Lynch and Marci J. Hanson – Chapters 1, 2, and 3

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