



SALISH BHO

NETWORK MANAGEMENT POLICIES AND PROCEDURES

Policy Name: CULTURALLY COMPETENT SERVICE STRUCTURE

Policy Number: 3.02

Reference: State contract, WAC 388-865-0232;
PIHP Contract; 42 CFR 438.206

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Approved by: SBHO Executive Board

CROSS REFERENCES

- Policy: Corrective Action Plan Policy
- Policy: Promoting Recovery and Resiliency
- Specialists Provider Directory

PURPOSE

It is the policy of the Salish Behavioral Health Organization (SBHO) to establish, and to require network providers and subcontractors to establish policies, procedures and mechanisms maximizing access to and use of behavioral health services while receiving culturally competent care.

DEFINITIONS

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.

Age and Cultural Competence means:

- Having the capacity to function effectively as an individual and as an organization within the context of the cultural beliefs, behaviors, and needs presented by individuals and their communities.
- Recognition of the unique developmental and socio-cultural needs and customs of human beings at differing ages, specifically those of children and older adults;
- Recognition of the unique beliefs, customs and institutions which arise out of each individual's self-identified social/cultural and/or ethnic group; and
- The ability to respectfully serve individuals in a manner which is responsive to their unique developmental needs, practices, beliefs, and cultural background.

PROCEDURE

The SBHO will, in compliance with Revised Code of Washington (RCW), WAC and contract, promote and evidence age and cultural competence throughout the system by:

Representation:

Governance System:

Establish a governance structure through Inter-Local Agreement consistent with chapter 71.24 RCW, herein identified as the Salish Behavioral Health Organization (SBHO) Executive Board. The board will consist of at the least three members of each County Board of Commissioners and one tribal representative for the counties and Tribes comprising the SBHO. The board will meet as is necessary for the conduct of business in accordance with the Interlocal Agreement establishing the SBHO.

On-going recruitment for membership on the Advisory Board so as to enhance representation of regional demographics, including persons representing:

- Individuals, past and present
 - Tribal membership or other significant ethnic groups
 - Concerns of youth and children
 - Concerns of older adults
 - Concerns of those with special needs
- a. SBHO staff conducts a demographic profile of Advisory Board members no less than annually to determine if membership is representative of the region as defined above, and advises the Board of recruitment needs, if any.
 - b. SBHO staff mail recruitment letters to organizations serving individuals from diverse cultural groups, particularly those groups under-represented, when a vacancy on the board occurs.
 - c. SBHO staff, Quality Review Team (QRT) and Advisory Board members maintain ongoing discussions with key informants who are knowledgeable and involved

with diverse cultural communities within Clallam, Jefferson and Kitsap Counties in order to inform and invite their membership on the Board.

- d. The SBHO staff apprise Executive Board members and management staff of requirements relative to age, culturally, and linguistically competent representation in order to support compliance with laws, regulations, and contractual obligations.
 - One Tribal representative, appointed by the local Tribes, actively participates and provides input to the Executive Board.
- e. Advisory Board orientation materials include sections addressing the SBHO goals for achieving region-wide cultural competence.
- f. The Advisory Board advises the Board and SBHO regarding potential benefits or barriers resulting from current policies and procedures; and who address the reduction and elimination of culturally and linguistically based barriers to service; and who serve in conjunction with the oversight committee(s) for children, older persons, and ethnic minorities which meets quarterly and which includes parents of children/adolescents receiving services, early intervention providers, health providers, juvenile court, child welfare, tribal and substance abuse treatment providers who address, as well, EPSDT requirements.
- g. SBHO management staff attend and represent the SBHO at regional meetings, conferences, assemblies or trainings which examine, promote or represent cross-cultural awareness, and schedules Advisory Board or other appropriate meetings at churches, Tribal Centers and other community-based locations which may be comfortable to and promote attendance by a diverse population.

Administration: Ensuring that SBHO staff:

- a. Review demographic profiles and provide demographic information relative to the region and catchment areas in order to promote and facilitate broad representation throughout the system.
- b. Recruit SBHO staff in a manner which assures removal of barriers to equal opportunity and promotes diversity.
- c. Develop a roster of Specialists, bilingual, and evidence based trained network staff who may be accessed by network providers for consultation in the event an appropriate Specialist is not available within the provider organization. The providers may have an additional list of Specialists, who may have a formal and contractual, or informal arrangement with consultants.
- d. The SBHO management staff develops Tribal Agreements, regularly schedules meetings, and outreaches to Tribal authorities for the discussion of issues of mutual interest or concern.

