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Owner:	<i>Bonnie Herndon</i>
Policy Area:	<i>Customer Service</i>
References:	<i>MDHHS- EQR VIII, NCQA QI 1A, NCQA QI 4A, NCQA QI 9 A, F G</i>

Cultural Competence

POLICY

It is the policy of the Detroit Wayne Integrated Health Network (DWIHN) to assure that behavioral health services and supports are culturally appropriate for individuals with diverse cultural backgrounds, values beliefs, and practices. This applies to all service levels of DWIHN, Service Providers, SUD, contracted providers, and Access Center.

PURPOSE

To provide system-wide guidelines that promote working effectively with culturally diverse, sensory impaired, and/or limited English proficiency individuals and under-served communities.

APPLICATION

1. The following groups are required to implement and adhere to this policy: All DWIHN Staff, Contractual Staff, Access Center, Service Providers, Network Providers, Crisis services vendor.
2. This policy serves the following populations: Adults, Children, I/DD, SMI/SEI, SED, SUD, Autism
3. This policy impacts the following contracts/service lines: Medicaid, MI-HEALTH LINK, SUD, Autism, Grants, and General Fund.

KEY WORDS

1. Culturally Competent Services
2. Diversity
3. Limited English Proficiency
4. Health Literacy

STANDARDS

1. DWIHN will implement the National Culturally and Linguistically Competent Appropriate Services (CLAS) Standards which are:
 - a. **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.

b. 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.

c. 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.

d. 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.

2. DWIHN and its contracted provider networks shall be committed to the following provisions of cultural competency:

- a. Foster an organizational philosophy that incorporates cultural competency principles into its mission, vision, values, goals policies and procedures.
- b. Periodically review the goals, policies, and procedures to ensure that they incorporate principles and practices that promote linguistic and cultural competence.
- c. Incorporate programs and services for diverse populations within the service community and

- methods to evaluate their effectiveness.
- d. Provide ongoing staff cultural self-assessments to determine the level of knowledge of the diverse populations within the service community and the learning needs that exist among staff at all levels.
 - e. Provide educational and training opportunities for staff and community about natural supports (i.e., family, religious organization, advocacy groups, and social organization) within diverse cultural groups.
 - f. Incorporate processes that allow for the capturing of data on individual's race, ethnicity, spoken and written language to establish applicable needs assessment and services.
 - g. Establish collaborative partnerships with diverse community-based organizations to assist in designing and implementing cultural competence related activities.
 - h. Ensure that health literate and culturally competent care approaches to health care delivery are understandable, effective, respectful, and provided in a manner compatible with individual's cultural beliefs and practices.
 - i. Incorporate culturally sensitive assessments in the Individual Plan of Service (IPOS) to identify special needs, beliefs and/or practices.
 - j. Ensure that oral and written grievance, appeals and resolution processes are sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints.
 - k. DWIHN reviews census data on an annual basis to ensure compliance with our service area's linguistic needs.
 - l. Cultural Competence training is required for all new hires of DWIHN, Access Center, Providers, Service Providers, and vendors. Re-training is required annually for DWIHN, Access Center, and Service Provider. DWIHN provides training content.
3. Service Providers and Direct Contract Providers are expected to develop their policies in alignment with DWIHN directives.
 4. DWIHN ensures that the clinical practice is based on trauma-informed care, cultural awareness, and life-long enhancement of knowledge and skills with Periodic evaluation of staff and programs as well as member satisfaction.

QUALITY ASSURANCE/IMPROVEMENT

The DWIHN shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs and Service Providers must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWIHN staff and Service Providers are bound by all applicable local, State and Federal laws, rules, regulations and policies, all Federal waiver requirements, State and County contractual requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY

1. Michigan Department of Community Health Practice Improvement Steering Committee Compendium of

Michigan's Evidence-Based, Best and Promising Practices, 2009

2. Michigan Mental Health Code, PA 258 of 1974, as amended, Suitable Services; treatment environment; setting; rights, MCL 330.1708
3. Michigan Department of Community Health, Application for Participation, 2009
4. Regulations of the US Department of Health and Human Services issued pursuant to the Acts, Title 45 Code of Federal Regulations (CFR) part 80, 84, and 91.
5. Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d et.seq
6. National Center for Cultural Competence-Georgetown University Center for Child and Human Development

RELATED POLICIES

1. Accommodations for Individuals with Visual and Mobility Impairments
2. Communication Using the Teletype Device, & Michigan Relay Service or Other Communication Devices
3. [Cultural Competence Procedure](#)
4. Limited English Proficiency (LEP)
5. Michigan Relay Service or Other Communication Devices

