

Policies & Procedures

INCLUSION & DIVERSITY PLAN

Section: Human Resources

Pages: 7

Subject: Inclusion & Diversity Plan

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Commitment to Cultural Health Competence and Cultural Humility

Davis Behavioral Health, Inc. (DBH) believes that the pursuit of inclusive healthcare must be at the forefront of all our efforts to serve the many individuals who seek our services. DBH places significant importance on providing services in a culturally competent manner to all Enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation, or gender identity. DBH ensures that Enrollees have access to Covered Services and are delivered in a manner that meets their unique cultural needs.

National 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 and cultural humility as core elements 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 healthcare 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, 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, verbal, non-verbal, 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. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Cultural Health Competence and Cultural Humility Strategic Work Plan

The DBH Executive Leadership Team (ELT) has the authority and responsibility to

integrate cultural health competence & cultural humility efforts through all levels of the organization. The Inclusion & Diversity Director has been specifically tasked with leading cultural health competent & cultural humility efforts, including the organization and direction of the DBH Inclusion & Diversity Team.

Inclusion & Diversity Team

Davis Behavioral Health has established an Inclusion & Diversity Team, composed of a minimum of 10 individuals, including a lead ambassador and several advocate members from different divisions around DBH's organization. Responsibilities and assignments are delegated to all committed team members.

The role of the Inclusion & Diversity Team shall be:

- To promote cultural health competency & cultural humility among staff and in all services provided by DBH
- To develop and recommend the annual Inclusion & Diversity Strategic Plan to the Executive Leadership Team (ELT) and to report relevant progression to the Quality Assurance and Performance Improvement (QAPI) committee. The Inclusion & Diversity Strategic Plan will be presented to ELT
- 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 health competency is completed and tracked
- Served as primary contact and educators for all cultural competency issues or concerns that arise at DBH

Meetings

The Inclusion & Diversity Team will meet at least quarterly, at most monthly, on a date determined by the team. Special meetings may be called at the discretion of the Director to conduct business within the scope of the standing rules and/or to carry out the annual plan.

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

Inclusion & Diversity Strategic Plan

This 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 consumer trends
- Strategic partnerships with local community groups
- Recruitment and retention of staff
- Legal considerations
- Cultural Health Competency & Cultural Humility Training

Goals and Implementation

To make the annual Inclusion & Diversity Strategic Plan an effective tool for DBH, the Inclusion & Diversity Team 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 and have attainable, relevant, and practical applications for immediate improvement with available resources.

Short-term Goals

Improve staff awareness of cultural health competency and cultural humility by initiating cultural competency training.

Long-term Goals

Long-term goals will remain focused on DBH's efforts to meet the CLAS 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 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 to Medicaid members and notify them 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 on 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 of interpreters and staff fluent in a second language will be kept on the internal DBH website.

DBH intake staff will assess 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 agrees 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 the provision of auxiliary aids and services 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, including 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 Health Competency and Cultural Humility Strategic Work plan and or documentation of the activities to the State of Utah.

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.

Conflict and Grievance Resolution for Consumers

The DBH Grievance Officer will communicate quarterly to the Inclusion & Diversity Director of any conflict and grievance trends around culturally sensitive issues which will be addressed to providers through cultural health competence & cultural humility staff trainings.

Recruitment and Retention of Staff

At Davis Behavioral Health, we strive to build and retain the best team. One that is inclusive and diverse. We do this by seeking the top talent from a diverse talent pool. We continue to ensure we have the right makeup of employees to help us reach our diverse community members.

The Inclusion & Diversity Director 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 and will track EEOC through Paylocity.

Cultural health competency and cultural humility 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.

Cultural Health Competence & Cultural Humility Training

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

- Annual review and acknowledgment of the Inclusion & Diversity Strategic Plan
- Live and recorded speaking events around The Role of Cultural Health Competence in Healthcare
- 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.