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# Introduction

Cultural competence in healthcare refers to a person’s or system’s ability to provide services to individuals from diverse backgrounds, with varying values, beliefs and customs respecting and addressing social, cultural and linguistic needs. The U.S. Health and Human Services (HHS) Office of Minority Health (OMH) developed the following widely used definition:

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. ‘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. ‘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 Members and their communities.

Culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse patients. The percentage of Americans who are racial and ethnic minorities and who speak a primary language other than English is increasing daily. As an organization we must strive to meet the challenges of serving diverse communities and ensuring high quality services.

Similar to quality improvement, cultural competence is both an individual and an organizational responsibility. Vaya Health will provide each staff member with the tools to develop cultural competence, and will promote, implement and champion cultural sensitivity on a daily basis from the top down beginning with our mission, vision and values.

**Vaya Health Mission, Vision, Values**

## 

## Who We Are (Mission)

Vaya Health is a public manager of care for individuals facing challenges with mental illness, substance use, and/or intellectual/developmental disabilities. Our goal is to successfully evolve in the health care system by embracing innovation, adapting to a changing environment, and maximizing resources for the long term benefit of the people and communities we serve.

## What We’re Building (Vision)

Communities where people get the help they need to live the life they choose.

## What We Believe In (Values)

*Person-Centeredness*: Interacting with compassion, cultural sensitivity, honesty and empathy.

*Integration*: Caring for the Whole Person within the home and community of an individual’s choice.

*Commitment*: Dedicated to partnering with members, families, providers and others to foster genuine, trusting, respectful relationships essential to creating the synergy and connections that make lives better.

*Integrity*: Ensuring quality care and accountable financial stewardship through ethical, responsive, transparent and consistent leadership and business operations.

# Why is cultural competence important?

## Aligns with our Values

Person-centeredness is one of our most esteemed organizational values. It is about considering people’s desires, values, family situations, social circumstances and lifestyles; seeing the person as an individual, and working together to develop appropriate solutions. This directly aligns with cultural competence.

## Develops Equity

Cultural competence is key to removing disparities in healthcare across populations. Systems, including ours, should provide care that does not vary in quality for individuals or populations because of race, gender, ethnicity, geographic location, or socioeconomic status. Organizational responsiveness to cultural differences is important in engaging with and empowering health plan members.

## Promotes Safety

Cultural safety principles recognize that cultural factors critically influence the relationship between caregiver and patient. When individuals who work within the organization embody cultural competence, it promotes a sense of safety for members and the likelihood that their issues will be understood within their social context. Cultural safety focuses on the potential differences between health providers and patients that may have an impact on care, including the real and/or perceived power differential. Cultural safety paves the way to better engagement along with more positive and effective treatment experience.

## Improves Outcomes

The delivery of effective, high-quality services that emphasize outcome-driven systems and deliver positive results provides the cost containment necessary within a public managed health care delivery system. Systems that embrace and practice cultural and linguistic competence have identified improved outcomes for plan members on many levels. The removal of language barriers improves access and communication. Improved access and communication improve treatment adherence. In the end these programs and services that practice cultural competence are more cost effective and lead to improved member outcomes and satisfaction.

## Complies with Federal and State Mandates

Vaya Health operates a Medicaid Prepaid Inpatient Health Plan (PIHP) pursuant to a contract with the NC Department of Health and Human Services (DHHS), Division of Medical Assistance (DMA). As such, we are required to adhere to federal regulations governing the operation of a PIHP. 42 CFR § 438.206 (c)(2) requires that Vaya participate “in the State’s efforts to promote the delivery of 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.” Furthermore, the contract with DMA requires that Vaya “maintain a Closed Provider Network that provides culturally competent services. In order to achieve cultural competency, PIHP shall encourage providers to participate in the PIHP Cultural Competency Plan, which shall be developed and approved by a Provider Council composed of members of the PIHP Provider Network with representation across all disability groups. Cultural competency shall be achieved within the strictures of State and Federal laws, which require equal opportunity in employment and bar illegal employment discrimination on the grounds of race, gender, religion, sexual orientation, gender identity, national origin or disability.”

