



CULTURAL COMPETENCY
PROGRAM
DESCRIPTION
2020-2021

UPDATED
AUGUST 13, 2020

Cultural competency within Eastpointe and its Provider Partners is viewed as an ongoing commitment and an essential component in the provision of services that meet the needs and preferences of members.

TABLE OF CONTENTS

Introduction	3
Cultural Competence Advisory Committee	3
Organizational Readiness	4
Community-based Support	5
Specific Interventions	5
Definitions	5
Cultural Competence in Healthcare	5
Culturally and Linguistically Appropriate Services (CLAS)	6
Network Capacity and Adequacy Assessment	6
Organizational Readiness	6
Performance Improvement	6
Readability	6
Member	6
Identification of Cultural and Linguistic Barriers (Intervention #1)	6
Culturally Sensitive Communications (Intervention #2)	7
Eliminating Barriers to Accessing Care (Intervention #3)	8
Foreign Language Translation Services	8
Special Services for Persons with Hearing Impairments	9
Functional Illiteracy	9
Electronic Media	9
Education of Provider Partners (Intervention #4)	10
Education of Staff (Intervention #5)	10
Performance Improvement	11
Linking Cultural Competency/CLAS with Other Quality Improvement Efforts	11
Reporting	11



Our Mission

Eastpointe works together with individuals, families, providers, and communities to achieve valued outcomes in our behavioral healthcare system.

Introduction

As an organization dedicated to managing the mental health, intellectual/developmental disabilities, and substance abuse needs of members who are beneficiaries of public health insurance, Eastpointe recognizes and embraces the importance of serving individuals in a culturally and linguistically appropriate manner. Data collected from the annual Network Capacity and Adequacy Assessment and direct experience working with eligible members in the Eastpointe catchment area indicate that:

- Many individuals have limited proficiency with the English language. This includes members whose native language is English but who are not fully literate.
- A significant portion of members served have certain intellectual/developmental disabilities and/or cognitive impairments that impede their ability to communicate with personnel at Eastpointe, as well as direct care providers.
- Some members are from other cultures that view behavioral health-related behaviors and healthcare services in general differently than the larger culture.
- Many members are from disadvantaged segments of society that have faced longstanding suspicions of the healthcare system in this country.

Eastpointe is committed to ensuring that its personnel and its Provider Partners, as well as its infrastructure, policies, procedures, and programs are structured in such a way as to meet the diverse needs of all members, especially those who face these kinds of challenges. Eastpointe believes that addressing cultural and linguistic issues not only improves access to services and the services themselves, but it enhances the cost-effectiveness of care provided. Eastpointe personnel are hopeful that implementation of this Cultural Competency Program Description (CCPD) will lead to the realization of quantifiable gains in improved health outcomes, which by default will result in increased client, consumer and provider satisfaction.

Cultural Competence Advisory Committee

Eastpointe has established a Cultural Competence Advisory Committee (CCAC), which, is a sub-committee of Eastpointe Global Quality Improvement Committee (GQIC). This sub-committee consists of Eastpointe staff members, Consumer Family Advisory Committee representative(s), underserved populations, professional/community organizations, network provider representatives and other stakeholders.



The committee will be responsible for ensuring that “Culturally and Linguistically Appropriate Services” (CLAS) are delivered through the establishment, implementation and maintenance of the Cultural Competence Plan (CCP), as documented in this written Program Description. The Cultural Competence Advisory Committee will meet as often as necessary, but at least every six (6) months. Minutes of all proceedings are documented and approved by the CCAC and then forwarded to the GQIC. The CCAC shall be responsible for the following:

- Conducting an annual literature review to identify benchmarks that may be used to set quantifiable goals for the CCP
- Reviewing the CCP and updating the written CCPD at least annually
- Providing updates of all activities and accomplishments to our organization and our stakeholders
- Providing guidance to Eastpointe personnel on cultural issues
- Addressing on-going training related to cultural competency
- Establishing quantifiable goals for the CCP
- Performing periodic measurements to evaluate performance
- Identifying interventions as needed to improve performance

