

Purpose

Cultural competency is the ability to relate effectively to individuals from various groups and backgrounds. Culturally competent services respond to the unique needs of members of minority and/or marginalized populations and are also sensitive to the ways in which people with *disabilities* experience the world. Within the behavioral health system (which addresses both mental illnesses and substance abuse), cultural competency must be a guiding principle, so that services are culturally sensitive and provide culturally appropriate prevention, outreach, assessment, and intervention.

It is the responsibility of Northeast Michigan Community Mental Health Authority (NeMCMHA) to ensure reasonable steps are taken to facilitate appropriate cultural competence as it relates to the diversity of the people with whom it interacts. This will be reflected in the attitudes, organizational structure, policies, and services within the organization's work environment and in the provision of mental health and substance use services.

NeMCMHA leaders, specifically chairs and chief executives, must lead by example and demonstrate that they are committed to creating a culturally diverse environment for their workforce. In addition, principles of Cultural Diversity and Competency should be embedded as the personal responsibility of every leader and every member of staff.

The purpose of this plan is to ensure that employees and people receiving services from NeMCMHA receive equitable treatment in a culturally and linguistically appropriate manner; regardless of their age, color, culture, disability, gender/gender identity, genetic information, height, language, marital/familial status, national origin, pregnancy, race, religion, sexual orientation, socioeconomic status, spirituality, veteran status, weight, or status in any group protected by local, state, or federal law.

Application

This plan applies to all employees, programs, and persons served. It also applies to all services, providers, and subcontractors providing services under contract with NeMCMHA.

General Overview

Efforts to provide equitable mental health and substance use treatment in a culturally and linguistically competent manner to persons served must be organization-wide and ongoing. In order to assure that these efforts are sustained, the Cultural Competency Plan is developed from a performance improvement perspective. Assuring this compliance, both prospectively and retrospectively, is best done through a focus on improvement, utilizing objective data, systems analysis, and feedback.

Administrative Responsibilities

Primary responsibility for implementing and monitoring compliance to the Cultural Competency Plan shall be assigned to the Quality Improvement (QI) department. QI and the Cultural Understanding and Advancement Committee (CUAC), with oversight of the Clinical Leadership or Management Teams, perform the following activities:

• Review and amend the Cultural Competency Plan, as necessary, based on changes in the laws and regulations that govern cultural competency standards.



- Develop methods to ensure that employees are aware of the Cultural Competency Plan/policies and are aware of the importance of ensuring equitable treatment in a culturally and linguistically appropriate manner.
- Ensure that employees receive annual training in the cultural competence standards and that appropriate data gathering is occurring.
- Initiate corrective actions for identified deficiencies in implementation and maintenance of cultural competence standards.

Administrative Plan

The Cultural Competency Plan may include, but is not limited to, the following features:

- Written policies and procedures for operational activities undertaken by staff, including any specialty specific standards that may be relevant;
- Education and training programs to ensure staff have a working knowledge of cultural competency standards;
- A system ensuring and documenting that all new personnel receive training regarding cultural competency standards;
- A system ensuring and documenting that staff receive annual cultural competency training;
- A process for routine assessments of cultural competency activities, with the results being reported to the PIHP, as requested.
- A process for availability of interpreter services when needed.

Policy Guidelines

The Cultural Competency Plan will be reviewed annually and revised as necessary. Cultural Competency training will be a part of new employee orientation and annual staff training.



Plan goals/review of goals.

Activity	Steps to be taken	Date to be accomplished	Resources needed	Person	Completed
				Responsible	
Conduct annual staff cultural competency training	Mandated annual training. Competency based training to be documented.	<u>Next all staff training</u> to occur by September 30, 202 <u>5</u> .	MyLearningPointe	Human Resources Department	All staff completed for FY 2024. Goal set for 2025.
Continued training via CUAC efforts	CUAC will provide staff with ongoing training on cultural competency – based on multiple cultures.	Throughout the year, our team will continue to educate our staff and share insights on the expanding cultures of our community as well as the world, in general. We will also look at the beliefs, practices, ceremonies, and customs within various cultures.	For educational purposes: the team will need additional reading material, and hyperlinks. Bulletin boards have been created to display this information.	CUAC team	CUAC was developed during the first quarter of fiscal year 21. Trainings are ongoing.
Interpreter Services available when needed. Lis'n.	Staff utilize services as indicated in planning documents.	Ongoing through the year. In FY 24, interpreter/translation services were used seven times.	Continue contracting with agencies to provide these services.	Staff assigned to persons requiring the service.	Continue through FY 2025.
Review of Cultural Competency Plan	Meet with CUAC, review plan, review with CARF Committee; send to Clinical Leadership Team and follow up at Mgt. Team.	Due by May 30, 2025.		QI Staff; CUAC Team.	Completed review with CUAC, April 12, 2025.
Ensure plan is housed in a manner that ensures all staff access.	Arrange for plan to be housed on the NEMCMHA information website on the server.	June 15, 2025.		QI Coordinator.	



<u>Definitions</u>

Definitions used here can be found in: Cross T., Bazron, B., Dennis, K., & Isaacs, M. (1989). Towards a Culturally Competent system of Care, Volume I. Washington, D.C.: Georgetown University Child Development Center, CASSP Technical Assistance Center.

The idea of more effective cross-cultural capabilities is captured in many terms similar to cultural competence. Cultural knowledge, cultural awareness, and cultural sensitivity all convey the idea of improving cross-cultural capacity, as illustrated in the following definitions:

Cultural Knowledge: Familiarization with selected cultural characteristics, history, values, belief systems, and behaviors of the members of another ethnic group (Adams, 1995).

Cultural Awareness: Developing sensitivity and understanding of another ethnic group. This usually involves internal changes in terms of attitudes and values. Awareness and sensitivity also refer to the qualities of openness and flexibility that people develop in relation to others. Cultural awareness must be supplemented with cultural knowledge (Adams, 1995).

Cultural Sensitivity: Knowing that cultural differences as well as similarities exist, without assigning values, i.e., better or worse, right or wrong, to those cultural differences (National Maternal and Child Health Center on Cultural Competency, 1997).

However, 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 (Cross, Bazron, Dennis, & Isaacs, 1989). Operationally defined, cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of health care; thereby producing better health outcomes (Davis, 1997). Cultural competency emphasizes the idea of effectively operating in different cultural contexts. Knowledge, sensitivity, and awareness do not include this concept. "This is beyond awareness or sensitivity," says Marva Benjamin of the Georgetown Technical Assistance Center for Children's Mental Health.

Following are websites/resources for additional information and training:

https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=1&lvlid=6 https://www.aha.org/system/files/hpoe/Reports-HPOE/becoming-culturally-competent-health-care organization https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5879833/ http://journals.sagepub.com/doi/full/10.1177/1559827613498065 http://ericae.net/faqs/Cognitive_Styles/Cognitive_styles.htm Providers can access educational materials through the following website:

https://thinkculturalhealth.hhs.gov/education/behavioral-health