

MCO and Provider Network Cultural Competency Plan

The MCO and Provider Network Cultural Competency Plan is approved under authority delegated to the Chief Administrative Officer.

Ronda Outlaw
Ronda Outlaw, LCSW, CAO

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Cultural Competency Overview

What is Cultural Competency?

Child welfare advocate and social worker, Terry L. Cross, and his fellow researchers who studied the system of care for minority children with severe emotional issues defined cultural competency as “a set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals that enables effective work in cross-cultural situations” (Cross, Bazron, Dennis & Isaacs, 1989).

According to the United States Department of Health and Human Services, Office of Minority Health (OMH), *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.” The OMH website states that, “*Competence* implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors and needs presented by consumers and their communities.”

CenterPoint’s Mission, Vision and Values

Historically, CenterPoint Human Services has been diligent in its efforts to maintain a workplace that is culturally diverse and free of discrimination in all hiring and business practices. CenterPoint’s internal policies and procedures reflect the principles of state and federal human/civil rights legislation, the Americans with Disabilities Act (ADA) and the Health Insurance Portability and Accountability Act (HIPAA). CenterPoint’s Mission, Vision and Values are reflective of the LME/MCO’s desire to meet the needs of the people it serves.

Mission: Through collaborative partnerships, we develop, manage and coordinate services to support those with mental health, developmental disabilities and substance abuse needs.

Vision: We are a model for North Carolina of people in partnership empowering those we serve (with mental health, developmental disabilities, substance abuse challenges) to achieve the lives they choose.

Values: We live out our mission with credibility, integrity, accountability, compassion, accessibility, respect, quality and stewardship.

Background and the Agency’s Perspective

CenterPoint Human Services (CenterPoint) is the state-mandated, local management entity (LME) responsible for overseeing the delivery of publicly-funded mental health, intellectual/developmental disabilities and substance abuse services (MH/DD/SAS) in Forsyth, Stokes, Davie and Rockingham Counties. CenterPoint works closely with community partners, advocates and the provider network to address the service needs of the people and communities in these areas.

Equitable access to quality MH/DD/SA services for people of all cultures has been an ongoing goal of North Carolina mental health reform. CenterPoint established cultural competency as an objective of its FY 2011-2013 Strategic Plan. The plan stressed the organization's commitment to building a strong network of providers that deliver services in a culturally competent manner.

In 2011, the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) and the Division of Medical Assistance (DMA), under the authority of the North Carolina Department of Health and Human Services, approved CenterPoint's application to become a managed care organization (MCO). On February 1, 2013, the CenterPoint MCO began the local operation of a 1915 (b)/(c) Medicaid Waiver site. Cultural competency is a requirement of the Waiver.

The agency established a cross functional team (CFT) to oversee the development of a Cultural Competency Plan. The purpose of the **MCO and Provider Network Cultural Competency Plan for FY 2012-2013** is two-fold: 1) to foster cultural competency within the CenterPoint organization; and 2) to nurture and guide cultural competency in the provider network. Internally, CenterPoint strives to be an organization that respects all people as individuals, recognizes and values cultural diversity, rejects negative stereotypes and discriminatory behaviors, models accepted cultural competency standards and commits to an ongoing process of organizational self-assessment and improvement. Externally, CenterPoint works to create a provider network that is knowledgeable of best practices related to cultural competency, follows CenterPoint's cultural competency plan or a similarly adequate plan and accepts the continued responsibility of improving cultural competency.

CenterPoint recognizes that cultural competency is a developmental process that continuously evolves. To facilitate this growth, CenterPoint will partner with its providers to build upon this plan and to expand its cultural competency efforts through ongoing assessments and annual updates to the Plan and the companion Work Plan.

Best Practices for Developing a Plan

In developing the *MCO and Provider Network Cultural Competency Plan for FY 2012-2013*, CenterPoint incorporated many of these guidelines from the National Center for Cultural Competence.

Cultural Competency: Conceptual Framework

Cultural competency requires that organizations:

- Have a defined set of values and principles
- Demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally
- Have the capacity to (1) value diversity; (2) conduct self-assessment; (3) manage the dynamics of difference; (4) acquire and institutionalize cultural knowledge; and (5) adapt to diversity and the cultural contexts of the communities they serve
- Incorporate the above in all aspects of policy making, administration, practice and service
- Involve systematically consumers, key stakeholders and communities

Guiding Principles

Organizational

- Systems and organizations must sanction and, in some cases, mandate the incorporation of cultural knowledge into policy making, infrastructure and practice
- Systems and organizations embrace the principles of equal access and non-discriminatory practices in service delivery

