



Colorado Health Partnerships

Cultural Competence Plan (Program Description and Work Plan)

September 2009

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I. Introduction/Background

Healthcare today is faced with the challenge of providing culturally sensitive and appropriate services in a social environment that is becoming more complex and diverse. The need to assess the cultural competence of a health care delivery system is more important than ever due to:

- Rapidly changing demographic patterns throughout the state of Colorado and the nation.
- increasing requests for services that more accurately meet the needs of ethnic minorities and other non-ethnic cultural groups
- inequalities in health care access by ethnic minorities
- the value of hiring and retaining a diverse workforce
- legal mandates regarding non-discrimination

Recent U.S. Census data speaks to the changing demographics in our country:

- 18 percent of U.S. residents over the age of five speak a language at home other than English.¹
- Latinos/Hispanics are the fastest growing population in America.
- In 2008, slightly more than one-third of the population of the United States -- 34 percent -- claims “minority” racial or ethnic heritage, a jump of 11 percent from 2000.²

¹ Table 5; US Census Bureau; **Detailed List of Languages Spoken at Home for the Population 5 Years and Over by State: 2000**; 23 September 2008; <http://www.census.gov/population/cen2000/phc-t20/tab05.pdf>

- Eighty five percent of those entering the workforce will be women, ethnic minorities and immigrants.
- Persons with physical, psychiatric and mental disabilities are the largest single “minority” (approximately 45 million Americans).

Complicating these population changes is the fact that many individuals within these groups are poor and are disenfranchised by mainstream society. They are faced with both financial and non-financial barriers that impede their access to health services.

These include difficulties with language and communication, feelings of isolation, encounters with service providers who lack knowledge of the member’s culture and challenges related to poverty and discrimination. Colorado Health Partnerships is committed to becoming a culturally competent organization and conquering these barriers. This commitment is supported by our Cultural Competence plan. The plan is designed to ensure that our services to our Medicaid members/families, our staff and our communities are accessible, meaningful and relevant. As a culturally competent organization, we strive to offer effective services to people of all backgrounds and cultures.

II. Philosophy/Mission

Cultural competence is defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations. The word

² May 14, 2008. U.S. Department of State. " **U.S. Minority Population Continues to Grow.**" [Online] 24 September 2008. <<http://www.america.gov/st/diversity-english/2008/May/20080513175840zjsredna0.1815607.html>>.
Colorado Health Partnerships' Cultural Competence Program

culture is used because it implies the integrated patterns of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 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 defined by the group.

Colorado Health Partnerships (CHP) is committed to achieving, in collaboration with its providers and members, a culturally competent system for the Medicaid capitation program. CHP recognizes that culture influences all aspects of human behavior, in particular, its role in health maintenance behaviors and how health beliefs and practices are passed from generation to generation. Recovery, rehabilitation and reintegration are more likely to occur where systems, services, and providers have skills that are culturally competent and compatible with the backgrounds of the persons served, their families and communities.

Colorado Health Partnerships also recognizes that we must not only address the needs of individuals but also be aware of underlying social and institutional inequalities. Disability and poor health may be influenced by environmental barriers (cultural racism, poverty, and disadvantaged status) as well as by the individual's health status.

Cultural competence acknowledges and incorporates an appreciation of diversity and an acceptance of various behaviors, beliefs, and values when providing services and includes those variables into the assessment and treatment of the person.

Colorado Health Partnerships staff and providers are expected to follow the guiding principles, regardless of position or level:

- **Guiding Principle:** We are committed to being sensitive to the needs of people of all cultures and to the communities that *Colorado Health Partnerships* serves. Cultural competence is achieved by integrating knowledge about individuals and groups of people into specific practices and policies and applied in appropriate cultural settings.

When professionals are culturally competent, they create positive helping relationships, engage the member, and improve the quality of services they provide.

- **Guiding Principle:** We are committed to establishing guidelines for policies and procedures that ensure that all organizational and individual activities are culturally competent. This principle is based on respect. Our staff and network providers will have an appreciation of the cultural differences of our members, respect the member's culture, and behave in a manner that exemplifies this respect.
- **Guiding Principle:** We are committed to breaking down the access and utilization barriers that many minorities face when accessing mental health care. These barriers include relevancy of services, financial, language, transportation and literacy barriers.
- **Guiding Principle:** We are committed to broadening multi-cultural participation in our provider network.
- **Guiding Principle:** We are committed to promoting the ethic of cultural competence and educating our staff, partners, provider network, members, and the community about the fact that culturally competent services is a right our members have.
- **Guiding Principle:** We are committed to caring for persons with serious mental illness in their own communities, because community inclusion is a necessary component of culturally competent mental health care.
- **Guiding Principle:** We are committed to promoting models of communication that give voice to all cultures.

