

Cultural Competency Plan FY18

**Target Milestones and Measures**

It is the desire of Region 3 Behavioral Health Services to create a climate of inclusion and acceptance for ALL people living in the twenty-two counties of Region 3. Cultural competence is the ability to effectively relate to and communicate with people within and outside an organization from diverse ethnic, racial, cultural, economic, social, and linguistic backgrounds. When used by Region 3 Behavioral Health Services, the “word **culture**…implies the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group. The word **competence** is used because it implies having the capacity to function in a particular way: the capacity to function within the context of culturally-integrated patterns of human behavior as defined by the group” (Toward a Culturally Competent System of Care, Volume 1, March 1998).

Becoming culturally competent is a dynamic process between leadership, employees, consumers, and stakeholders that requires cultural knowledge and skill development at all service levels, including strategic planning, policymaking, administration, continuous quality improvement, and practice.  Region 3 has the commitment to assist employees in developing awareness to cultures and their differences, to foster a positive attitude toward diversity, to provide training for employees to gain knowledge of cultural issues, and to support employees in acquiring the skills to interact with the public and consumers in an inclusive manner.

Region 3 utilizes a Cultural Competency Plan and a CLAS Standards Matrix (Culturally and Linguistically Appropriate Services) to ensure that all activities and services are accessible and culturally competent. Annually, information is collected on the action steps of the plan and matrix and the results of the actions steps are reported to Leadership Team and Region 3 employees. The CQI Department reviews the results and takes the lead on implementing activities to reach the goals within the plan and matrix. The plan and matrix are reviewed and revised annually and approved by Leadership Team. Additionally, the Network Specialist disseminates the Cultural Sensitivity Survey bi-annually to contracted providers.

Region 3 Behavioral Health Services provides services and supports using Wraparound. Wraparound is family centered, community-oriented, strength-based, individualized planning process~~es~~ that helps people obtain their unmet needs. As facilitators of Wraparound, Region 3 employees are expected to understand and embrace the cultures of all persons served**.** In addition, Region 3 has adopted “core competencies” that are a combination of observable and measurable skills, knowledge, abilities, and personal attributes that contribute to enhance employee performance and agency success. Core competencies include communication; team focus; individual and community satisfaction; occupational knowledge; adaptability; inclusiveness; leadership; accountability; and strength-based prevention. Region 3 Behavioral Health Services strives to be a leader in the area of cultural competence. Below is a list of things that Region 3 Behavioral Health Services already does in its efforts to promote culturally competent practices:

*Materials translation, bilingual employee, technical assistance with consultants who are experts in the area of cultural competence, trainings, employment advertising, annual report, wraparound fidelity survey, satisfaction surveys, sharing information about cultural events and holidays at staff meetings, policy manual review, an annual Cultural Competency staff development, ,interpretation via telemedicine, and Culturally and Linguistically Appropriate Services (CLAS) compliance.*

It is the intention of Region 3 Behavioral Health Services that the Cultural Competency Plan and CLAS Standards Matrix will prepare the Region 3 employees to effectively serve the ever-changing demographics of the twenty-two counties within the Region 3 service area.