Practice & Service Design

- Identifies and understands the needs and help-seeking behaviors of individuals and families
- Designs and implements services that are tailored or matched to the unique needs of individuals, children, families, organizations and communities served
- Is driven in service delivery systems by client preferred choices, not by culturally blind or culturally free interventions
- Utilizes a service delivery model that recognizes mental health as an integral and inseparable aspect of primary health care

Community Engagement

- Extends the concept of self-determination to the community
- Involves working in conjunction with natural, informal support and helping networks within culturally diverse communities (e.g. neighborhood, civic and advocacy associations; local/neighborhood merchants and alliance groups; ethnic, social, and religious organizations; and spiritual leaders and healers)
- Allows communities to determine their own needs

- Treats community members as full partners in decision making
- Should offer economic benefits to the communities from collaboration
- Should result in the reciprocal transfer of knowledge and skills among all collaborators and partners

Family & Consumers

- Definition of “family” varies by culture
- Family is usually the primary system of support and preferred intervention
- Family/consumers are the ultimate decision makers for services and supports for their children and/or themselves

Linguistic Competence: Definition

Linguistic competence is defined as the capacity of an organization and its personnel to communicate effectively and to convey information in a manner that is easily understood by diverse groups including: 1) persons of limited English proficiency; 2) those who have low literacy skills or are not literate; 3) individuals with disabilities; and 4) those who are Deaf or Hard of Hearing; and 5) those with blindness or visual impairment. Linguistic competence enables organizations and providers to respond effectively to the health and mental health literacy needs of the populations they serve. Policies, structures, practices, procedures and dedicated resources support this capacity.

Principles for Language Access

- Services and supports delivered in the preferred languages and/or modes of delivery of the populations served
- Written materials that are translated, adapted, and/or provided in alternative formats based on the needs and preferences of the populations served
- Interpretation and translation services that comply with all relevant Federal, state, and local mandates governing language access
- Engaged consumers who evaluate language access and other communication services to ensure quality and satisfaction

In addition to the best practices aforementioned, the US Department of Health and Human Services Centers for Medicare & Medicaid Services has produced a *Toolkit for Making Written Material Clear and Effective* which can be utilized as a reference when producing written materials. This information is available at <http://www.cms.gov/Outreach-and-Education/Outreach/WrittenMaterialsToolkit/index.html?redirect=/WrittenMaterialsToolkit/>.

Cultural Competency Work Plan

A Goal-Oriented Approach

CenterPoint's Cultural Competency Work Plan is intended as a goal-oriented map to guide the LME/MCO in promoting cultural competency within the organization and throughout the provider network. The FY 2012-2013 work plan establishes goals from key focus areas, identifies related activities, defines timelines and determines indicators for the fiscal period beginning July 1, 2012 and ending June 30, 2013. Throughout the fiscal year, CenterPoint will monitor its performance in meeting cultural competency goals and will utilize the information in developing a new work plan for FY 2013-2014. CenterPoint will also evaluate compliance of provider service organizations in assessing their agencies' cultural competency and in developing their own work plans. These processes will be ongoing with the objective of continuous improvement in cultural competency.

CenterPoint recognizes that collaboration with internal and external partners is critical to creating and nurturing a culturally competent mental health care system. The LME/MCO will be guided by its executive team, CFTs, internal staff, organizational committees and an external, cultural competency advisory group as it develops future revisions to the Cultural Competency Plan and subsequent work plans.

CenterPoint's Cultural Competency Action Plan for FY 2012-2013 focuses on the following key areas:

- Organizational values
- Personnel and business practices
- Communications
- Provider network
- Customer service and care coordination
- Quality management
- Community relations

Contractual Obligations

Below are listed subsections of CenterPoint's contracts with the NC Department of Health and Human Services and Division of Medical Assistance that have an impact on CenterPoint's Cultural Competency Plan and Work Plan:

North Carolina Department of Health and Human Services

- 7.4.2. *Social Marketing Plan*
- 7.4.3. *Natural and Community Supports*
- 7.4.4. *Emergency Response*
- 7.4.7. *Community Prevention Services*
- 8.2. *Consumer and Family Outreach and Education*
- 8.3. *Assistance to Consumers*

NC Division of Medical Assistance

ATTACHMENT B/SCOPE OF WORK (SOW)

SECTION 1 - GENERAL PROVISIONS

- 1.2 *Non-Discrimination*
- 6.3 *Accessibility of Services*
- 6.4 *Accessibility of Services*
- 6.10 *Information for New Enrollees*
- 6.11 *Enrollee Education*
- 6.14 *Behavioral Health Education Services*
- 6.15 *Enrollee Rights*
- 6.17 *Support Services*
- 7.5 *Grievances and Appeals*
- 7.8 *Provider Manual*
- 9.2 *Fraud and Abuse*