# Meets Accreditation Standards

Our accrediting body, URAC, recently proposed the following to the core requirement C-CPE 4-6: Culturally and Linguistically Appropriate Services:

Program services are modified to take into account the characteristics of the population served, whereby organizations:

(a) Assess the cultural and linguistic diversity of the population

(b) Establish a plan to provide culturally and linguistically appropriate services

(c) Incorporate cultural and linguistic competence-related measures into existing quality improvement activities

NCQA also requires that cultural competence be addressed. In Element A: Cultural Needs and Preferences, NCQA requires that the organization:

1. Assesses the cultural, ethnic, racial and linguistic needs and preferences of its members.

2. Adjusts the availability of practitioners within its network, if necessary.

NCQA further mandates that organizations serving a diverse membership must address cultural competence in their QI program description (factor 7):

The program description outlines the organization’s approach to address the cultural and linguistic needs of its membership. The QI program description might include objectives or other objectives the organization deems appropriate:

• To reduce health care disparities in clinical areas.

• To improve cultural competency in materials and communications.

• To improve network adequacy to meet the needs of underserved groups.

• To improve other areas of needs the organization deems appropriate.

# What are the key elements of cultural competence?

There are seven domains in which it is generally recognized that cultural competence must be manifested:

* *Organizational Values:* An organization’s perspective and attitudes with respect to the worth and importance of cultural competence and its commitment to provide culturally competent care.
* *Governance:* The goal-setting, policy-making, and other oversight vehicles an organization uses to help ensure the delivery of culturally competent care.
* *Planning and Monitoring/Evaluation:* The mechanisms and processes used for: a) long and short-term policy, programmatic, and operational cultural competence planning that is informed by external and internal members; and b) the systems and activities needed to proactively track and assess an organization’s level of cultural competence.
* *Communication:* The exchange of information between the organization/providers and the clients/population, and internally among staff, in ways that promote cultural competence.
* *Staff Development:* An organization’s efforts to ensure staff and other service providers have the requisite attitudes, knowledge and skills for delivering culturally competent services.
* *Organizational Infrastructure:* The organizational resources required to deliver or facilitate delivery of culturally competent services.
* *Services/Interventions*: An organization’s delivery or facilitation of clinical, public health, and health related services in a culturally competent manner.

In addition, the following types of organizational indicators should be assessed to determine if cultural competence is present in the above domains:

* *Structure indicators* which are used to assess an organization’s capability to support cultural competence through adequate and appropriate settings, instrumentalities, and infrastructure, including staffing, facilities and equipment, financial resources, information systems, governance and administrative structures, and other features related to the organizational context in which services are provided.
* *Process indicators* which are used to assess the content and quality of activities, procedures, methods, and interventions in the practice of culturally competent care and in support of such care.
* *Output indicators* which are used to assess immediate results of culturally competent policies, procedures, and services that can lead to achieving positive outcomes.
* *Intermediate outcome indicators* which are used to assess the contribution of cultural competence to the achievement of *intermediate* objectives relating to the provision of care, the response to care, and the results of care.

# What does Vaya use as guidelines for cultural competence?

Vaya elected to utilize principles outlined in the OMH’s Cultural and Linguistic Competence Standards (CLAS) developed specifically for healthcare. These are nationally recognized best practice standards that provide guidance for governance and the provision of services. They are applicable to us as a managed care organization and to our network of providers.

Our plan is governed by the CLAS principle standard and aims to:

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.

Within our strategic plan, we will address the CLAS standards for governance and leadership:

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

# How do we develop and maintain cultural competence in our organization and our network of providers?

In the pursuit of cultural competence, it is important to continually gather and use data and information. While looking at the communities and populations we serve, it is also important to acknowledge that each individual experiences his/her recovery uniquely which may require adaptations of any particular approach and/or method of treatment.

## Organizational Self-assessment

It is nearly impossible to develop a meaningful plan for cultural competence without completing an organizational assessment. Assessment also leads to the development of a strategic organizational plan with clearly defined short-term and long-term goals, measurable objectives, identified fiscal and personnel resources, and enhanced member and community partnerships.

The National Center for Cultural Competence views self-assessment as an ongoing process, not a one-time occurrence. Self-assessment provides a method to measure outcomes for personnel, organizations, population groups and the community at large. Continual assessment allows us to gauge progress over time.

Vaya Health performs an annual community needs assessment and network gaps analysis for DHHS. Vaya will use what we learn from that assessment and compare it to our organization’s capability derived from our self-assessment. We will then develop a plan to address the organization’s deficiencies.

### Organizational Plan

We must develop a long term plan with measurable objectives with short term goals that will promote internal and network cultural competency. The goals and objectives must have identified target dates. Target dates enable measurement which is critical to implementing changes with the intent of systematic improvement. It is important to create SMART (specific, measurable, achievable/ attainable, relevant, time-limited) goals. SMART goals offer a methodology to develop realistic, measurable goals that are relevant, time-limited and ensure progress.