III. Cultural Competence Goals and Objectives – First Year Plan

The National Center for Cultural Competence (NCCC) describes the following elements necessary for an organization becoming culturally competent:

- The organization must value diversity
- The organization should have a way to conduct a self-assessment

- The organization should have administrative structures that enable them to manage diversity, such as policies, procedures, training, etc. that address diversity.
- The organization should have a plan to acquire and incorporate cultural knowledge
- The organization should have a way to identify and to adapt to the culturally diverse communities they serve.

These elements were used to form the Goals and Objectives in *Colorado Health Partnerships'* Cultural Competence Plan.

Goal 1: Develop and implement policies, structures and an environment that confirms *Colorado Health Partnerships'* commitment to the cultural competence of the Service Center, partnership and network.

Objectives:

- To designate the Executive Management Board (Class B Board) to have oversight responsibilities for the implementation of the cultural competence plan.
- To delegate the implementation and day to day activities of the plan to Colorado Health Partnerships.
- Designate the CHP Director of Member and Family Affairs and the Office of Member and Family Affairs (OMFA) to implement cultural competence committees and activities in collaboration with the Quality Improvement Steering Committee.
- To develop and implement a Cultural Competence Plan collaboratively with members and partners.
- To comply with applicable state, administrative and federal laws, and the standards of appropriate national accrediting agencies with particular focus on cultural competence in behavioral healthcare.
- To understand and begin the compliance process with specific cultural competence standards (i.e. CLAS Standards– *Culturally and Linguistically Appropriate Services*; US Office of Minority Health) and incorporate them into the planning process.
- To conduct organizational and CMHC self-assessments around cultural competence.

Goal 2: To identify indicators and activities that will assess the implementation, maintenance, and integration of a cultural competence infrastructure within the service center. From these indicators, develop a plan that will guide us in meeting our goals.

Objectives:

- To identify mechanisms that provide data related to race, ethnicity and culture (i.e. CCAR data, census data).
- To use member and provider satisfaction survey data to review care and service processes related to cultural competency.
- To evaluate the CCP on an annual basis to determine its overall effectiveness. This evaluation includes the work plan indicators and activities related to cultural competency in the quality management, clinical services/utilization management, customer services, network management/provider relations, preventive health services, and the orientation and training of *Colorado Health Partnerships*' staff, providers, and member/family leaders.

Goal 3: Establish a process for increasing the level of cultural competency of CHP staff, partners, providers and member leaders to assure they are sensitive to ethnicity, language, culture, disability, age and other relevant cultural influences.

Objectives:

- Develop a BHO-wide community profile utilizing member data, census data and other state data to determine the culture-specific needs of the communities that comprise *Colorado Health Partnerships*. This community profile will be utilized in the development of the network and services.
- Design and implement a provider database that includes each provider's cultural and linguistic proficiencies.
- Complete a cultural competence gap analysis for our communities and collaborate with our partners and members to form an action plan to address these needs.
- Provide non-English speaking members access and availability to bilingual providers and support staff.
- Design and implement cultural competence trainings for the Colorado Health Partnerships staff and providers and their support staff that improves their ability to perform their responsibilities from a culturally competent framework.

- Establish data collection mechanisms to more accurately analyze the locations and types of services that are of greatest concern with regard to minority over-representation or underutilization.

Goal 4: To collect, develop and disseminate culturally relevant training and educational materials for members, staff and providers.

Objectives:

- Collaborate with stakeholders in the collection, development and dissemination of culturally relevant educational materials (including member handbook) to members, families, providers and other stakeholders.
- Collect, develop and disseminate cultural competence educational materials for providers. This includes a statement about our commitment to cultural competence in the provider handbook, our member website <http://yourchp.org>

Goal 5: To assess the human resource process to ensure the cultural competency of staff.

- Include skill sets related to cultural competence in position descriptions.
- Create a capabilities (e.g. linguistics), experience and expertise data base of employees related to cultural competence.
- Design and implement a cultural competence staff orientation and ongoing training program.
- Identify strategies that will enable us to create a culturally diverse workforce.

Goal 6: Assure that culturally competent best practices are identified throughout *Colorado Health Partnerships'* network.

