

Foothills Behavioral Health Partners Cultural Competency Plan

Adopted by FBHP Board of Managers
January 20, 2009

Purpose

The purpose of the Foothills Behavioral Health Partners (FBHP) Cultural Competency Plan (herein referred to as the “Plan”).

- To ensure that effective, culturally, and linguistically competent mental health services are accessible to all Members of the FBHP Health Plan, and
- To address the disparities faced by racial, ethnic, and linguistic minority populations in obtaining effective mental health care, while at the same time being inclusive of all cultures, including the following:
 - Age
 - Deaf and hard of hearing community
 - Race/Ethnicity
 - Family roles
 - Gender
 - Generational poverty
 - Literacy
 - Physical abilities and limitations
 - Sexual orientation
 - Spiritual beliefs and practices

Definitions

Foothills Behavioral Health Partners (FBHP) subscribes to the following definitions from the U.S. Department of Health and Human Services, Office of Minority Health and included in the Colorado Department of Health Care Policy and Financing 2008 Request for Proposal for the Operation of the Colorado Medicaid Community Mental Health Services Program:

- *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.
- *Cultural and linguistic 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.
- *Competence* implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by clients and their communities.
- *Cultural affiliations* may include, but are not limited to race, preferred language, gender, disability, age, religion, deaf and hard of hearing, sexual orientation, homelessness, and geographic location.

Simply stated, cultural competency is the acceptance and respect for difference. It is about being open to and “...maintaining an asking stance, remaining curious asking individuals about who they are and in partnership, seek what works best for them, staying

open-minded to applying methods and services that increase client's acceptability of and benefit from mental health services." (New York State, PROS Provider Handbook, Agency Cultural Competence Plan Format, 1-20-2006.)

One example of a defining characteristic of culture is "Limited English Proficiency" (LEP). FBHP describes LEP as persons who have difficulty speaking, reading, writing or understanding the English language. Any person age five or older who reports speaking English less than "very well" on the U.S. census survey is considered Limited English Proficient. "Limited English Proficiency" also includes persons who are deaf and hard of hearing or have other communication difficulties.

Background

Foothills Behavioral Health Partners (FBHP) believes that all Members deserve accessible and effective mental health services. Frequently, however, cultural and linguistic barriers prevent some individuals and families from seeking and/or benefiting from services. FBHP has developed the Plan to serve as a blueprint to assure that accessible, culturally, and linguistically appropriate services are available to all of our Members and families. FBHP understands that services need to be culturally appropriate because culture defines:

- how health care information is received
- how rights and protections are exercised
- what is considered to be a health problem
- how symptoms and concerns about the problem are expressed
- who should provide treatment for the problem, and
- what type of treatment should be given

(US Department of Health and Human Services, Office of Minority Health, Cultural Competency: What is Cultural Competency?)

This plan was developed by an interim FBHP Cultural Competency Task Force in late 2008 in preparation for an upcoming bid for the Colorado Medicaid Mental Health Services Program contact for the Metro West service area. The Task Force used a number of resources in preparing the Plan, including the *National Standards for Culturally and Linguistically Appropriate Services in Health Care Executive Summary, March 2001*, and the *Colorado Division of Behavioral Health Cultural Competency Plan*. Because of time constraints, the Plan has not undergone a full review by subject matter experts: bi-cultural clients and families, consultants in the community with expertise in the field of cultural competency, or representatives of the FBHP Stakeholders' Council. That review is built into the Plan under Goal I.

The Task Force was chaired by Hazel Bond, Director of the FBHP Office of Member and Family Affairs (OMFA) and FBHP's Cultural Competency Coordinator. As Coordinator, Ms. Bond is responsible for overseeing the development and implementation of the Plan. Ms. Bond has received training in Cultural Competency and has a keen interest in other cultures and languages, having traveled and studied Spanish independently in Mexico and Ecuador. Although not fluent, she speaks, reads, and writes Spanish, and has a deep appreciation for the Hispanic culture. She intends to pursue a certificate in Cultural

Competency in fiscal year 2010, after FBHP receives notice it has been awarded the Medicaid contract.

