



## 2017 Cultural Competency Plan

Concordia Behavioral Health (Concordia) serves a uniquely diverse, multi-cultural population in Florida and continually strives to grow throughout the U.S.

Our primary focus is on the delivery of quality, fully integrated and individually tailored mental health services; we believe that the best results are achieved when individuals have access to quality care, are willing to seek care without fear of discrimination or judgment, and are respected and valued for their origins, beliefs, culture, life choices and capacities. In the delivery of mental health services—as in all aspects of human interaction—the best outcomes are achieved when we recognize value, affirm, and respect the worth of the individual and protect and preserve the dignity of each.

Concordia has developed a Cultural Competency Plan in order to demonstrate our commitment to providing services in an all-inclusive, respectful environment, to educate our staff and business partners and to comply with Title VI of the Civil Rights Act and the Culturally and Linguistically Appropriate Services (CLAS) Standards. Our Cultural Competency Plan will improve access to care, quality of care and ultimately, health outcomes. The system is comprised of a Cultural Competency Plan as well as an evaluation tool to determine if implementation of the plan is effective.

Cultural competence is the ability to relate effectively to individuals from various groups and backgrounds. Culturally competent services respond to the unique needs of members of minority and/or marginalized populations and are also sensitive to the ways in which people with disabilities experience the world. Within the behavioral health system (which addresses both mental illnesses and substance abuse), cultural competence must be a guiding principle, so that services are culturally sensitive and provide culturally appropriate prevention, outreach, assessment and intervention.

### BACKGROUND

In developing a comprehensive, all-inclusive Cultural Competency Plan, Concordia has taken into account the diversity that exists within groups, which is often overlooked.

For example:

- According to the 2016 Census Bureau estimates, approximately 56.9 million Americans were identified as Hispanic, increased from about 50.3 million in 2010. The majority of Hispanics in the U.S. are from Mexico, followed by Puerto Rico, Cuba, El Salvador, and the Dominican

Republic. The remainder includes people from other Central American, South American, or other Hispanic or Latino origin.

- The term African American implies that 33.9 million people share certain characteristics because of their ties with some of the 797 million people in Africa, who live in 54 different countries and speak some two thousand different languages.
- The term Asian American includes people from a variety of nations, such as Afghanistan, China, India, Syria and Japan. It includes both immigrants and those whose families have lived in the United States for generations.
- The term Native American includes people who may be of unmixed ancestry or whose Native American lineage is only a fraction of their backgrounds, who may trace their roots to any of more than 500 different tribes, and who may or may not identify with tribal culture.

With the increasing diversity of the U.S. population, mental health service providers must be aware of the influences that culture has on psychological processes, mental illnesses, and the ways that people seek help. They must also be aware of the variety within groups.

Concordia has also taken into account the disparities in Mental Health Services. The Surgeon General's report *Mental Health: Culture, Race and Ethnicity* discusses disparities in behavioral health services for members of racial and ethnic minority populations. People in these populations:

- are less likely to have access to available mental health services;
- are less likely to receive necessary mental health care;
- often receive a poorer quality of treatment; and
- are significantly underrepresented in mental health research.

Members of racial minority groups, including African Americans and Latinos, underuse mental health services and are more likely to delay seeking treatment. Consequently, in most cases, when such individuals seek mental health services they are at an acute stage of illness. This delay can result in a worsening of untreated illness and an increase in involuntary services.

Generally, rates of mental disorders among people in most ethnic minority groups are similar to rates for Caucasians. However, members of minority populations are more likely to experience factors – such as racism, discrimination, violence and poverty – that may exacerbate mental illnesses.

Concordia's Cultural Competence Plan recognizes the broad scope of the dimensions that influence an individual's personal identity. Mental health professionals and service providers should be familiar with how these areas interact within, between and among individuals. These dimensions include:

- race
- ethnicity
- language
- sexual orientation
- gender

- age
- disability
- class/socioeconomic status
- education
- religious/spiritual orientation

Cultural Competence requires a comprehensive and coordinated plan that includes interventions on levels of policy making, infra-structure, program administration and evaluation, the delivery of services and the population it serves. It is the promotion of quality services through the valuing of differences and the integration of cultural attitudes, beliefs, abilities, life choices and practices into diagnostic and treatment methods. It is practiced throughout our organization to support the delivery of culturally relevant and competent care.

Cultural competency skills can be developed through the training of staff and providers. It also includes implementation of objectives to ensure that administrative policies and practices are responsive to the culture and diversity within the populations served. It is a process of continuous quality improvement.

## PURPOSE

Concordia has developed a Cultural Competency Plan to ensure that its Members are receiving services delivered in an inclusive, respectful and sensitive manner. The plan is comprehensive and incorporates all Members, Providers, and staff. Concordia recognizes that respecting the diversity of our Members has a tremendous and positive impact on outcomes of care. Cultural competency must address the biases and stereotypes that are associated with an individual's culture and various identities.

