

Great Rivers Behavioral Health Organization

Policy Title:	Culturally Competent Services	Policy No. 8004.01
Category:	Enrollee Rights / Client Advocacy	Date Adopted: 04/01/2016 Revision Date: 03/082019
Reference:	Washington Administrative Code 182-538D, 246-341 Washington State Health Care Authority (HCA) Contracts 42 Code Federal Regulations (CFR) 438 National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (U.S. Dept. of Health and Human Services, Office of Minority Health)	

Policy:

- 1.1. Great Rivers Behavioral Health Organization (Great Rivers) shall make every effort to provide effective, equitable, understandable, and respectful care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.
- 1.2. Great Rivers and its network of contracted behavioral health agencies (BHAs) will participate in and cooperate with HCA efforts to promote the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

Definitions:

- 2.1. **Cultural Competence** means a set of congruent behaviors, attitudes and policies that come together in a system or agency and enable that system or agency to work effectively in cross-cultural situations. A culturally competent system of care acknowledges and incorporates at all levels the importance of language and culture, assessment of cross-cultural relations, knowledge and acceptance of the dynamics of cultural differences, expansion of cultural knowledge and adaptation of services to meet culturally unique needs. Examples of culturally competent care include striving to overcome cultural, language, and communications barriers; providing an environment in which individuals from diverse cultural backgrounds feel comfortable discussing their cultural health beliefs and practices while making decisions on treatment options; encouraging individuals to express their spiritual beliefs and cultural practices; and being familiar with and respectful of various traditional healing systems and beliefs and, where appropriate, integrating these approaches into treatment plans.
- 2.2. **Ethnic Minority Mental Health Specialist** means a mental health professional who has demonstrated cultural competence attained through major commitment, ongoing training, experience and/or specialization in serving ethnic minorities, including evidence of one year of service specializing in serving the ethnic minority group under the supervision of an ethnic minority mental health specialist; and
 - 2.2.1. Evidence of support from the ethnic minority community attesting to the person's commitment to that community; or
 - 2.2.2. A minimum of one hundred actual hours (not quarter or semester hours) of specialized training devoted to ethnic minority issues and treatment of ethnic minority consumers.

Procedure:

- 3.1. Recruitment of BHA staff, board members, Quality Review Team, and Great Rivers Advisory and Governing Board members includes attention to the need for a diverse staff and boards that reflect the service area populations of Great Rivers. In addition to ethnic and cultural diversity, this may include such aspects of culture as rural versus urban experience, client and family experience of mental illness and substance use conditions, and experience of poverty and homelessness.
- 3.2. BHAs must utilize a strength-based psychosocial assessment that considers current needs and the individual's relevant history according to best practices. The psychosocial assessment must be age and culturally relevant. The intake assessment documents the individual's (or parent/legal guardian, if applicable) identified concerns regarding the impact of cultural considerations on symptoms or treatment. These are incorporated into treatment planning as appropriate for the individual. Re-authorizations of care should also make note of any current or emerging cultural issues relevant to the individual's functioning and treatment needs, and incorporate them into an updated treatment plan. Great Rivers encourages BHAs to adopt the American Psychiatric Association's DSM-5 Cultural Formulation Interview (CFI) as part of its assessment and clinical record.¹
- 3.3. Providers are required to consult an ethnic minority Mental Health Specialist, or to obtain consultation on behalf of enrollees/individuals from a minority population, when a culturally related or mediated need is identified and prioritized by the individual. Per Great Rivers contract from HCA: Individuals who self-identify as having specialized cultural, ethnic, linguistic, disability, or age-related needs will have those addressed in their services.
- 3.4. Consultation with Mental Health Specialists for children (ages 0-20), older adults (age 60+), and persons who are deaf or physically or developmentally disabled are required for individuals in those groups.
 - 3.4.1. Great Rivers may provide access through its own supervisory specialist staff or other staff, if qualified. Great Rivers provides support to BHAs through additional contracts with specialist consultants and through training support for difficult to recruit specialist positions (e.g. developmental disabilities or geriatric mental health specialists). Great Rivers makes specialist information available on the Great Rivers website at www.greatriversbho.org.
 - 3.4.2. Referrals for specialist consultation and the specialist's recommendations must be documented in the medical record and incorporated into treatment planning as relevant. If a provider identifies a need, but it is deferred by the individual, the provider must document why they are not addressing it.
 - 3.4.3. Compliance with this procedure is monitored through Great Rivers' annual Quality Management clinical reviews, which will include examination of how treatment has addressed identified cultural issues and needs, and whether specialist recommendations have been followed in the course of treatment. Aggregate, network-wide performance will be reported through the Quality Management Committee and shared with the Advisory and Governing Boards.
- 3.5. Great Rivers' Clinical Advisory Committee makes recommendations on cultural issues impacting clinical approaches to treatment (such as the implementation of national CLAS (Culturally and Linguistically Appropriate Services) standards) and training needs pertaining to culturally-appropriate practices. Identified service needs relevant to cultural competence may go to the Advisory and Governing Board for review and possible funding of specialized positions (e.g., Hispanic outreach).