Any goal or objective must relate to and be incorporated in our organizational strategic plan. Keeping that in mind, Vaya will design action steps related to administration, culturally appropriate customer services, language assistance and the availability of network providers who demonstrate culturally competent practices. Goals must be developed around: communication, language access, organizational materials and behaviors that reflect and respect diversity, building community partnerships, fostering cultural competence and the data collection/evaluation to evidence outcomes.

It is important to involve plan members, their families, providers and other community stakeholders in the design and implementation of our cultural competence plan. This collaboration ensures the plan’s relevance to the communities we serve.

The plan must also include strategies to develop our internal human resources through our recruitment and hiring processes. Commitment to culturally responsive services needs to be reflected in job descriptions and staff evaluations, as well as in our budget with fiscal planning for funding priority activities (e.g., training, language services).

### Plan Evaluation

Evaluation of the plan’s implementation must occur periodically. It is important to develop a system to provide ongoing monitoring and performance improvement strategies related to cultural competence.

## Provider Network

As a managed care organization, we must encourage, arm and empower the providers in our network to follow our lead in promoting and practicing cultural competence. We will use what we learn from the annual DHHS Gaps Analysis and compare it to our network of providers and their capacity to offer services for the cultural diversity of the community in which they practice. Where there are unmet needs, we must realign our network development plan. We share this with providers so they can assist us in addressing the gaps and meeting the diverse needs of the individuals who live in the communities they serve.

The U.S. HHS Substance Abuse and Mental Health Services Administration (SAMHSA) developed a robust treatment improvement protocol (#59) to assist service providers in addressing cultural competency within their organizations. The SAMHSA protocol is adapted to address cultural competence within behavioral health settings from individual, programmatic and organizational perspectives. Vaya encourages our providers’ use of these materials in setting up their cultural competency programs.

# How will Vaya know when we have attained cultural competence?

Cultural competency and proficiency is attained when the organization is characterized by:

* An awareness of services that are congruent with diverse populations.
* A commitment to cultural competence as evidenced by strategic planning to:
  + Conduct and organizational self-assessment; and
  + Adopt a cultural competence plan.
* Transparency in evaluating services, service provision.
* The development of policies and procedures regarding practices that meet the diverse needs of treatment populations.
* The development of culturally specific and congruent services.
* Workforce development to include training and evaluation.
* Continuous performance evaluation and improvement.
* Individuals who work in and contribute to the cultural competence and proficiency of an organization evidence a commitment to:
  + Acknowledge significant differences across and within races, ethnicities, and cultural groups; and
  + Know that these differences need to be integrated into assessment, planning and services.

# Appendix I: National Cultural and Linguistic Competence Standards

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

## 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

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

## Communication and Language Assistance

1. 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.
2. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
3. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
4. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

## Engagement, Continuous Improvement, and Accountability

1. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
2. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
3. 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.
4. 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.
5. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
6. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
7. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