- Review treatment guidelines to ensure culturally relevant information is included.
- Identify programs throughout the partnership that are effective in working with culturally diverse members and families and to disseminate this information.

Goal 7: Assure that adoptive families have access to an array of services that will promote successful adoptions.

- Identify providers in the CHP network with capabilities to serve adoptive families.
- Provide access to training for providers, parent advocates and adoptive families that will increase their competence in serving this population.

IV. Scope of the Colorado Health Partnerships Cultural Competence Plan

The *Colorado Health Partnerships* cultural competence plan encompasses and impacts all aspects and levels of the service center operations and is implemented in collaboration with the partnership. It uses data from community profiles, member feedback, the Office of Minority Health and the US Census Bureau to identify the needs of our members, related to cultural competence.

V. Authority, Structure and Responsibilities for the Delegation, Integration and Coordination of the Cultural Competence Plan

Colorado Health Partnerships' Cultural Competence Steering Committee (CCSC)

Membership of the CCSC includes representatives from departments within the CHP service center, and CMHC providers. Membership includes staff from the Office of Member and Family Affairs; quality management, utilization management/clinical services; and network management/provider relations.

The Colorado Health Partnerships OMFA/QISC

Colorado Health Partners has delegated the administration of the Cultural Competence Plan to Colorado Health Partnerships. The Executive Director of Colorado Health Partners and the Class B Executive Management Board have ultimate authority over the plan. The Office of Member and Family Affairs (OMFA) collaborating with the Quality Improvement Steering Committee (QISC) is the means through which the Cultural Competence Plan is developed, implemented, evaluated and approved. This includes responsibility for all cultural competency activities and indicators. The annual review and approval of the Cultural Competence Plan is done by the QISC, the OMFA and then forwarded to the Class B Board for final approval.

VI. Confidentiality

Confidentiality is a key component of all of Colorado Health Network's operations, including our cultural competence efforts. The following outlines our commitment to confidentiality for the member/family, provider, and organization.

Member Specific Information

All Colorado Health Partnerships' staff and providers are responsible for safeguarding the confidentiality of member information. This includes, but is not limited to, ethnicity, language and other demographics related to cultural background. Disclosure is made only within the limits of informed consent of the parties' involved or as required by federal and state laws and regulations, including HIPAA. Colorado Health Partnerships maintains member specific information only to the extent necessary for claims adjudication and for conducting utilization management and quality management activities. Electronic treatment records as well as hard copy clinical files, facsimile mail and electronic mail are covered under *Colorado Health Partnerships'* and *ValueOptions* confidentiality policies.

Provider Specific Information

Colorado Health Partnerships will communicate information about providers to Medicaid members/families as part of their contractual relationship with the State and pursuant to Federal Regulations for Managed Care 42CFR388.100. This information is gathered and verified during the credentialing and re-credentialing process and is limited to that which is necessary to inform the member of network membership, languages spoken, specialties of our providers, and other specific provider information described in the Member's Rights Policy and Procedure.

Cultural Competence Plan and Documents

The Cultural Competence Plan, reports, studies, documentation and written communication regarding cultural competence and related activities are confidential and intended for *Colorado Health Partnerships'* use only.

References to individual providers or members within these documents shall be de-identified, except when specific references are necessary to meet the goals of the plan.

VII. Approval of Cultural Competence Plan for Colorado Health Partnerships

The **Class B Board** has reviewed and approved the 2010 Cultural Competence Plan

Plan Approval: _____ Date: _____

CHP Executive Director

Plan Approval: _____ Date: _____

Class B Board Chair

The **Quality Improvement Steering Committee (QISC)** has reviewed and approved the 2010 Cultural Competence Plan:

Plan Approval: _____ Date: _____

Director of Quality Management

The **Office of Member and Family Affairs (OMFA)** has reviewed and approved the 2010 Cultural Competence Plan:

Plan Approval: _____ Date: _____

Director of Member and Family Affairs

VIII -Colorado Health Partnerships Cultural Competence Work Plan

| Goals | Objectives | Activities |
|--|--|---|
| <p>Create an organizational structure that confirms CHP’s commitment to the cultural competence of the service center, partnership and network through our committee and oversight structure</p> | <ol style="list-style-type: none"> 1. Develop Committee Structure that has responsibility for carrying out all CHP related cultural competence activities. 2. Obtain executive commitment to promoting cultural competence at the service center and CMHC level. 3. Comply with state and federal laws; contract requirements; and standards of relevant accrediting agencies (i.e. URAC) | <p><i>Year 1:</i></p> <ol style="list-style-type: none"> 1. Get input from OMFA, QISC, executive management and other stakeholders. 2. Review contract and CLAS standards to identify elements that need to be incorporated in work plan. 3. Draft Cultural Competence Plan using input from OMFA, QISC, Executive Management Board and other stakeholders. 4. Develop Policies and Procedures defining committee structure and oversight mechanisms. 5. Obtain executive management approval of the Cultural Competence Plan. |
| <p>Identify performance measures and other indicators that will allow us to measure progress toward creating a cultural competent infrastructure</p> | <ol style="list-style-type: none"> 1. Locate existing member and provider satisfaction surveys that contain elements measuring cultural competence. 2. Develop methods to extract and report data relating to cultural competence. 3. Identify state/national benchmarks relative to cultural competence. 4. Conduct organizational self assessments | <p><i>Year 1-2 - – Cultural Competence Committee (CC); QISC; OMFA</i></p> <ol style="list-style-type: none"> 1. Review CCAR eligibility, claims, census, satisfaction survey, grievance and other data for cultural competence 2. Review FactFinders, MHSIP and provider satisfaction survey cultural competency indicators bi-annually. 3. Review state and national reports for benchmarking (Office of Minority Health, IASPSRS) 4. Identify and administer organizational assessments. |
| <p>Develop a BHO wide community demographic</p> | <ol style="list-style-type: none"> 1. develop a demographic profile of communities we serve 2. Develop demographic profile of | <p><i>Year 1-2 - Cultural Competence Committee (CC) –</i></p> |

| | | |
|---|--|--|
| <p>profile to determine the culture-specific needs of our membership</p> | <p>our membership</p> <ol style="list-style-type: none"> 3. Develop a demographic and linguistic profile of our provider network 4. Develop resource list of communities serving specific | <ol style="list-style-type: none"> 1. Using Census data, develop demographic profile of CHP counties. 2. Review CCAR, eligibility data. 3. Review GEO Access report, provider network profile. Include information in provider directory. |
| <p>Complete a cultural competence gap analysis for each community and form an action plan to address community needs.</p> | <ol style="list-style-type: none"> 1. Use data to identify under or over representation of ethnic populations in service utilization. 2. Implement interventions to address disparities in access and utilization of minority populations | <p>Year 1- Cultural Competence Committee (CC)</p> <ol style="list-style-type: none"> 1. Review CCAR, Factfinders, MHSIP and other CMHC data– 2. Review provider data related to language, cultural proficiency.. 3. Compare provider data against community data to determine if we have sufficient providers with cultural/linguistic capabilities to meet needs. |
| <p>Increase the level of cultural competence of staff, partners, providers and member leaders to assure they are sensitive to ethnicity, language, culture, disability, age and other relevant influences</p> | <ol style="list-style-type: none"> 1. Collaborate with agencies providing culturally competent services 2. Create trainings to addressed in gap analysis. identify areas needing training; locate community agencies serving minority populations; 3. Design and implement a cultural competence staff orientation and ongoing training program. 4. Develop other trainings that increase likelihood that minority populations will use and benefit from services. | <p><i>Year 2-3 Cultural Competence Committee (CC)</i></p> <ol style="list-style-type: none"> 1. Identify sites that provide cultural competence training as part of staff orientation. 2. Distribute information about these trainings to those sites that currently do not have cultural competence as part of their orientation curriculum. 3. Identify individuals who are willing/able to act as cross-site trainers. \ 4. Collect listing of all CMHC programs that address cultural issues/barriers. 5. Disseminate information through QISC/OMFA |

| | | |
|--|--|---|
| <p>Use the human resources process to hire, train and retain a culturally diverse staff;</p> | <ol style="list-style-type: none"> 1. Include skill sets related to cultural competence in relevant position descriptions. 2. Ensure policies and procedures include elements related to cultural competence. 3. Create a capabilities (e.g. linguistics), experience and expertise data base of employees related to cultural competence | <p>Year 2-4 Cultural Competence Committee (CC), HR staff –</p> <ol style="list-style-type: none"> 1. Review policies and procedures to identify culturally specific information. 2. Make recommendations for changes/ inclusions. |
| <p>Assure that adoptive families have access to skilled providers and services</p> | <ol style="list-style-type: none"> 1. Identify providers who have special competencies in treating adoptive families. | <p>Year 1 -3– Provider relations; QISC</p> <ol style="list-style-type: none"> 1. Provide access to training for providers, parent advocates and families. 2. Communicate information about provider expertise. |