Other Task Force members included:

- Barbara Smith, FBHP Director of Quality Improvement (QI)
- Dennis Armstrong, FBHP Director of Provider Network
- Diane Pohlman, FBHP Manager, Administrative Services (AS)
- Laura Sanchez Taylor, FBHP Administrative Assistant
- Haline Grublak, Value Options Director of Office of Client and Family Affairs (OCFA) and Cultural Competency Coordinator
- JoAnne Doherty, Jefferson Center for Mental Health (Jefferson Center) Chief Operating Officer and Cultural Competency Task Force Chair
- Mindy Klowden, Jefferson Center Development Director and Cultural competency Oversight Committee Chair
- Charlotte Wollesen, The Mental Health Center Serving Boulder and Broomfield Counties (MHCBBC) Director of Community Integration and Rehabilitation and Corporate Compliance Officer

FBHP's two partner mental health centers and major service providers, Jefferson Center and MHCBBC, are instrumental to the success of this Plan. Jefferson Center is in its second year of a cultural competency initiative aimed at eliminating disparities in mental health care among minority populations, particularly Hispanics. While MHCBBC does not have a current cultural competency plan the center has a strong tradition of sensitivity to the cultural and linguistic needs of its community. As part of the FBHP cultural competency planning process, both centers will appoint a Coordinator to serve on the FBHP Cultural Competency Committee and who will help ensure full implementation of the goals, objectives and timelines of the FBHP Plan. Both centers have the option of developing or modifying their individual cultural competency plans to be consistent with the FBHP Plan or providing a crosswalk that documents consistency and compliance with the FBHP Plan.

Through the contractual process, all FBHP providers affirm their commitment to providing culturally competent services and to using qualified interpreters to communicate with Members with Limited English Proficiency, including Members who are deaf or hard of hearing. Further, they affirm not to use family and friends as interpreters unless it is the preference of the Member and affirm never to use children to interpret. Providers receive training on securing interpreters supported by funds from FBHP and using Language Line Services and Relay Colorado. Finally, all cultural competency trainings sponsored or provided by FBHP are open to providers in the provider network.

Cultural Competency Committee

After receiving notice that it has been awarded the Medicaid contract, FBHP will convene a Cultural Competency Committee to include, at a minimum:

- FBHP Director of OMFA and Cultural Competency Coordinator, Chair
- ValueOptions Director of OCFA and Cultural Competency Coordinator

- Jefferson Center Cultural Competency Coordinator
- MHCBBC Cultural Competency Coordinator
- One representative from the FBHP Stakeholders’ Council, if available
- A minimum of two bi-cultural clients and/or family members

Additionally, the FBHP Cultural Competency Coordinator will identify a panel of subject matter experts/consultants from the community to review and provide feedback on the Plan and to serve as consultants.

Demographics

During the first year of the upcoming Medicaid contract, FBHP Coordinator and other members of the Cultural Competency Committee (CCC) will identify and investigate sources of demographic information on the eight cultural groups identified in the Plan. Sources include the U.S. Census, membership data from the Department of Healthcare Policy and Financing, member self-report at intake, and community outreach. During the second year, the Committee will review the literature and consult with subject matter experts to develop profiles of each cultural group, identifying medical risks and attitudes and customs that may adversely affect access to mental health care.

Following are some initial demographics for the five counties served by FBHP:

2008 Demographic Analysis

County	Population	White	Black	Native American	Asian	Native Hawaiian And Other Pacific Islander	Two or More Races	Hispanic	Language Other than English spoken at home	Persons with a disability	Persons Below Poverty
Boulder	282,304	92.60%	1.10%	0.70%	3.90%	0.10%	1.50%	13.10%	13.60%	11.41%	9.80%
Broomfield	45,116	91.60%	1.20%	0.70%	4.60%	0.00%	1.80%	10.50%	0.00%	0.00%	5.20%
Clear Creek	9,130	96.10%	0.30%	1.00%	0.90%	0.00%	1.70%	4.60%	3.50%	14.93%	6.70%
Gilpin	5,042	94.60%	0.90%	0.80%	1.20%	0.20%	2.40%	5.60%	4.70%	10.43%	5.60%
Jefferson	526,994	93.40%	1.40%	0.90%	2.60%	0.10%	1.60%	13.20%	9.20%	13.06%	7.10%
Total	868,586										