# Appendix II: Race/Ethnic Demographics of Counties Served

*(United States Census Bureau, 2015 Estimate)*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **County** | **White Alone** | **Black or African American Alone** | **American Indian or Alaska Native Alone** | **Asian Alone** | **Native Hawaiian or Other Pacific Islander Alone** | **Two or More Races** | **Hispanic or Latino** | **White Alone, Not Hispanic or Latino** |
| Alexander | 91.2% | 5.9% | 0.5% | 1.0% | - | 1.3% | 4.5% | 87.2% |
| Alleghany | 95.1% | 1.9% | 0.6% | 0.9% | - | 1.5% | 9.7% | 86.6% |
| Ashe | 97.1% | 1.0% | 0.3% | 0.6% | - | 1.0% | 5.3% | 92.2% |
| Avery | 93.6% | 4.4% | 0.5% | 0.5% | 0.1% | 0.9% | 4.8% | 89.2% |
| Buncombe | 89.5% | 6.6% | 0.5% | 1.3% | 0.2% | 2.0% | 6.6% | 83.6% |
| Caldwell | 92.0% | 5.1% | 0.6% | 0.7% | 0.1% | 1.5% | 5.0% | 87.9% |
| Cherokee | 93.5% | 1.7% | 1.5% | 0.7% | 0.1% | 2.5% | 3.1% | 91.1% |
| Clay | 96.5% | 1.2% | 0.4% | 0.3% | - | 1.5% | 3.2% | 93.6% |
| Graham | 89.5% | 0.5% | 7.4% | 0.5% | 0.1% | 2.0% | 3.4% | 87.0% |
| Haywood | 96.3% | 1.3% | 0.6% | 0.5% | - | 1.2% | 3.7% | 93.0% |
| Henderson | 92.7% | 3.5% | 0.7% | 1.1% | 0.2% | 1.8% | 10.0% | 83.6% |
| Jackson | 84.9% | 2.5% | 9.5% | 1.0% | 0.1% | 2.0% | 5.4% | 81.0% |
| McDowell | 92.6% | 4.2% | 0.8% | 1.0% | 0.1% | 1.4% | 5.8% | 88.0% |
| Macon | 95.4% | 1.9% | 0.8% | 0.8% | - | 1.1% | 6.8% | 89.3% |
| Madison | 95.8% | 1.8% | 0.5% | 0.5% | - | 1.4% | 2.4% | 93.7% |
| Mitchell | 96.5% | 0.8% | 0.9% | 0.6% | 0.1% | 1.1% | 4.9% | 92.7% |
| Polk | 92.7% | 4.7% | 0.6% | 0.6% | - | 1.4% | 5.8% | 87.7% |
| Rutherford | 87.2% | 9.9% | 0.4% | 0.6% | 0.1% | 1.8% | 4.0% | 83.7% |
| Swain | 65.2% | 1.6% | 28.0% | 0.6% | - | 4.6% | 4.8% | 63.1% |
| Transylvania | 93.2% | 4.1% | 0.4% | 0.6% | - | 1.7% | 3.4% | 90.1% |
| Watauga | 95.1% | 2.0% | 0.3% | 1.1% | - | 1.5% | 3.5% | 92.0% |
| Wilkes | 93.2% | 4.5% | 0.4% | 0.5% | 0.1% | 1.3% | 6.1% | 87.9% |
| Yancey | 96.4% | 1.3% | 0.8% | 0.3% | 0.3% | 1.1% | 4.9% | 92.6% |
| **North Carolina** | **71.2%** | **22.1%** | **1.6%** | **2.8%** | **0.1%** | **2.1%** | **9.1%** | **63.8%** |

# 

# Appendix III: Perceived Cultural Gaps

During the administration of the 2017 Community Needs Assessment Survey, members and their families were asked if their provider was sensitive to their cultural background and needs. 73% of 172 respondents reported that they felt providers showed sensitivity to the member’s cultural background and needs.

# Appendix IV: Cultural Competency Provider Plan

## Phase One: Awareness

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Goal** | **Objective** | **Activities** |
| **Mission and Vision** | To ensure that Cultural Competence is an integral part of developing a system of care that is embedded in cultural and linguistic responsiveness | Cultural Competence is enjoined in all organizational/departmental components to ensure progression toward a culturally responsive system of care. | * Network Providers are encouraged to review their agency’s Mission/Vision/Values statements for inclusion of cultural competence. * Network Providers are encouraged to adhere to all cultural competence contractual elements. * Network Providers are encouraged to have access to appropriate self-awareness assessments for their agency. * Network Providers are encouraged to determine the areas in which they currently have competencies. * Upon completion of a Provider Cultural Competence plan, providers are encouraged to develop an agency specific implementation plan. |
| **Decor** | The decorum of is representative of the cultural and multi-lingual population that we serve | The decorum/atmosphere (where the Member is offered services/where relationships are established) will reflect the diverse population they serve. | * Network providers are encouraged to assess their décor/atmosphere for cultural appropriateness. The décor/atmosphere should be Member driven, i.e. Residential settings: What do you like to eat? What movies do you like? What holidays do you celebrate? What do you like to be called? What do you like to wear and where do like to go to shop? |
| **Access to Services** | To ensure that culturally diverse/multi-lingual persons have access to MH/DD/SAS |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessment/Diagnosis /Treatment** | To ensure that clinical assessment, diagnosis, and treatment for racial/ethnic minorities are culturally and linguistically appropriate |  |  |
| **Member-Driven Recovery** | To promote a system of care that supports and promotes person-centered planning and Member-driven recovery in culturally diverse/multilingual communities. |  |  |
| **Human Resources** | To ensure that workforce reflects the cultural diversity of the community it serves | Network Providers will participate in ongoing training and educational opportunities to become culturally competent. | * Network Providers are encouraged to use workforce data to assess the cultural/multilingual composition of their agency/organization in relation to Member served and staff population. * Network Providers are encouraged to establish collaborative relationships with colleagues from diverse racial and ethnic backgrounds and expertise. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Education and Training** | Develop and promote cultural competence through education /training | Network Providers will participate in on-going training and educational opportunities to become culturally competent. | * Network Providers are encouraged to review Vaya’s Cultural Competency Plan. * Network Providers are encouraged to review NC DHHS Cultural and Linguistic Competency Action Plan. * Network Providers are encouraged to participate in trainings offered by local and state agencies. (Trainings should identify: What is Cultural Competence and how it can be applied: what is culture: how to take culture, traditions, and beliefs into account when serving Members) |
| **Community Engagement** | To promote, encourage, and support community involvement to increase outreach and education | Network Providers will increase community engagement and education in culturally diverse/multi-lingual communities. | * Network Providers are encouraged to participate in community and cultural events. * Network Providers are encouraged to identify the resources for cultural engagement within their community, i.e. clubs, ethnic groups, websites, Chamber of Commerce, visitor bureaus. |
| **Research/Monitoring/Evaluation** | To ensure a system of care that promotes the compilation and accessibility of data and research |  |  |