Grievance, Quality Review Team, Ombuds: Ensuring that:

- a. The SBHO and provider grievance policies and procedures are reviewed and policies or procedures which may represent a barrier, or do not enhance age, culturally, and linguistically competent representation, are revised.
- b. The QRT recruitment policies and practices are in alignment with those of the Advisory Board and solicits persons who evidence an understanding of or appreciation for age, cultural, and linguistic competence issues for membership.
- c. The policies and procedures of the Ombuds, and its management, are reviewed, and policies or procedures which may represent a barrier, or do not enhance age, culturally and linguistically competent representation are revised. Recruitment for Ombuds solicits persons who evidence an understanding of or appreciation for age, cultural, and linguistic competence issues.
- d. The Ombuds program policies and procedures are culturally and linguistically competent.
- e. The Ombuds program policies and procedures encourage the involvement by consultation with or supervision from, specialists, and certified interpreters, when addressing individual concerns of special populations.
- f. All steps necessary to pursue complaint and grievance procedures at the SBHO, provider, and all other levels are translated into the languages most used in the region.

Provider Network and Subcontractors: Requiring that:

- a. Contracted network providers and subcontractors evidence policies and procedures which include provisions to ensure staff development and staffing that is culturally and linguistically competent and promotes availability of age, culturally, and linguistically competent staff.
- b. Contracted network providers and subcontractors assure that equal access to available services exists for people who are not English proficient or who are ethnic minorities by making marketing materials available for these services in alternative languages.

Clinical Care: Requiring that contracted network providers ensure availability of, or access to, age, culturally, and linguistically competent staff, or consultants to staff, who are able to provide:

- a. Assistance to network providers in developing appropriate access avenues which promote service availability across age, ethnic groups within the catchment area, local cultures, and among underserved populations.
- b. Age, culturally, and linguistically competent clinical supervision.
- c. Age, culturally, and linguistically competent service delivery.

- d. Age, culturally, and linguistically competent specialist availability.
- e. Age, culturally, and linguistically competent representation in the various review and monitoring aspects of SBHO and provider quality assurance/improvement systems.

Training

Administration:

- a. The SBHO contracting for, and making available to staff of the SBHO, network providers, subcontractors, the Advisory Board and QRT, the Ombuds, and other constituents of the region as it deems appropriate, training which promotes age and cultural competency including respect for and awareness of:
 - Non-ethnic based cultures (e.g. gang, prison related, regional, religious, life style or occupation related, etc.), as well as cultures of ethnicity
 - Valuing diversity
 - The dynamics of difference
 - Acculturation vs. assimilation
 - Cross cultural and/or cultural norms in assessment, differential diagnosis, service planning and intervention
 - Incorporation of the individual's age or culture related supports and beliefs into the treatment process
 - Incorporation of non-traditional interventions into the treatment process
 - Developmental issues; and socio economic issues in order to provide the most individual-useful, effective and efficient services
- b. The SBHO ensuring that it:
 - Develops an on-going/updated roster of trainings within the region which are delivered by persons with expertise in age and cultural competence, and which address:
 - 1) the concepts of age and cultural competence in general, and
 - 2) specific competencies relative to children and older adults, ethnic groups within the region, other cultural groups within the region
 - Provide the training roster to personnel at all levels of the behavioral health service delivery system within the region
 - Annually attend two trainings that addresses age or cultural competence in behavioral health service systems

Governance, Grievance-QRT-Ombuds, Provider, and Subcontractor Systems

The SBHO ensuring that it:

- a. Provide training rosters to, and encourage attendance by, members of the Advisory Board at age and cultural competence training.
- b. Provide training rosters to, and encourage attendance by, members of the QRT and the Ombuds at age and cultural competence training.
- c. Require that network providers ensure that all staff attend training in age and cultural competence concepts and that clinical staff attend training to increase their competence in specific areas of age or culture.
- d. Promote and facilitate network provider ability to assist staff in attending training, which will result in their acquiring specialist status in areas of age, cultural or other specialty competence.

Written Entrance Criteria- Outpatient and Inpatient Services

- a. The SBHO, with its providers, develop and implement age, culturally, and linguistically competent written criteria for outpatient and inpatient eligibility, admissions, and continuing stay authorization criteria and discharge protocols for SBHO funded services.

By assuring that documents for information gathering, screening, intake, assessment, and individual plans of care, developed by the SBHO and/or providers/ subcontractors, promote age, cultural, and linguistic competence by including opportunities for service recipients to identify their age, their ethnicity according to personal perception, their culture, and issues relating to these factors.

The individualized information is available for review during the authorization requests for outpatient and inpatient services and referrals to hospitals or other services which may be treating the service recipient.

- b. The SBHO requires, and ensures through review and audit, that network providers implement SBHO policies and procedures regarding cultural competency through:
 1. Early identification of persons seeking services who are an ethnic minority or specialty population by:
 - Providing an opportunity for self-identification of one's ethnic or cultural group or groups within the beginning interactions of the initial contact between the SBHO and/or provider and the person seeking service, while maintaining their right to decline to provide this information.
 - Organizing access documents so that the individual can self-identify his/her ethnic or cultural group(s), and be allowed to identify more than one ethnic group.