ATTACHMENT C: BACKGROUND, PURPOSE, AND GOALS

ATTACHMENT I: DEFINITIONS

ATTACHMENT N: REQUIREMENTS FOR PERFORMANCE IMPROVEMENT PROJECTS

ATTACHMENT P: NETWORK PROVIDER ENROLLMENT AND RE-ENROLLMENT

ATTACHMENT T: ACCESS AND AVAILABILITY STANDARDS

Legal Considerations

Title VI of the Civil Rights Act of 1964

Title VI declares that no person shall be subject to discrimination on the basis of race, color or national origin under any program or activity that receives federal financial assistance.

What is the penalty for non-compliance with Title VI?

- Loss of federal funds
- Loss of future federal and state funding
- Subject to legal actions from NC DHHS, legal services organizations and private individuals.
- Possible “Informed Consent” issues which could lead to medical malpractice charges for both the public and private sector.

Americans with Disabilities Act (ADA)

The landmark Americans with Disabilities Act (ADA) enacted on July 26, 1990, provides comprehensive civil rights protections to individuals with disabilities in the following areas:

- **(Title I) Employment:**
Business must provide reasonable accommodations to protect the rights of individuals with disabilities in all aspects of employment. Possible changes may include restructuring jobs, altering the layout of workstations, or modifying equipment. Employment aspects may include the application process, hiring, wages, benefits, and all other aspects of employment. Medical examinations are highly regulated.
- **(Title II) Public Services:**
Public services, which include state and local government instrumentalities, the National Railroad Passenger Corporation, and other commuter authorities, cannot deny services to people with disabilities participation in programs or activities which are available to people without disabilities. In addition, public transportation systems, such as public transit buses, must be accessible to individuals with disabilities.
- **(Title III) Public Accommodations:**
All new construction and modifications must be accessible to individuals with disabilities. For existing facilities, barriers to services must be removed if readily achievable. Public accommodations include facilities such as restaurants, hotels, grocery stores, retail stores, etc., as well as privately owned transportation systems.
- **(Title IV) Telecommunications:**
Telecommunications companies offering telephone service to the general public must have telephone relay service to individuals who use telecommunication devices for the deaf (TTYs) or similar devices.
- **(Title V) Miscellaneous:**
Includes a provision prohibiting either (a) coercing or threatening or (b) retaliating against the disabled or those attempting to aid people with disabilities in asserting their rights under the ADA.

CenterPoint's Catchment Area Demographics

2010 Total Population (U.S. Census Bureau)							
County	Child	% of total County Pop	Adult	% of total County Pop	Total	% of Total CenterPoint Pop	*Median Age
Forsyth	86,265	25%	264,405	75%	350,670	65.80%	38
Stokes	10,523	22%	36,878	78%	47,401	8.89%	40
Davie	9,815	24%	31,425	76%	41,240	7.74%	40
Rockingham	21,257	23%	72,386	77%	93,643	17.57%	41
TOTAL	127,860	24%	405,094	76%	532,954	100.00%	40

Race and Ethnicity (U.S. Census Bureau)							
Race or Ethnicity	Fiscal Year	Davie County, % of Population by Race	Forsyth County, % of Population by Race	Rockingham County, % of Population by Race	Stokes County, % of Population by Race	CenterPoint Catchment, % of Population by Race	% Increase/ Decrease 2005 to 2010
White Alone	2010	85.5%	58.7%	73.4%	91.7%	65.7%	-0.7%
	2005	86.0%	58.8%	73.3%	93.4%	66.4%	
Black or African American alone	2010	6.3%	26.0%	18.9%	4.0%	21.1%	0.3%
	2005	7.1%	25.1%	19.0%	4.9%	20.8%	
American Indian and Alaska Native alone	2010	0.4%	0.4%	0.4%	0.3%	0.4%	0.1%
	2005	0.1%	0.3%	0.3%	0.2%	0.3%	
Asian alone	2010	0.6%	1.9%	0.5%	0.3%	1.4%	0.3%
	2005	0.4%	1.5%	0.4%	0.1%	1.1%	
Native Hawaiian and Other Pacific Islander alone	2010	0.0%	0.1%	0.1%	0.0%	0.1%	0.0%
	2005	0.0%	0.1%	0.0%	0.0%	0.1%	
Two or more races	2010	1.7%	2.2%	1.8%	1.2%	2.0%	0.8%
	2005	1.2%	1.3%	1.2%	0.3%	1.2%	
Hispanic or Latino	2010	6.1%	11.9%	5.5%	2.6%	9.4%	1.4%
	2005	6.2%	10.0%	4.9%	0.8%	8.0%	
Unknown	2010	0.0%	0.0%	0.0%	0.0%	0.0%	-2.3%
	2005	0.0%	2.9%	0.9%	2.4%	2.3%	