Forms of discrimination can be categorized into the following seven types:

1. Racism: prejudice or discrimination based on a person's race or on the belief that one race is superior to another;
2. Ageism: bias toward an individual or group based on age. For example, young people may be stereotyped as immature and irresponsible; older adults may be called slow, weak, dependent and senile;
3. Sexism: discrimination or prejudice based on gender;
4. Heterosexism: prejudice against people who are gay, lesbian, bisexual, transgender, or intersex. It is also the assumption that all people are heterosexual and that heterosexuality is correct and normal;
5. Homophobia: the fear and/or dislike of homosexual people or homosexuality;
6. Classism: any form of prejudice or oppression against people who are members of (or who are perceived as being similar to those who are members of) a lower social class; and
7. Religious intolerance: an inability or unwillingness to tolerate another's beliefs or practices.

At Concordia, we believe that all health care professionals—and mental health professionals in particular—must be aware of how stereotypes and stigma influence not only their clients but also their own thoughts and views of others.

Mental health professionals and service providers can improve their cultural competency by taking the following steps:

- Using open-ended questions to identify each person’s unique cultural outlook.
- Re-evaluating intake and assessment documentation, as well as policies and procedures, to be more inclusive.
- Employing qualified mental health workers who are fluent in the languages of the groups being served.
- Understanding the cultural biases of staff and provide training to address educational needs.
- Understanding the cultural biases in program design.
- Identifying resources, such as natural supports, within the community that will help an individual recover.
- Designing and implementing culturally sensitive treatment plans.
- Evaluating procedures and programs for cultural sensitivity and effectiveness.
- Surveying clients and workers to elicit their understanding of cultural competence and culturally competent practice.

As an organization, Concordia will integrate Cultural Competency through:

- Securing leadership support: Convincing leader of the merits of creating new, more inclusive language and policies.
- Drafting policy: Drafting an Inclusive Language Policy for the organization that outlines the necessary changes to forms, electronic systems, and verbal communication standards.
- Changing forms and ensuring adherence: Department managers and other administrative staff responsible for producing and revising forms must make the requisite changes, following the requirements laid out in the aforementioned policy document. The quality and compliance committee will take responsibility for monitoring adherence to the policy as a part of its regular forms review process.
- Designing training program for staff: Designing and implementing a dedicated training sessions to educate staff on diversity and inclusion. A diversity training session will attempt to make

participants more aware of themselves and of their effect on others. Diversity training stresses the process rather than the content of training, and the emotional rather than the conceptual.

- Designing an evaluation, support and training program for Providers: Designing and implementing a dedicated section of the Provider portal to provide online evaluation forms that providers may use to gauge the cultural competency of their practices, provide support in development of cultural competency plans, and provide training resources to educate Providers and their staff on implementing culturally competent changes.

Additionally, Concordia has incorporated the Cultural and Linguistically Appropriate Services (CLAS) standards developed by the U.S. Department of Health & Human Services, Office of Minority Health, as our guidelines for furnishing culturally competent services. The CLAS standards are listed below:

Standard 1: Health care organizations should ensure that patients/consumers receive from all staff member's effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs, abilities, life choices , practices and preferred language.

Standard 2: Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

Standard 3: Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Standard 4: Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

Standard 5: Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

Standard 6: Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

Standard 7: Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Standard 8: Health care organization should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

Standard 9: Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

Standard 10: Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

Standard 11: Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

Standard 12: Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

Standard 13: Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

Standard 14: Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

## CULTURAL COMPETENCE GOALS AND OBJECTIVES

Goal 1: Ensure that services are provided in a culturally competent manner to all Members, regardless of physical and mental capacity, disability, sexual orientation, life choices and language, including those with limited English proficiency, whether at the Concordia level, or the provider level through the evaluation of member grievance, cross-culture complaints report, and member satisfaction survey. This is assessed against the Cultural and Linguistically Appropriate Services (CLAS) standards.

Goal 2: Concordia and its staff, contracted Providers, and systems can effectively provide services to all people regardless of their ages, cultures, races, ethnicities, mental and physical abilities, sexual orientation, life choices and religions. The emphasis is on provider and staff education. Standards are developed and are assessed through medical record review, Performance Improvement Plans, Performance Measures, and internal and external processes (surveys, links to pertinent websites, and

the establishment of guidelines communicated to staff and providers).

Goal 3: Concordia will complete an annual evaluation of the effectiveness of the Cultural Competency Plan. Concordia will track and trend any issues identified in the evaluation and implement interventions to improve the provision of services. The analysis of the results, interventions to be implemented and a description of the evaluation will be described in the annual CCP submitted to the Agency of Health Care Administration.

