

Policies & Procedures

CULTURAL COMPETENCY PLAN

Section: Human Resources

Pages: 1 of 11

Subject: Cultural Competency Plan

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Commitment to Cultural Competence

Davis Behavioral Health, Inc. (DBH) believes that the pursuit of equality in healthcare must be in the forefront of all our efforts to serve the many individuals that seek our services. DBH places significant importance on providing services that are of the highest quality available. In addition, DBH is committed to accommodating the unique needs of individuals and families whose cultural perspectives and linguistic differences are significantly dissimilar from the mainstream culture in Davis County, Utah.

CLAS Standards

DBH has adopted the enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care as the foundation for implementing cultural competence as a core element in the delivery of services.

As defined by the U.S. Department of Health and Human Services Office of Minority Health, The National CLAS Standards aim to improve health care quality and advance health equity by establishing a framework for organizations to serve the nation's increasingly diverse communities.

The National CLAS Standards are outlined below:

Principal Standard

1. Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

Governance, Leadership and Workforce

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.

3. Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.
9. DBH's website will be compliant with 508 guidelines by running the WAVE test every six months and addressing any errors.

Engagement, Continuous Improvement and Accountability

10. Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organizations' planning and operations.
11. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities.
12. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
13. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
14. Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.
15. Create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.
16. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.

Cultural Competency Work Plan

The DBH Executive Leadership Team (ELT) have the authority and responsibility to integrate cultural competence through all levels of the organization. The Human Resources Director has been specifically tasked with leading cultural competence effort, including the organization and direction of the DBH Cultural Competency Committee.

Cultural Competency Committee

Davis Behavioral Health has established a Cultural Competency Committee composed of a minimum of 4 individuals, including a Chair and three committee

members. Responsibilities and assignments are delegated to all committed members.

The role of the Committee shall be:

- To promote cultural competency among staff and in all services provided by DBH
- To develop and recommend the annual Cultural Competency Plan to the Executive Leadership Team (ELT) and to make relevant recommendations to the Quality Assurance and Performance Improvement (QAPI) committee. The Cultural Competency Plan will be presented to ELT in the first executive each July
- Attend available statewide workshops and training
- Compile, maintain, and disseminate information on internal and external resources for staff serving diverse populations
- Coordinate with Human Resources Department to ensure that annual staff training pertaining to cultural competency is completed
- Served as primary contact and educators for all cultural competency issues or concerns that arise at DBH

Meetings

The Cultural Competency Committee will meet at least quarterly on a date determined by the committee. Special meetings may be called at the discretion of the Chair to conduct business within the scope of the standing rules and/or to carry out the annual plan.

A member of the Committee will be assigned to take minutes at each meeting and send follow-up communication to the other committee members.

Cultural Competency Plan

The Cultural Competency Plan is reviewed and/or updated annually and will include one or more of the following components:

- Goals and implementation
- Delivery of services
- Conflict and grievance resolution for consumers
- Strategic partnerships with local community groups
- Recruitment and retention of staff
- Legal considerations
- Cultural competency training

Goals and Implementation

To make the annual Cultural Competency Plan an effective tool for DBH, the Cultural Competency Committee will create 1-2 short-term and long-term goals each year during the review and revision process for the annual Plan. Short-term goals will be focused on areas that can be completed within the 12-month scope each plan, have relevant and practical applications for immediate improvement, and we attainable with available resources.

2017/18 Goals

Short-term Goals

1. Improve staff awareness of cultural competency by initiating cultural competency training.

Long-term Goals

Long-term goals will remain focused on DBH's efforts to meet the CLSW principal standards of providing high quality culturally competent services to persons with diverse cultural health beliefs, practices, and languages.