Consumers Served by Race and Ethnicity (Medicaid & IPRS Paid Claims)										
<i>*Note: Hispanics may be of any race, so are also included in applicable race categories</i>										
Race or Ethnicity	Davie County, % of Population Served by Race/Ethnicity		Forsyth County, % of Population Served by Race/Ethnicity		Rockingham County, % of Population Served by Race/Ethnicity		Stokes County, % of Population Served by Race/Ethnicity		CenterPoint Catchment, % of Population Served by Race/Ethnicity	
	2009	2011	2009	2011	2009	2011	2009	2011	2009	2011
White Alone	82.66%	85.28%	46.24%	47.49%	70.08%	73.27%	91.06%	91.59%	55.29%	59.38%
Black or African American alone	10.91%	8.63%	44.85%	42.57%	24.38%	22.35%	4.74%	3.95%	36.73%	32.62%
American Indian and Alaska Native alone	0.25%	0.20%	0.25%	0.24%	0.21%	0.16%	0.33%	0.36%	0.26%	0.23%
Asian alone	0.08%	0.07%	0.27%	0.34%	0.07%	0.16%	0.27%	0.16%	0.24%	0.27%
Native Hawaiian and Other Pacific Islander alone	0.00%	0.00%	0.05%	0.05%	0.00%	0.08%	0.11%	0.16%	0.05%	0.06%
Two or more races	2.03%	0.07%	0.14%	0.17%	0.00%	0.22%	0.05%	0.10%	0.25%	0.17%
Other	0.00%	1.61%	2.30%	2.13%	0.07%	0.64%	0.54%	0.47%	1.78%	1.63%
Unknown	4.06%	4.15%	5.89%	7.00%	5.19%	3.11%	2.89%	3.22%	5.39%	5.64%

Gender and Age (U.S. Census Bureau)					
Gender / Age	Davie County, % of Population	Forsyth County, % of Population	Rockingham County, % of Population	Stokes County - % of Population	CenterPoint Catchment, % of Population
Male - Child	25.8%	26.2%	24.8%	23.5%	25.7%
Male - Adult	74.2%	73.8%	75.2%	76.5%	74.3%
Total Males	49.2%	48.0%	48.3%	48.7%	48.2%
Female - Child	22.6%	23.0%	21.5%	21.7%	22.6%
Female - Adult	77.4%	77.0%	78.5%	78.3%	77.4%
Total Females	50.8%	52.0%	51.7%	51.3%	51.8%

References and Helpful Resources

Cross, T. L., Bazron, B. J., Dennis, K. W., & Issacs, M. R. (1989). Towards a culturally competent system of care: A monograph on effective services for minority children who are severely emotionally disturbed. Washington, DC: National Technical Assistance Center for Children's Mental Health, Georgetown University Child Development Center.

http://www.mhsoac.ca.gov/meetings/docs/Meetings/2010/June/CLCC_Tab_4_Towards_Culturally_Competent_System.pdf

Cultural and Linguistic Competency Action Plan Recommendations for the North Carolina Department of Health and Human Services Division of Mental Health, Developmental Disabilities and Substance Abuse Services (2006)

<http://www.ncdhhs.gov/mhddsas/statspublications/Publications/culturalcompplan10-23-06.pdf>

Defining Cultural Competence: A Practical Framework for Address Racial/Ethnic Disparities in Health and Health Care (2003)

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1497553/pdf/12815076.pdf>

Issue Brief: The Massachusetts Health Policy Forum (1999)

<http://masshealthpolicyforum.brandeis.edu/publications/pdfs/05-Jul99/IB%20CultCompetnc%205.pdf>

National Center for Cultural Competence. www.nccc.georgetown.edu

National Standards for Culturally and Linguistically Appropriate Services (CLAS).

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

The Lewin Group, Inc. HRSA's Office of Minority Health and Office of Planning and Evaluation <http://www.hrsa.gov/culturalcompetence/healthdlvr.pdf>

US DHHS CMS: Toolkit for Making Written Material Clear and Effective,

<http://www.cms.gov/Outreach-and-Education/Outreach/WrittenMaterialsToolkit/index.html?redirect=/WrittenMaterialsToolkit/>