Goal 4. Concordia will provide high quality, culturally sensitive services by identification, delivery and continual monitoring of Members' needs. Concordia will continue to hire diverse staff and provide cultural competency training at orientation and annually after hired. Quality Improvement will continuously monitor and evaluate the level of cultural competency through services provided by its Provider Networks.

Goal 5. Concordia will develop programs for improving cultural awareness, where a need is identified, through the comprehensive assessment of the Provider Network evaluation process. Our aim is to increase the Providers' and Staffs' awareness and appreciation of customs, life choices, values and beliefs, and the ability to incorporate them into the assessment of, treatment of, and interaction with Members.

#### Objectives

- To educate providers of their responsibility to provide competent behavioral health care that is culturally and linguistically sensitive. Expect providers to be knowledgeable about their patient's culture and use this information in treatment. Expect providers to ask questions relevant to how the life choices, family and culture values might influence how the patient deals with their condition.
- To provide Members access to quality behavioral health care services that are culturally and linguistically sensitive.
- To offer Members a choice of providers with cultural and linguistic expertise.
- To identify Member with cultural and/ or linguistic needs through demographic information and Member expressed wishes. Empower member by allowing them to influence how the system will meet their needs, expecting the members to be socially responsible and accountable.
- To provide competent translation services to Members who require these services. Provide Members services in predominant area languages, such as Spanish.
- To provide Members with Limited English Proficiency the assistance they need to understand the care being provided and to accomplish effective interactions with their behavioral health care providers. Encourage providers to listen to the members' opinions in considering treatment options.

#### DELIVERY OF CARE AND SERVICES

Concordia has staff available to meet the cultural and linguistic needs of its populations. These staff members provide culturally sensitive information and the linguistic skills required for meeting the needs of Members. If staff is not available for a non-prevalent language, outside interpretation services are used to meet the need of the individual member. Concordia monitors for any complaints relating to cross-cultural issues. These will be referred to the Quality Improvement Department for review and follow-up. Concordia will educate its providers on the availability of interpretation services as well.

The Provider Credentialing Applications also capture the capacity to recruit providers to the network of diverse racial and ethnic background by documenting the provider's self-identified ethnicity, culture and race (if provided). The Application also includes a question about other languages spoken by providers to indicate their linguistic diversity – this information is used in the provider directories by the plans Concordia serves for informational purposes to members.

This information is updated periodically. Concordia monitors the delivery of care and services in relation to the provision of culturally competent services through a comprehensive set of Quality Methods that includes, but is not limited to, Performance Improvement Plans, Medical Record Reviews, Member Satisfaction Surveys and Provider Satisfaction Surveys.

## EDUCATION AND TRAINING

Concordia will provide staff training, particularly to Member Services, Provider Relations, and Utilization Management, Case Management Departments as needed to ensure that services are provided effectively to our multi-cultural population. This training will be customized to fit the needs of Concordia based on the nature of contacts with members and/or providers.

Concordia will provide training for all network Providers with direct Member contact to ensure that they are aware of the importance of providing services in a culturally competent manner. This training will include ideas and assistance about how to provide care in a culturally competent manner.

Providers can access educational materials through the following website:

HRSA (Culture, Language, and Health Literacy) <http://www.hrsa.gov/culturalcompetence>

## TRANSLATION SERVICES

Addressing language access issues requires multi-faceted strategies. Concordia sends mailings in English and Spanish (the prevalent languages in the Counties served) which are verified to be at a 4<sup>th</sup> grade reading level, with a qualification that states that materials are available in other languages or formats if needed.

Translations needed in a language or format other than those prevalent in the area are provided based on the individual member's needs. Concordia utilizes bilingual staff and interpreter phone service



to facilitate communication with non-English speakers. The interpreter phone service is a secondary language access service that allows Concordia to communicate with those non English, non-Spanish speakers.

English, Spanish and Creole languages and cultures are the most prevalent in the Concordia service area at this time. We ensure our Member Services representatives are able to communicate with the enrollees in English and Spanish. Creole and other languages are offered through the interpreter phone service. Below is an online resource that provide an index to more than 6,900 known living languages:

<http://www.ethnologue.com/web.asp>

## EVALUATION AND ASSESSMENT

Concordia completes an annual evaluation of the effectiveness of its Cultural Competency Plan. Results of this evaluation will be used to determine the future direction of the Cultural Competency Plan. This evaluation will include results from the Member Satisfaction Surveys and Member Grievances. Concordia shall track and trend any issues identified in the evaluation and shall implement interventions to improve the provision of culturally competent services.

Below are some websites/resources for additional information:

[http://ericae.net/faqs/Cognitive\\_Styles/Cognitive\\_styles.htm](http://ericae.net/faqs/Cognitive_Styles/Cognitive_styles.htm)

<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>

<http://www.ncqa.org/tabid/451/Default.aspx>

<http://journals.sagepub.com/doi/full/10.1177/1559827613498065>