Delivery of Services

Treatment staff at DBH are encouraged to perform assessments, treatment, and discharge planning in what that, when possible, take into consideration holistic approaches, cultural beliefs and values, family and other natural support systems, community resources, and any communication barriers that may be present. DBH will use a system of care approach that encourages wraparound services that meet the needs of families and include those in a consumer's natural culture. DBH will promote the delivery of services in a culturally competent manner, to all members including those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation or gender identity.

Interpreters and Written Materials

DBH will make every effort to provide services to consumers in their preferred language. In the absence of qualified and competent bilingual staff, interpreters (language, ASL, etc.) may be offered to overcome communication barriers on an as needed basis. In such instances, interpreters are required to maintain confidentiality, while providing complete and accurate interpretation. Family members, particularly children, will not be used as interpreters in mental health assessments, treatment, or other situations where impartiality is critical. Additionally, the same interpreter should be utilized over the course of treatment, whenever possible. Please refer to Attachment I for the "Language Interpreter and Translator Code of Professional Conduct" used by DBH.

DBH will continue to comply with PMHP contract requirements to make interpreter services available to assist those with limited English proficiency to access services.

Interpreters may not be limited to prevalent languages in the catchment area but shall apply to all non-English languages.

DBH will make interpretation services for all non-English languages available free of charge and notify members that oral interpretation is available for any all language and written translation is available in prevalent languages, including the use of auxiliary aids such as TTY/TDY and American Sign Language (ASL). Further, DBH will instruct members how to access these services.

DBH Human Resources Department will include all non-English languages spoken by staff in the human resource information system (HRIS), which is currently administered by Paylocity. This information will be used to track potential internal interpreter sources.

A list of names and phone numbers of interpreters and staff fluent in a 2nd language will be kept on the internal DBH website.

DBH intake staff will complete the Clinical Information/Demographic Form as part of the intake process, whether consumers request and receive either interpreter services or services in a preferred language other than English.

DBH will provide written materials that are critical to obtaining services in prevalent non-English languages in its service areas. DBH has identified Spanish as the sole prevalent non-English language in its service area in which critical written material will be provided. Critical materials include provider directories, member handbooks, appeal and grievance notices, and denial and termination notices.

DBH agree to meet the following criteria for all written material:

- Use easily understood language and format
- Use a font size no smaller than 12 point
- Be available in alternative formats and through provision of auxiliary aids and service that takes into consideration the special needs of members with disabilities or limited English proficiency.
- Include taglines in large print (18 point) and prevalent non-English languages describing how to request auxiliary aids and services, include written translation or oral interpretation and the toll-free and TTY/TDY customer service number, and availability of materials in alternative formats.

Documentation

DBH will maintain documentation of activities conducted by the agency and its staff. When requested, DBH will submit the written cultural competency plan and or documentation of the activities to the State of Utah Department of Human Services.

Conflict and Grievance Resolution for Consumers

The DBH Cultural Competency Committee will collaborate with the Corporate Compliance Officer and Executive Leadership Team (ELT) to ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by consumers.

Strategic Partnerships with Local Community Groups

DBH staff members will strive to participate in community committees to ensure that the community needs are being met in a culturally sensitive manner. DBH believes that it is essential to gain trust by finding natural leaders from within the minority community as this helps clarify needs and how services need to be adapted to fit the needs of individuals.

Recruitment and Retention of Staff

The Cultural Competency Committee will work with the Human Resources Department to provide supervisors with resources related to the recruitment and retention of staff with diverse cultural and language backgrounds.

Conflict and grievance resolution processes will be addressed in a culturally sensitive manner to help identify, prevent, and resolve cross-cultural conflicts or complaints by staff or consumers.

Cultural competency training will be included in all new employee orientation meetings and material.

Legal Considerations

DBH complies with any other federal and State laws that pertain to member rights including Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45CFR part 80; the Age Discrimination Act of 1975 as implemented by regulations at 45CFR part 91; the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972 (regarding education programs and activities), Titles II and III of the Americans with Disabilities Act; and section 1557 of the Patient Protection and Affordable Care Act.