| Overall Objective | Measurement | Strategy | Who is responsible? | Who/How will this be monitored? |
| --- | --- | --- | --- | --- |
| ***A. POLICY*** |
| 1. Diverse Region 3 employees
 | 1. Annual review of Hiring Recruitment and Retention Plan.
2. Review of Region 3 employees diversity for adherence to diversity of population in 22 counties
 | 1. Ensure that the Hiring, Recruitment and Retention Plan is being utilized by reviewing plan with supervisors.
2. Review Region 3 employees’ diversity annually and strive to match staff diversity to population diversity.
 | HRCQI Department | Annual documentation by HRAnnual documentation by CQI Department |
| 1. Affirmative Action postcards
 | Review of applicants documentation | 1. Develop and implement process with Leadership Team guidance. Ensure that all departments/programs understand and are utilizing process.
2. Report Affirmative Action postcards information annually to LT.
 | Operations ManagerOperations Manager | Annual documentation by Operations ManagerAnnual documentation by Operations Manager |
| 1. Review Policy Manual for cultural competency
 | Annual review of policies to determine if culturally competent. | 1. Revise policies as determined by in house review
2. New policies and revisions of existing policies are reviewed for cultural competency
3. Revisions shared with employees
 | Program Managers, HR, and Leadership Team | Annual documentation HR |
| 1. Review Region 3 Strategic Plan and CQI for cultural competency and diversity
 | Annual review of Strategic Plan and CQI  | 1. CQI Department and the Assistance Regional Administrator will review the Region 3 Strategic Plan and CQI for cultural competency and diversity
 | CQI Department and Assistant Regional Administrator | Annual documentation by CQI Department and Assistant Regional Administrator |
| ***B. STRUCTURAL*** |
| 1. Facility/Décor is welcoming and accessible to all cultural groups
 | Annual inspection of Facility/Décor for ADA compliance and cultural friendliness. | 1. Periodic changes in décor. CARF/Safety Team will do an annual walk through of public areas for cultural friendliness.
2. CARF/Safety Team will ensure that an annual internal inspection will be conducted for compliance to ADA.
 | CARF/Safety TeamCARF/Safety Team | Annual documentation by CARF/Safety TeamAnnual documentation by CARF/Safety Team |
| 1. Review and monitor the Cultural Competency Plan
 | Annual review of Cultural Competency Plan  | 1. CQI Department reviews to Cultural Competency Plan and make appropriate revisions. LT approves the Cultural Competency Plan revisions.
2. CQI Department collects and reports the results of the Cultural Competency Plan. LT reviews the results
 | CQI Department and LTCQI Department and LT | Annual documentation by CQI DepartmentAnnual documentation by CQI Department |
| 1. Employee Orientation addresses Cultural Competency, including the Region’s definition of culture, the CC Plan, and other information to promote best practices
 | Review of new employee orientation documents that indicate completion of orientation. | 1. Operations Manager to add cultural competency information to the orientation process
 | Operations Manager  | Annual documentation by Operations Manager  |
| 1. Existing documents (as determined by each program) are culturally competent.
 | Annual review of documents to determine if translations are accurate and to determine if all necessary documents have been translated. | 1. Each program decides which documents are to be translated and/or modified to meet the needs of persons served.
2. General Region 3 documents to be translated will be determined by Leadership Team
 | Each supervisorHR and Leadership Team | Annual documentation by program supervisorAnnual documentation by HR |
| ***C. PRACTICE*** |
| 1. Translation of key documents (brochures, assessment tools)
 | Ongoing review of all key documents to be translated to determine if all applicable documents have been translated | 1. Each program decides which documents are to be translated and/or modified to meet the needs of persons served.
2. General Region 3 documents to be translated will be determined by Leadership Team
 | Program ManagersHR and Leadership Team  | Ongoing documentation by Program ManagersAnnual documentation by HR |
| 1. Develop a protocol for access to translators
 | Develop a protocol for the utilization of translators for Region 3 documents | 1. Develop a protocol for the process of contacting and utilizing translators for Region 3 documents to include a section on proficiency
2. Annual review of translator protocol
 | Operations  | Ongoing documentation by Operations  |
| 1. Develop a protocol for access to interpreters
 | Develop a protocol for the utilization of interpreters | 1. Develop a protocol for the process of contacting and utilizing interpreters.
2. Annual review of translator protocol
 | Operations  | Ongoing documentation by Operations  |
| 1. Annual Cultural Competency Staff Development
 | Agenda and Attendance Sheet from Annual Cultural Competency Staff Development | 1. Annual Cultural Competency Staff Development
2. Annual reporting and review of the evaluation of the annual Cultural Competency Staff Development
 | CQI DepartmentCQI Department | Annual documentation by CQI DepartmentAnnual documentation by CQI Department |
| 1. Representation of cultures on the Region Behavioral Health Advisory Committee
 | Review of Behavioral Heath Advisory Committee membership | 1. Review membership of BHAC for desired diversity according to demographics and ability; recruit accordingly. Demographics can include age, gender, ethnicity, heritage, work experience, city/county of residency, religion, experience with behavioral health system, and social group.
 | Regional Administrator | Annual documentation by Regional Administrator |
| 1. Region 3 employees are culturally sensitive to non-English speaking consumers and individuals.
 | Annual review of “Front office protocol for non-English speaking consumers." | 1. Review “Front office protocol for non-English speaking consumers” by Operations annually.
2. Share “Front office protocol for non-English speaking consumers” with employees annually.
 | Operations  | Annual documentation by Operations  |
| 1. Forcefully and publicly condemn intolerance, unfair treatment, bias, bigotry, and discrimination based on differences within our organization and community.
 | Annual Survey | 1. Adherence to Communication Policy
2. LT and CQI Department will communicate to Region 3 employees regarding the importance of taking action when exposed to bigotry and discrimination
3. Review of Cultural Competency and Diversity Survey results
 | All Region 3 employees and LTLT and CQI DepartmentCQI Department, employees and LT | Survey resultsAnnual documentation of emailSurvey Results |
| 1. Adherence to CLAS Standards
 | Review of CLAS Standards | 1. Annual review of CLAS Standards by LT and CQI Department
 | LT and CQI Department | CLAS Standard Matrix  |
| ***D. ATTITUDE*** |
| 1. Organizational Assessment
 | Survey(s);1. Employee Demographic Survey
2. Satisfaction Surveys (Family and Youth (FS & YS) satisfaction surveys, stakeholder satisfaction survey)
3. Wraparound Fidelity Index (WFI))
4. Cultural Competency and Diversity Survey
 | 1. Region 3 employees will complete a demographic survey within 3 months of orientation
2. Review Satisfaction Surveys and include questions on cultural competency
3. Review WFI results with Professional Partner Program semi-annually.
4. Distribute a Cultural Competency and Diversity Survey to measure cultural competency & review results annually
 | CQI Department  | Annual documentation by CQI Department |
| 1. Contracted Network Providers are culturally competency
 | Gather information from providers regarding Cultural CompetencyAdherence to CLAS Standards. | 1. Region 3 MH & SA Audit process will review of providers’ cultural competency actions and policies every three years.
2. Work with providers for adherence to CLAS.
 | Network SpecialistNetwork Specialist and CQI Department | Ongoing documentation by Network SpecialistOngoing documentation by Network Specialistand CQI Department |
| 1. Training to promote positive employee attitude toward diversity
 | 1. Performance evaluations
2. Agenda and Attendance Sheet from Annual Cultural Competency Staff Development
3. Cultural Competency and Diversity Survey
4. Train case management employees on cultural competency
 | 1. Performance evaluation
2. Annual Staff Development of Cultural

Competency1. Staff self-assessment through Cultural Competency and Diversity Survey
2. Provide training about cultural competence and

 best practices to case management employees  | Operations ManagerCQI Department CQI DepartmentProgram Supervisors and Managers | Ongoing and annual documentation by Operations Manager, CQI Department, Program Supervisors and Managers |
| 1. Employee self-assessment
 | Distribute Cultural Competency and Diversity Survey to all employees once a year | Conduct Annual Cultural Competencyand Diversity Survey | CQI Department | Annual documentation by CQI Department |