(source: US Census Bureau County Quick Facts; <http://quickfacts.census.gov/qfd/states> accessed 11-20-08)

FBHP Cultural Competency Goals and Objectives:

The following table describes the goals and objectives of the Plan and identifies responsibilities and timelines. As stated earlier, the Plan relies heavily on the *National Standards for Culturally and Linguistically Appropriate Services in Health Care* (Office of Minority Health of the U.S. Department of Health and Human Services, 2000), in particular Standards one through nine. Of the fourteen National Standards, Standards four through seven, referred to as the Language Access Standards, are mandated for all recipients of Federal funds. (*National Standards for Culturally and Linguistically Appropriate Services in Health Care Executive Summary, March 2001*)

Goal I Integrate cultural competency into the organizational structure of FBHP and its Provider Mental Health Centers (PMHCs).	Person/s Responsible	Timeline
<p>Objective 1 Convene an FBHP Cultural Competency Committee (CC Committee) to oversee implementation of the Cultural Competency Plan (Plan). Committee members include:</p> <ul style="list-style-type: none"> • Hazel Bond, Chair, FBHP Director of Office of Member and Family Affairs and Cultural Competency Coordinator • Barbara Smith, FBHP Director of Quality Improvement • Cultural Competency Coordinators from each Partner Mental Health Center (PMHC) along with other PMHC staff as appropriate • Haline Grublak, ValueOptions Director of the Office of Client and Family Affairs and Cultural Competency Coordinator • A representative from the FBHP Stakeholders' Council, if available • A minimum of two bi-cultural clients and/or families. 	<p>-FBHP Cultural Competency Coordinator (FBHP Coordinator) -Provider Mental Health Center Cultural Competency Coordinators (PMHC Coordinators)</p>	<p>Medicaid contract Implementation</p>
<p>Objective 2 Establish a panel of subject matter experts/consultants in the community.</p>	<p>-FBHP Coordinator -PMHC Coordinators</p>	<p>First six months of contract</p>
<p>Objective 3 Review FBHP policies and procedures in all areas of operations to ensure that they are consistent with this Plan.</p>	<p>-FBHP Coordinator</p>	<p>First six months of the contract</p>
<p>Objective 4 PMHCs develop Cultural Competency Plans or planning processes consistent with the goals, objectives, and timelines of FBHP Plan.</p>	<p>-PMHC Coordinators</p>	<p>First six months of contract</p>
<p>Objective 5 FBHP and PMHCs conduct Organizational Self Assessments using assessment tool developed by Steve Del Castillo, Ph.D.</p>	<p>-FBHP Coordinator -PMHC Coordinators</p>	<p>First six months of contract</p>
<p>Objective 6 Analyze results of the Self Assessment; identify strategies to address any organizational weaknesses at FBHP and PMHCs.</p>	<p>-FBHP Coordinator -PMHC Coordinators -FBHP CC Committee</p>	<p>Second six months of contract</p>
<p>Objective 7 Conduct second Organizational Self Assessment at FBHP and PMHCs.</p>	<p>-FBHP Coordinator -PMHC Coordinators -FBHP CC Committee</p>	<p>Year three</p>
<p>Objective 8 Review the FBHP Plan and results of Self Assessment with CC Committee, expert panel members, and FBHP Stakeholders' Council. Consider comments and suggestions in Plan updates.</p>	<p>-FBHP Coordinator -PMHC Coordinators, - -FBHP CC Committee</p>	<p>Ongoing</p>
<p>Objective 9 Work with the Human Resource</p>	<p>-FBHP Coordinator</p>	<p>Ongoing</p>