Title VI of the Civil Rights Act of 1964

Title VI declares that no person shall be subject to discrimination based on race, color or national origin under any program or activity that receives federal financial assistance.

What is the penalty for non-compliance with Title VI?

- Loss of federal funds
- Loss of future federal and state funding
- Subject to legal actions from NC DHHS, legal services organizations and private individuals.
- Possible "Informed Consent" issues which could lead to medical malpractice charges for both the public and private sector.

Age Discrimination Act of 1975

The Age Discrimination Act of 1975 prohibits discrimination on the basis of age in programs and activities receiving federal financial assistance. The Act, which applies to all ages, permits the use of certain age distinctions and factors other than age that meet the Act's requirements. The Age Discrimination Act is enforced by the Civil Rights Center.

Rehabilitation Act of 1973

The Rehabilitation Act of 1973, as Amended (Rehab Act) prohibits discrimination on the basis of disability in programs conducted by federal agencies, in programs receiving federal financial assistance, in federal employment and in the employment practices of federal contractors.

The standards for determining employment discrimination under the Rehab Act are the same as those used in Title I of the ADA; it protects “qualified individuals with disabilities.” An “individual with a disability” is a person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment or is regarded as having such an impairment. “Qualified” means the person satisfies the job-related requirements of the position he or she holds (or is applying for) and can perform its essential functions, with or without a reasonable accommodation.

Title IX of the Education Amendments of 1972

Title IX is a comprehensive federal law that prohibits discrimination on the basis of sex in any federally funded education program or activity. The principal objective of Title IX is to avoid the use of federal money to support sex discrimination in education programs and to provide individual citizens effective protection against those practices. Title IX applies, with a few specific exceptions, to all aspects of federally funded education programs or activities. In addition to traditional educational institutions such as colleges, universities, and elementary and secondary schools, Title IX also applies to any education or training program operated by a recipient of federal financial assistance.

Americans with Disabilities Act (ADA)

The landmark Americans with Disabilities Act (ADA) enacted on July 26, 1990, provides comprehensive civil rights protections to individuals with disabilities in the following areas:

Title I Employment

Business must provide reasonable accommodations to protect the rights of individuals with disabilities in all aspects of employment. Possible changes may include restructuring jobs, altering the layout of workstations, or modifying equipment. Employment aspects may include the application process, hiring, wages, benefits, and all other aspects of employment. Medical examinations are highly regulated.

Title II Public Services

Public services, which include state and local government instrumentalities, the National Railroad Passenger Corporation, and other commuter authorities, cannot deny services to people with disabilities participation in programs or activities which are available to people without disabilities. In addition, public transportation systems, such as public transit buses, must be accessible to individuals with disabilities.

Title III Public Accommodations

All new construction and modifications must be accessible to individuals with disabilities. For existing facilities, barriers to services must be removed if readily achievable. Public accommodations include facilities such as restaurants, hotels,

grocery stores, retail stores, etc., as well as privately owned transportation systems.

Title IV Telecommunications

Telecommunications companies offering telephone service to the general public must have telephone relay service to individuals who use telecommunication devices for the deaf (TTYs) or similar devices.

Title V Miscellaneous

Includes a provision prohibiting either (a) coercing or threatening or (b) retaliating against the disabled or those attempting to aid people with disabilities in asserting their rights under the ADA.

Section 1557 of the Patient Protection and Affordable Care Act

Section 1557 is the nondiscrimination provision of the Affordable Care Act (ACA). The law prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities. Section 1557 builds on long-standing and familiar Federal civil rights laws: Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975.

Section 1557 extends nondiscrimination protections to individuals participating in:

- Any health program or activity any part of which received funding from HHS
- Any health program or activity that HHS itself administers
- Health Insurance Marketplaces and all plans offered by issuers that participate in those Marketplaces.