¹ See the **Diagnostic and Statistical Manual of Mental Disorders**, FIFTH EDITION | DSM-5®, Edited by American Psychiatric Association, available at: <http://dx.doi.org/10.1176/appi.books.9780890425596>

- 3.6. Great Rivers collaborates with tribes within its boundaries to develop Tribal Collaboration Plans; to the extent, local tribes are willing to participate.
- 3.7. Great Rivers BHA contracts shall require translation of client rights information (i.e., Medicaid Benefits Booklet, Client Rights, Grievance and Appeals Procedures, HIPAA Privacy Statement, and Advance Directives) into prevalent languages as called out by HCA contract (i.e., Cambodian, Chinese, Korean, Laotian, Russian, Spanish, and Vietnamese). Oral or ASL interpretation shall be provided in any language as needed.
- 3.8. Each BHA is expected to maintain a document showing their mental health and substance use disorder care providers, clinical specialties, and languages spoken. This is updated at least annually and provided to enrollees on request. Great Rivers monitors this document as part of contract monitoring. Great Rivers also monitors BHAs' staffing patterns monthly by requiring BHAs to send in all staff changes, showing names, job positions, and credentials. Great Rivers maintains this information on the Great Rivers' website.
- 3.9. Per Great Rivers' relevant contracts regarding implementation of National CLAS Standards, Great Rivers and its contracted BHAs will:
 - 3.9.1. Offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each Enrollee with limited English proficiency at all points of contact, in a timely manner during all hours of operation (CLAS Standard 4);
 - 3.9.2. Offer language assistance to Enrollees 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 (CLAS Standard 5);
 - 3.9.3. Inform all Enrollees of the availability of language assistance services clearly and in their preferred language, verbally and in writing (CLAS Standard 6);
 - 3.9.4. Ensure the competency of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided (CLAS Standard 7);
 - 3.9.5. Provide easy-to-understand print, and multimedia materials, and signage in the languages commonly used by the populations in the service area, presented in an easily understood format (CLAS Standard 8);
 - 3.9.6. Establish culturally and linguistically appropriate goals (CLAS Standard 9) through Great Rivers' Quality Management structure;
 - 3.9.7. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into performance measurement and quality management/continuous quality improvement activities (CLAS Standard 10);
 - 3.9.8. 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 (CLAS Standard 11); and
 - 3.9.9. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflict or complaints. (CLAS Standard 14).
- 3.10. Great Rivers will provide applicable regulatory bodies with an annual report evidencing its compliance with each CLAS standard. This reporting will be integrated into the Quality Management Plan and Work Plan.

POLICY SIGNATURE

 Edna J. Fund, Chair
 Great Rivers Governing Board

 3/8/2019

Date