- Organizing all screening, intake and other access documents to capture date of birth and age, and any existing disability information.
2. SBHO requires the following steps for all applicants or individuals that are under eighteen years of age, are disabled, or have self-identified as a member of an ethnic minority. These steps are also required for those over the age of sixty, when clinically indicated.
 - Refers and/or arranges for further contact, within the activity being performed, to be conducted by an available appropriate specialist; *or*, if none is available arranges for consultation by an appropriate specialist at the earliest reasonable opportunity within contract requirements; *or*
 - Performs the activity under the supervision of an appropriate specialist; and
 - Documents the date, time and person contacted to provide consultation or supervision.
 - Explicitly asks the service applicant about preferences which they may have relative to the plan of care and documentation in the treatment plan.
 3. The network provider staff conducting interviews determines English language proficiency, documents the need for interpreter services and arranges for interpreter services, if necessary.
 4. All written materials generally available to service recipients are made available and TTY and other electronic devices are available to assure communication.
 5. Treatment planning and process include interventions which are congruent with the client's cultural background and are documented as such.
 6. Care coordination of clients receiving in-patient services includes review of the age and cultural competence of the care being received.
- c. The SBHO requires that provider staff include an assessment of relevant cultural issues which may include levels of acculturation vs. assimilation when planning for services for individuals who are ethnic minorities, and the explicit incorporation and documentation of assessment outcomes into planning and services.
 - d. Consultation by Specialists is always documented and accessible through Profiler. Consultation information is incorporated into the Treatment Plan and progress notes.
 - e. Differential diagnosis, assessment, and service planning by provider staff explicitly address the individual client's cultural norms, which are documented.

- f. The SBHO requires and network provider staff incorporate, and document the incorporation of, the individual supports and beliefs into the treatment process, indicating those that are unique to the individual's culture, if known.
- g. The SBHO requires and network provider staff incorporate and document the incorporation of traditional interventions that the client has identified as having efficacy for them, into the treatment process.
- h. The SBHO Quality Management policies and procedures require activities specifically designed to identify culturally and linguistically based barriers within the behavioral health system or services and the recommendation of solutions to resolve identified barriers.
9. The SBHO policies and procedures require the contracted managed care entity delegated SBHO authorization of services/utilization management address issues of cultural competence.

Language Availability

- a. The SBHO, and network provider and subcontractors, ensure:
 1. Certified interpretation is provided for limited English proficient clients and their families. The SBHO also maintains an in-network directory of bilingual staff that may be available on-site to assist individuals.
 2. Outpatient client rights are posted in lobby areas within each network provider agency in the seven State required languages and other predominant languages in the region.
 3. Clients who are unable to read written material have access to the information in their own language, by
 - Utilizing certified interpreters on- staff, if available
 - Contracting for certified interpretation services, as necessary
 - Compiling and making available to all service providers, a list of acceptable interpreters and how to access them
 - Ensuring communication capacity including TTY and other electronic devices
- b. The SBHO ensures that all SBHO informational material and postings which represent services (such as access to services provided in the region, individual rights, complaint/grievance protocol, or other crucial program information) are published in the State required seven languages and other predominant languages in the region/network provider catchment area. These documents are translated by certified interpreters.

- The SBHO Member Handbook, Outpatient Client Rights and Authorization letter are all posted on the SBHO website in the SBHO Manual.

Specialists (See also *SBHO Specialists List*)

The SBHO staff ensures that network providers and subcontractors have access to and use Specialists as defined in RCWs by:

- Providing Providers with the definitions of and requirements for Specialists
- Providing Providers with definitions of special populations
- Assisting Providers in having access to Specialists, bilingual and evidence based trained staff via distribution of annual in-network.
- Monitoring Providers to ensure compliance

MONITORING

This policy is a mandate by contract and statute.

1. This Policy will be monitored through use of SBHO:
 - Annual SBHO Provider and Subcontractor Administrative Review
 - Bi-annual Provider Clinical Chart Review
 - Grievance Tracking Reports
 - Biennial Provider Quality Review Team on-site review
 - Quarterly Provider Performance Reports
 - Review of Annual Training Plans- SBHO plan and agency clinical staff plans
 - Quality Management Plan activities, such as review targeted issues for trends and recommendations
 - Review of previous Provider Corrective Action Plans related to Age and Cultural Competence policy, including provider profiles related to performance on targeted indicators
 - The Behavioral Health Enrollee Survey (BHES): The BHES survey is conducted by Washington State University. Clients who have received mental health services are randomly selected to participate in the survey.
 - In addition, the Department monitors WAC compliance during licensing and certification reviews

2. If a provider performs below expected standards during any of the reviews listed above a Corrective Action will be required for SBHO approval. Reference SBHO Corrective Action Plan Policy.