## Phase Two: Sensitivity

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Goal** | **Objective** | **Activities** |
| **Mission and Vision** | To ensure that Cultural Competence is an integral part of developing a system of care that is embedded in cultural and linguistic responsiveness | Cultural Competence is enjoined in all organizational/departmental components to ensure progression toward a culturally responsive system of care. | * Network Providers are encouraged to complete a yearly self-awareness assessment to assess the cultural competency of the agency. This can be accomplished through agency meetings, on-going dialogue, and staff surveys. |
| **Decor** | The decorum of is representative of the cultural and multi-lingual population that we serve | The decorum/atmosphere (where the Member is offered services/where relationships are established) will reflect the diverse population they serve. | * Network providers are encouraged to ensure that Members have a culturally diverse service/setting/environment/atmosphere defined by where the Member is offered services and where relationships are established. |
| **Access to Services** | To ensure that culturally diverse/multi-lingual persons can trust in the provider’s ability to offer access to mental health, developmental disability, and substance abuse services. | Network Providers will become educated on how to provide culturally competent access to services. | * Network providers are encouraged to review Member service accessibility, policies and procedures, i.e., hours of operations, appointment schedules, staff availability * Network Providers are encouraged to become educated on the integration of Title VI into service provision and service delivery. This includes the use of interpreter services for those who do not speak English or are illiterate and the importance of ensuring that necessary documents are available to persons in a variety of venues, i.e., first language of the Members, accommodations for deaf and had of hearing, visually impaired, and other available resources. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessment/Diagnosis /Treatment** | To ensure that clinical assessment, diagnosis, and treatment are culturally and linguistically appropriate, as well as Person centered/family centered. | Network Providers will identify culturally and linguistically appropriate clinical tools and strategies for practice applications. | * Network Providers area encouraged to understand the social and psychological dynamics that influence the perceptions and behaviors of members of non-dominant groups as they function within the dominant culture and their adjustments to that dominant culture. * Network Providers are encouraged to review resources on cultural competence and clinical applications for person/family centered service delivery. * Network Providers are encouraged to access training available on the application of culturally competent assessments s and diagnostic tools. * Network Providers are encouraged to participate in the identification of clinical tools and strategies as active members of the Provider Advisory Council (PAC), as applicable. |
| **Member-Driven Recovery** | To promote a system of care that supports and promotes person-centered planning and Member-driven recovery in culturally diverse/multilingual communities. | Network providers will promote, support, and encourage culturally diverse Member participation and representation with its system of care. | * Network Providers will encourage Member participation on policymaking board, committees and advisory committees. * Network Providers are encouraged to review organizational components, both formally and informally to assess how to support Member-driven recovery/independence. * Network Providers are encouraged to solicit Member satisfaction feedback to determine a baseline for available services and supports. |
| **Human Resources** | To ensure that workforce reflects the cultural diversity of the community it serves | Network Providers will develop a strategic plan to actively recruit, hire, maintain, and promote persons from culturally diverse/multilingual communities at all levels of the organization. | * Network Providers are encouraged to develop methods to recruit, hire, maintain, and promote applicants who represent the diversity of the community and population served. |
| **Education and Training** | Develop and promote cultural competence through education /raining | Network Providers will participate in on-going training and educational opportunities to become culturally competent. | * Network Providers are encouraged to develop an individualized, agency specific training plan that addresses cultural competence. |
| **Community Engagement** | To promote, encourage, and support community involvement to increase outreach and education | Network Providers will increase community engagement and education in culturally diverse/multi-lingual communities. | * Network Providers are encouraged to promote community education of Member issues and needs, i.e. supportive employment job matches with job developers, community presentations about services available. |
| **Research/Monitoring/Evaluation** | To ensure a system of care that promotes the compilation and accessibility of data and research | Network Providers will ensure that demographic identifiers are included in the data collection process. | * Network Providers are encouraged to incorporate some components of cultural competence assessment into their Member/stakeholder/staff satisfaction survey process. * Network Providers will assist Vaya in research, monitoring, and evaluation of the system of care by providing and updating information about Members and services. * Network Providers are encouraged to collaborate with Vaya and other research entities, i.e. colleges and universities, to gather and analyze data and findings and identify indicators for system improvement. |