Cultural Competence Training

DBH has established a robust cultural competence training program for staff to complete on an annual basis. Components of the program include:

- Annual review and acknowledgement of the cultural competency policy and cultural competency plan
- Twelve (12) individual video training modules to be completed annually
 1. TedxMileHigh – Bobby Lefebvre – Social Worker
 2. Cultural Humility
 3. Challenges & Rewards of a Culturally-Informed Approach to Mental Health
 4. Why Cultural Diversity Matters
 5. Everything You Wanted to Know About Culture
 6. What is Culturally Competent Healthcare?
 7. Youth Cultural Competency
 8. An Emptiness in My Heart: Coping with Mental Illness in a Foreign Land
 9. Why Culturally and Linguistically Appropriate Services (CLAS) Matter
 10. Overview of CLAS Standards 1 of 2
 11. Overview of CLAS Standards 2 of 2
 12. What is Cultural Competence and Why is it Important?
- Voluntary completion of the Culturally Competent Care: A Cornerstone of Caring

training offered by the U.S. Department of Health & Human Services Office of Minority Health is also encouraged for DBH employees.

- This training provides up to nine (9) continuing education credits for licensed social workers at DBH.
- <https://ccnm.thinkculturalhealth.hhs.gov/default.asp>

Participation and completion of the required annual training is logged in Paylocity, the Human Resource Information System (HRIS) utilized by DBH.

Attachment I – Interpreter Code of Ethics

Interpreter Code of Ethics

Language Interpreter and Translator Code of Professional Conduct

Accuracy

Interpreters/translators shall always thoroughly and faithfully render the source language message, omitting or adding nothing, considering linguistic variations in both source and target languages, conserving the tone and spirit of the source language message.

Cultural Sensitivity and Courtesy

Interpreters/translators shall be culturally competent, sensitive, and respectful of the individual(s) they serve.

Confidentiality

Interpreters/translators shall not divulge any information obtained through their assignments, including but not limited to information gained through access to documents or other written material.

Disclosure

Interpreters/translators shall not publicly discuss, report, or offer an opinion concerning matters in which they are or have been engaged, even when that information is not privileged by law to be confidential.

Proficiency

Interpreters/translators shall meet a minimum proficiency standard.

Compensation

The fee schedule agreed to shall be the maximum compensation accepted. Interpreters/translators shall not accept additional money, compensation, or favor for services reimbursed under contract.

Non-Discrimination

Interpreters/translators shall always be neutral, impartial, and unbiased.

Interpreters/translators shall not discriminate on the basis of gender, disability, race, color, national origin, age, socioeconomic or educational status, or religious or political beliefs, or sexual orientation.

Self-Evaluation

Interpreters/translators shall accurately and completely represent their proficiency, experience, and training.

Impartiality

Interpreters/translators shall disclose any real or perceived conflict of interest which would affect their objectivity in the delivery of service.

Professional Demeanor

Interpreters/translators shall be punctual, prepared, and dressed in a manner appropriate and not distracting for the situation.

Scope of Practice

Interpreters/translators shall not counsel, refer, give advice, or express personal opinions to individual for whom they are interpreting/translating, or engage in any other activities which may be construed to constitute a service other than interpreting/translating.

Reporting Obstacles to Practice

Interpreters/translators shall assess at all times their ability to interpret/translate. Should interpreters/translators have any reservations about their competency, they should notify the parties and offer to withdraw without threat of retaliation. Interpreter/translator may continue until more appropriate interpreters/translators can be secured.

Ethical Violations

Interpreters/translators should withdraw from service provision they perceive as a violation of any part of this Code. Any violation of the Code of Professional Conduct may cause termination of the contractual relationship.

Professional Development

Interpreters/translators should develop their skills and knowledge through professional training, continuing education, and interaction with colleagues and specialists in related fields.

I agree to abide by the Davis Behavioral Health, Inc. Interpreter Code of Ethics.

Name

Date