Directors (HR Directors) of FBHP and PMHCs to ensure that complaints or supervisory issues around the cultural competency of individual staff are addressed through training and reflected in staff performance evaluations.	-FBHP and PMHC HR Directors -PMHC Coordinators	
<p>Goal II Develop demographic profile for service area to identify the various cultural groups in FBHP Membership and how their cultural norms and practices may affect their access to health care. Cultural groups could include but are not limited to:</p> <ul style="list-style-type: none"> • Hispanic, including those with Limited English Proficiency (LEP) • African American • Native American, including those with LEP • Asian-Pacific Islanders, including those with LEP • Deaf and hard of hearing, including those with LEP • People with physical disabilities • Members who experience generational poverty • Gay, Lesbian, Bisexual, and Transgender persons <p>The profile shall also consider population by Medicaid eligibility category.</p>	Person/s Responsible	Timeline
Objective 1 Investigate and identify sources of data for each group, including U.S. Census, Membership data from the Department of Health Care Policy and Financing, Member self-report at intake, community outreach, and other means.	-FBHP Coordinator -FBHP QI Director -VO Coordinator -PMHC Coordinators	Year one
<p>Objective 2 Through a literature review and consultation with consultants, develop demographic profiles re:</p> <p>a) the health care attitudes, values, customs, etc. that affect each groups access to mental health care, and</p> <p>b) any medical risks associated with each culture or population:</p> <p style="padding-left: 40px;">Hispanic population . . .</p> <p style="padding-left: 40px;">Deaf and hard of hearing. . .</p> <p style="padding-left: 40px;">Other ethnic minorities. . .</p> <p style="padding-left: 40px;">All other identified populations. . .</p>	-FBHP Coordinator -FBHP QI Director -VO Coordinator -PMHC Coordinators	Year one Year one Year two Year two
Objective 3 Analyze profiles and review FBHP and PMHC policies and procedures to identify possible barriers to accessing services that are associated with the cultural groups identified in Objective 2 above.	-FBHP Coordinator -FBHP QI Director -VO Coordinator -PMHC Coordinators -FBHP CC Committee	Years one and two

Goal III FBHP and PMHCs develop and implement strategies to recruit and retain culturally competent staff and providers representative of culturally diverse communities in the service area.	Person/s Responsible	Timeline
Objective 1 Through the Human Resource process, FBHP and PMHCs identify and implement strategies for recruiting and retaining bilingual, diverse and culturally competent clinical and administrative staff.	-FBHP Coordinator -PMHC Coordinators -FBHP and PMHC HR Directors -FBHP CC Committee	Year one
Objective 2 FBHP works with ValueOptions through its credentialing process to assure that bicultural and/or bilingual independent providers from diverse backgrounds are recruited and retained.	-FBHP Coordinator -VO Coordinator	Year one
Objective 3 Monitor PMHC and VO recruitment and retention plans.	-FBHP Coordinator	Years two and three
Objective 4 FBHP works with ValueOptions to identify strategies and mechanisms such as telemedicine to address geographic barriers to accessing clinical providers from diverse backgrounds.	-FBHP Coordinator -VO Coordinator	Year two
Goal IV Ensure that mental health services are linguistically accessible and respectful of Members' cultural attitudes and beliefs around mental health issues.	Person/s Responsible	Timeline
Objective 1 Develop culturally appropriate outreach and service delivery strategies to mitigate barriers identified in Goal II Objectives 2 and 3.	-FBHP Coordinator -FBHP QI Director -VO Coordinator -PMHC Coordinators -FBHP CC Committee	Years one and two
Objective 2 Review policies and procedures to ensure that cultural issues and oral and written language preferences of Members and families are identified at intake and considered in service delivery.	-FBHP Coordinator -PMHC Coordinators -FBHP CC Committee	Year one
Objective 3 Establish minimum standards for trainings at FBHP, the PMHCs and the provider network that address the unique characteristics, needs, and medical risks associated with the cultural groups identified in Goal II. Provide access to trainings and develop a monitoring system.	-FBHP Coordinator -FBHP QI Director -VO Coordinator -PMHC Coordinators -FBHP CC Committee	Year one
Objective 4 Ensure that FBHP, PMHC and provider staff are trained and competent in the use of Language Line, Relay Colorado, and TTY lines.	-FBHP Coordinator -PMHC Coordinators	Contract implementation
Goal V Provide access to interpretative services by qualified interpreters for deaf or	Person/s Responsible	Timeline

