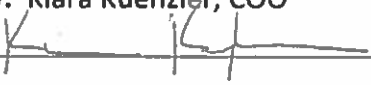



Foothills Behavioral Health Partners Cultural Competency Plan

Adopted by FBHP Board of Managers
July 1, 2016

Cultural Competency Plan	
Effective Date: 7/1/2009	Revision Date: 7-1-2016
Subject Area: Member Rights and Responsibilities	
Responsible Department: Office of Member and Family Affairs	
Authorized By: Kiara Kuenzler, COO 	Approval Date: 7/1/16 

1 Mission

Improve the quality of life of Medicaid members and their families with mental health and substance use problems in Boulder, Broomfield, Clear Creek, Gilpin, and Jefferson Counties by:

- Facilitating access to effective mental health and substance use services.
- Partnering and collaborating with network mental health centers and providers.
- Promoting individual recovery from mental illness and addictions.
- Advocating on behalf of individuals, communities, and mental health providers to improve the delivery of mental health and substance use disorder care.
- Managing finite resources efficiently.

2 Vision

FBHPartners will be a leader among Colorado behavioral health organizations in ensuring the highest level of member and family satisfaction with mental health and substance use disorder services that are readily accessible, promote recovery and resilience, and improve quality of life for our members.

3 Core Values

- Clients are the most influential factor in our organization.
- We are committed to uncompromising ethical practices in all that we do.
- The contribution of all employees is essential to our success.
- We measure our performance against the highest standards.
- Our efforts must focus on improving outcomes in the behavioral health delivery system.
- When challenges and opportunities arise, flexibility is a guiding principle.
- We encourage innovation and, therefore, even mistakes become opportunities.
- We are information-driven in our decision making.
- We are responsible for contributing to the greater good of the human services system.
- We are committed to life-long learning, individually and collectively.

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

4 Definitions

FBHP subscribes to the following definitions from the U.S. Department of Health and Human Services, Office of Minority Health:

- *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, gender identity, disability, age, religion, deaf and hard of hearing, sexual orientation, homelessness, and geographic location.

5 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?)

FBHP's two partner mental health centers and major service providers, Jefferson Center for Mental Health and Mental Health Partners, are instrumental to the success of this 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.

6 Demographics

FBHP routinely monitors the cultural needs of the community through gathering county specific census data. This data informs identification of any gaps in network providers with related cultural competence.

	Population Estimates	%White	% Black or African American	% American Indian and Alaska Native	% Asian	% Native Hawaiian and Other Pacific Islander	% Two or More Races	% Hispanic or Latino	% White alone, not Hispanic or Latino
Broomfield	65065	88.8	1.5	0.9	6.2	0.1	2.6	12.4	77.6
Gilpin	5828	93.5	1.2	1.3	1.5	0.2	2.2	6.5	87.7
Clear Creek	9303	94.6	1.0	1.4	1.1	0.1	1.9	6.0	89.7
Jefferson	565524	92.0	1.3	1.2	3.0	0.1	2.4	15.3	78.5
Boulder	319372	90.6	1.2	0.9	4.6	0.1	2.7	13.9	78.0

July 2015 Census data - <http://www.census.gov/quickfacts/table/PST045215/08014,08047,08019,08059,08013>

7 Objectives

The Plan relies heavily on the *National Standards for Culturally and Linguistically Appropriate Services in Health Care* (CLAS) (Office of Minority Health of the U.S. Department of Health and Human Services, 2000). The standards provided below are the guiding principles that FBHP strives to meet. FBHP places a particular focus on 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*). The summary bullet highlights FBHP's ongoing efforts at meeting these standards for our members.

7.1 CLAS Principal Standard:

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.

7.2 Governance, Leadership, and Workforce:

- A. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
- B. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
- C. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

7.2.1 Developing and Monitoring a Culturally Competent Provider Network

FBHP Director of Provider Relations reviews network adequacy annually regarding the availability of providers who meet or exceed the cultural needs of Medicaid members by:

- a) Using an updated and accurate list, assess number of providers with expertise in key culturally based populations;
- b) Determine number of members, by county, through the enrollment file, within the key population groups;
- c) Determine any existing gaps by a comparison of need in #2 and availability, identified in #1, as well as reviewing findings in Member and Family Affairs surveys or through contacts/surveys with advocacy organization of key populations;
- d) Emphasizing the recruitment of providers who represent the culture or key language that is prominent in Boulder, Broomfield, Jefferson, Clear Creek and Gilpin counties.
- e) Premium is placed on providers who speak a language that has been identified as being the most prominent in our area (Spanish).
- f) Including specialized provider training on Cultural Competency annually

FBHP Provider Services and Quality staff ensure that providers provide culturally competent services and provide documentation to demonstrate that intakes for Medicaid members include a thorough assessment of cultural and linguistic needs and that a culturally sensitive service plan is in place. FBHP conducts routine audits of providers to ensure the above competencies.

FBHP strives to incorporate cultural competency into our client facing products. Some examples include:

- a) Website and member materials
- b) Client Family and Advisory Board (CFAB) reviews of our policies, Clinical Tips Sheets and client surveys for cultural competence and linguistic

appropriateness. Actively working to recruit members with diverse cultural backgrounds.

- c) The request for input from our Stakeholders Counsel on service/cultural issues seen in the community that FBHP may not be aware of.
- d) Yearly trainings and discussion with our county DHHS departments to explore needs not being met by FBHP.
- e) Yearly satisfaction surveys and follow up with Assisted Care and Nursing Facilities to explore needs not being met by FBHP.
- f) Monthly Client and Family surveys include questions assessing the cultural sensitivity of treatment received.

7.2.2 Staff Training

FBHP participates in an annual Cultural Competency training and organizational self-assessment. FBHP utilizes subject matter experts within our PMHCs for these trainings. With the majority of FBHP employees not having direct client contact the training focused on how we as an organization can work towards further integrating the domains of Cultural Competency into our vision, mission, values of our organization and into the services and products we provide to our members.

7.3 Communication and Language Assistance:

- A. 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.
- B. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
- C. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- D. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.
- E. Foothills Behavioral Health Partners (FBHPartners) ensures that Members receive information about their mental health benefits under the Colorado Medicaid Community Mental Health Services Program as required by 42 CFR 408.10 and by FBHPartners' contract with the Colorado Department of Health Care Policy and Financing (the Department). FBHP has an operational policy titled "Member Information" which outlines how FBHP meets these standards.

7.4 Member and Stakeholder Feedback

FBHP receives direct member input through the Client and Family Advisory Board. The board, which consists of peer specialist, members and FBHP staff, conduct reviews of its internal operating policies and member materials. This allows the members voice to be reflected in FBHP's operating policies and member materials.

FBHP maintains an operating policy titled "Grievance and Appeals" that meets all state and federal requirements, is accessible to Members and their families, and facilitates the identification and correction of problems in services delivery or system processes.

FBHP conducts a stake holder's council which is comprised of community partner organizations. This quarterly meeting allows FBHP to report back to community partners on organizational improvement projects that routinely have a focus of improving the member experience. These projects routinely include participation from FBHP's large volume providers.

7.5 Engagement, Continuous Improvement, and Accountability:

- A. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
- B. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
- C. 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.
- D. 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.
- E. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
- F. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
- G. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