RELATED DEPARTMENTS

1. Administration
2. Claims Management
3. Clinical Practice Improvement
4. Compliance, Customer Service
5. Information Technology
6. Integrated Health Care
7. Legal, Managed Care Operations
8. Management & Budget, Personnel
9. Purchasing, Quality Improvement
10. Utilization Management
11. Recipient Rights
12. Substance Use Disorders

CLINICAL POLICY

YES

INTERNAL/EXTERNAL POLICY

EXTERNAL

Attachments:

[Cultural Competence Procedure.pdf](#)



Current Status: *Active*

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Owner:	<i>Bonnie Herndon</i>
Policy Area:	<i>Customer Service</i>
References:	

Cultural Competence Procedure

PROCEDURE PURPOSE

To provide guidelines for developing a plan that enhances the current capabilities for providing culturally competent services and systems which promotes wellness and reduce disparities.

EXPECTED OUTCOME

1. To foster continuous improvement to maximize efficiency and effectiveness of services.
2. To support activities designed to reduce stigma and raise awareness surrounding behavioral health.
3. To ensure cultural competent staffing ratios are adequate in meeting the needs of the members served.
4. To ensure services are: outcome driven, culturally competent, recovery and client/family centered; innovative and creative; and trauma-informed.

PROCEDURE

1. To establish cultural competence standards throughout the following:
 - a. Mission Statement
 - b. Guiding Principles
 - c. Policies and Procedures
2. Development and oversight of a Cultural Competency Plan which includes the following activities:
 - a. DWIHN Customer Service will review the DWIHN mission, vision, values, goals, policies and procedures for consistency with the Cultural Competency Policy and promote linguistic and cultural competence via PolicyStat as these items are reviewed (generally annually).
 - b. DWIHN Clinical Practice Improvement seeks to incorporate programs and services for diverse populations within the service community and methods to evaluate their effectiveness (see the Children's Initiative's Children and Cultural and Linguistic Competency Summit).
 - c. DWIHN Clinical Practice Improvement through Detroit Wayne Connect (an online educational and training event portal) will provide educational and training opportunities for staff throughout the DWIHN network and community about natural supports (i.e., family, religious organization, advocacy groups, and social organization) within diverse cultural groups.

Cultural Competence training is required for all new hires of DWIHN, Access Center, Providers, Service Providers, and vendors. Re-training is required annually for DWIHN, Access Center, and Service Provider. DWIHN provides training content. This provides ongoing staff cultural self-assessments to determine the level of knowledge of the diverse populations within the service community and the learning needs that exist among staff at all levels.

- d. The DWIHN Biopsychosocial Assessment in MHWIN (an online Mental Health Wellness Information Network) captures data on individual's race, ethnicity, spoken and written language to establish applicable needs assessment and services. DWIHN reviews member demographic information and census data on an annual basis to ensure compliance with our service area's linguistic needs.
 - e. DWIHN seeks to establish collaborative partnerships with diverse community-based organizations to assist in designing and implementing cultural competence related activities.
 - f. DWIHN Communications Department ensures that health literature distributed is understandable.
 - g. The Clinical Practice Improvement and Quality Improvement Departments ensure culturally competent care approaches to health care delivery are understandable, effective, respectful, and provided in a manner compatible with individual's cultural beliefs and practices.
 - h. The DWIHN Clinical Practice Improvement Department ensures that culturally sensitive assessments inform the Person Centered Planning process which identifies special needs, beliefs and/or practices in the annual review of the Individual Plan of Service/Person Centered Plan Policy distributed to the provider network.
 - i. The DWIHN Customer Service and Utilization Management Departments ensure that oral and written grievance, appeals and resolution processes are sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints.
 - j. A log of requests for interpreter services is maintained by Customer Service and reviewed as part of the Annual Assessment of the Network Availability Report.
3. The data gathered in the activities above are reviewed for opportunities for improvement in the Annual Assessment of the Network Availability Report created by Managed Care Operations Department.
4. Service Providers and Direct Contract Providers are expected to develop their procedures in alignment with DWIHN directives.

PROCEDURE MONITORING & STEPS

Who monitors this procedure:	Bonnie Herndon/Manager of Customer Service
Department:	Customer Service
Frequency of monitoring:	Yearly
Reporting provided to:	<ol style="list-style-type: none"> 1. Michele A. Vasconcellos/Dir. of Customer Service 2. Lorraine Taylor-Muhammad/Dir. of Managed Care Operations. 3. QISC - Quality Improvement Steering Committee
Comments: This gets attached to the Cultural Competence Policy.	

Attachments:

Approval Signatures

Approver	Date
Dana Lasenby: Chief Clinical Officer	11/2019

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