hard of hearing.		
Objective 1 Outreach to the deaf and hard of hearing community to identify cultural and linguistic barriers and develop strategies to address those barriers.	-FBHP Coordinator -VO Coordinator -PMHC Coordinators -FBHP CC Committee	Year one
Objective 2 Work with the Colorado Commission for the Deaf and Hard of Hearing's Mental Health and Substance Abuse Task Force to identify service delivery and outreach strategies for this population.	-FBHP Coordinator -PMHC Coordinator -VO Coordinator	Year one
Objective 3 Review policies and procedures to identify barriers to access and service and develop strategies to address barriers and gaps	-FBHP Coordinator -PMHC Coordinators -VO Coordinator	Year one
Goal VI Offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each Member with limited English proficiency at all points of contact, in a timely manner during all hours of operation. This includes access and intake calls, emergency calls, information calls and grievance and appeal calls.	Person/s Responsible	Timeline
Objective 1 Review policies, procedures, and interpreter contracts of FBHP and the PMHCs, and recommend revisions as needed.	-FBHP Coordinator -VO Coordinator -PMHC Coordinators -FBHP CC Committee	First six months of contract
Objective 2 Develop and implement strategies to assure the availability and competence of language assistance provided by interpreters and bilingual staff at FBHP and PMHCs. Family and friends are not used to provide interpretation services (except by request of the Member).	-FBHP Coordinator -PMHC Coordinators -VO Coordinator	Year one
Goal VII Provide to Members in their preferred language both verbal offers and written offers of their right to receive language assistance services.	Person/s Responsible	Timeline
Objective 1 Identify and contract with vendors to interpret and translate materials in Spanish and other languages, including ASL interpretation.	-FBHP Coordinator -PMHC Coordinators	Contract implementation
Objective 2 Ensure that all FBHP and providers are trained on how to access approved interpreter services, including interpreters for face-to-face interpretation and the use of Language Line, Relay Colorado, and/or TTY line.	-FBHP Coordinator -PMHC Coordinators -VO Coordinator	Contract implementation
Goal VIII Provide written materials for Members that are easily understood in English and Spanish and post signage in Spanish as well as English.	Person/s Responsible	Timeline
Objective 1 All Member materials are easily understood and written at no higher than a 6th	-FBHP Coordinator -PMHC Coordinators	Contract implementation

grade English reading level and comparable numeracy level. The publication <i>Writing and Designing Print Materials for Beneficiaries: A Guide for State Medicaid Agencies, U.S., Department of Health and Human Services, October 1999</i> shall be used as a guide in developing written materials.	-VO Coordinator	
Objective 2 All Member materials and signage are available and posted in Spanish as well as English.	-FBHP Coordinator -PMHC Coordinators	Contract implementation
Objective 3 Materials are offered verbally for persons with limited reading skills and for all Members who speak a language other than English or Spanish. Member materials may be translated and posted in other languages if demand warrants.	-FBHP Coordinator -PMHC Coordinators -VO Coordinator	Contract implementation
Goal IX: Through the Quality Improvement (QI) program, develop procedures to assess gaps in cultural and linguistic competency and implement improvement activities as needed.	Person/s Responsible	Timeline
Objective 1 Develop indicators to use in medical record audits to assess cultural and linguistic competency of services.	-FBHP QI Director -FBHP Coordinator -VO Coordinator -PMHC QI Directors -PMHC Coordinators	Years two and three
Objective 2 Review MHSIP and YSSF survey items as potential measures of cultural and linguistic competency; add survey questions as indicated.	-FBHP QI Director -FBHP Coordinator -VO Coordinator -PMHC QI Directors -PMHC Coordinators	Years two and three
Objective 3 Review Grievance and Appeal processes and trends to assess sensitivity to cultural and linguistic issues and to implement any changes indicated.	-FBHP Coordinator -VO Coordinator -FBHP CC Committee	Year one
Objective 4: Review clinical practice guidelines to ensure cultural and linguistic sensitivity and implement any changes as needed.	-FBHP Medical Director -FBHP QI Director -FBHP Coordinator -PMHC Coordinators	Years two and three
Goal X Ensure that the goals, objectives, policies and timelines of the Plan are implemented	Person/s Responsible	Timeline
Objective 1 Develop a schedule for monitoring compliance with Plan requirements and requiring action plans as needed.	-FBHP Coordinator -PMHC Coordinators -VO Coordinator	First six months of contract