## Phase Three: Competency

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Goal** | **Objective** | **Activities** |
| **Mission and Vision** | To ensure that Cultural Competence is an integral part of developing a system of care that is embedded in cultural and linguistic responsiveness | Network Providers will:   * Determine the areas in which they currently have competencies. * Review Mission/Vision/Values statements. * Develop a Cultural Competence implementation plan. * Adhere to all cultural competence contractual elements. | * Network Providers will conduct self-awareness assessment. * Network Providers will review/analyze results and make adjustments to their training plan accordingly. |
| **Decor** | The decorum of is representative of the cultural and multi-lingual population that we serve | * Members will have a culturally diverse service / setting / environment / atmosphere. * Staff and Members will participate in designing a culturally diverse setting. * Décor should be Member driven. | * Providers will conduct Member satisfaction surveys * Providers will conduct staff satisfaction surveys * Providers will review results of these activities as a part of Quality Management activities. |
| **Access to Services** | To ensure that culturally diverse/multi-lingual persons have access to mental health, developmental disability, and substance abuse services. | * Network Providers will review Member service accessibility, policies, and procedures. * Network Providers will become educated on how to integrate Title VI into service provision. | * Providers will review this as a part of QM activities. * Providers will complete training on Title VI. |

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| **Assessment/Diagnosis /Treatment** | To ensure that clinical assessment, diagnosis, and treatment are culturally and linguistically appropriate, as well as Person centered/family centered. | * Network Providers will review resources on cultural competence and clinical applications for person/family centered service delivery. * Network Providers will understand the social and psychological dynamics that influence perceptions and behaviors. * Network Providers will identify clinical tools and strategies. * Network Providers will access training. | * Network Providers will demonstrate the utilization of a culturally appropriate clinical tool. * Network Providers will offer trainings to staff regarding the use of tools with pre and post tests. * Network Providers will document staff training on this tool. |
| **Member-Driven Recovery** | To promote a system of care that supports and promotes person/family centered planning and Member-driven recovery in culturally diverse/multilingual communities. | * Network Providers will have Member participation on policymaking boards, committees, and advisory committees. * Network Providers will assess now to support Member-driven recovery/independence. * Network Providers will solicit feedback from Members and families receiving services. | * Network Providers will review copies of board minutes, client rights, health and safety committees, etc. as part of their QM activities. * Network Providers are will analyze results of Member/family surveys and interviews. |
| **Human Resources** | To ensure that workforce reflects the cultural diversity of the community it serves | * Network Providers will use workforce data to assess the cultural/multilingual composition of its workforce. * Network Providers will develop methods to recruit and select applicants that are representative of the community it serves. | * The Network Provider will analyze data as a part of their QM process. |

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| **Education and Training** | Develop and promote cultural competence through education /training | * Providers will review NC DHHS Cultural & Linguistic Competency Action Plan. * Network Providers will develop an individualized, agency specific training plan. | * Network Providers are will review the implementation on its individualized, agency specific training during its QM activities. |
| **Community Engagement** | To promote, encourage, and support community involvement to increase outreach and education | * Network Providers will participate in community and cultural events. * Network Providers will identify resources for cultural engagement within the community. * Network Providers will promote community education. | * Network Providers will analyze the outcome of community events in order to aid in the planning and development of future community initiatives. |
| **Research/Monitoring/Evaluation** | To ensure a system of care that promotes the compilation and accessibility of data and research | * Network Providers will incorporate cultural competence components into their Member/stakeholder/staff satisfaction survey process. * Network Providers will assist Vaya in research, monitoring and evaluation of the system of care. * Network Providers will collaborate with the LME and other research entities. | * Providers will conduct Member/family/stakeholder satisfaction surveys. * Providers will analyze results of surveys in the course of conducting QM activities. |