Organizational Readiness

The delivery of culturally competent behavioral healthcare services requires both healthcare Provider Partners and Eastpointe employees to believe in, commit to, and strive to work more effectively in cross-cultural situations. The Eastpointe Cultural Competency Program Description (CCPD) has been developed as a mechanism to ensure that Eastpointe meets the unique and diverse behavioral healthcare needs of all members in the population. To do so, Eastpointe personnel and Provider Partners must value diversity both within respective organizations and in the population of members served. Therefore, Eastpointe has identified the following overall goals for the CCP:

- Members with limited English proficiency have their communication needs met.
- Members with cognitive impairments and other intellectual/developmental disabilities will have their unique behavioral healthcare needs met.
- Eastpointe personnel and Provider Partners recognize and are sensitive to the cultural and linguistic differences of the Eastpointe members they serve.
- Results of consumer and provider satisfaction surveys increase as related to cultural competency.
- Health outcomes improve as related to cultural competency.



Community-based Support

Eastpointe is aware that success requires linking with other groups having the same goals. Whenever possible, Eastpointe works with other stakeholders and public health entities having a similar commitment to cultural competence to share information that will provide guidance in directing resources to fulfill the goals and Interventions of the CCP.

Eastpointe reaches out to community-based organizations that support racial and ethnic minorities and the disabled to be sure that the community's existing resources for members having special needs are utilized to their full potential. The goal is to coordinate the deployment of both community and organizational resources, as well as to take full advantage of the bonds that may exist between the community-based entities and the covered population.

Wherever possible, Eastpointe pursues linkages with national, state-level and local organizations dedicated to advancing both the broad interests and the health interests of groups having needs for culturally-based supports. At the state and local levels, Eastpointe routinely pursues partnerships with organizations that can leverage their connections with cultural sub-groups to make our behavioral healthcare improvement efforts more effective.

Specific Interventions

- Identify cultural and/or linguistic barriers for which alternative communication methods are needed.
- Develop culturally sensitive and appropriate educational materials based on the consumer's race, ethnicity and primary language spoken.
- Eliminate language and communication barriers that hinder access to care.
- Ensure Provider Partners recognize the culturally diverse needs of the population and are trained to meet those needs.
- Teach personnel to value the diversity of their co-workers, providers, and the population served

Definitions

In October 2006 North Carolina adopted a definition of cultural competence that encompasses a broad spectrum that includes an individual's traits, customs, and religion, country of origin, gender, socioeconomic class, sexual orientation, traditions, values, morals ways and manners of communication. Cultural competence occurs when knowledge, information and data about individuals and groups is integrated and transformed into clinical and best practice standards, skills, service approaches, techniques and marketing programs that match the individual's culture and increase both the quality and appropriateness of {mental health} services and outcomes.



Cultural Competence in Healthcare: The ability of systems to provide care to members with diverse values, beliefs and behaviors, including tailoring delivery to meet patients’ social, cultural, and linguistic needs. It is both a vehicle to increase access to quality care for all patient populations and a business strategy to attract new patients and market share.¹

Culturally and Linguistically Appropriate Services (CLAS): Health care services that are respectful of, and responsive to, cultural and linguistic needs.²

Network Capacity and Adequacy Assessment: Activities conducted to identify the cultural and linguistic needs of the communities and members served, as well as health disparities between the enrolled population and the community at large.

Organizational Readiness: Steps Eastpointe takes to make certain its infrastructure has the platforms, systems, and people skills needed to operate in a culturally competent manner.

Performance Improvement: Ongoing identification of opportunities to improve the operation of the CCP to improve health outcomes.

Readability: Materials that are used for consumer enrollee education are prepared in simple, easily understood language.

Member: An individual person who is eligible for Eastpointe’s service benefit package and maybe the direct or indirect recipient of the services of the Organization. Depending on the context, members may be identified by different names, such as “consumer,” “enrollee,” “beneficiary,” “patient,” “injured worker,” “claimant,” etc. A member relationship may exist even in cases where there is not a direct relationship between the member and the Organization. For example, if an individual is a member of a health plan that relies on the services of a utilization management organization, then the individual is a consumer of the utilization management organization.

Identification of Cultural and Linguistic Barriers (Intervention #1)

Eastpointe annually conducts a Network Capacity and Adequacy Assessment of the provider network. The goal of this assessment is to ensure that the demographic needs of the community population are being served and to identify any potential gaps in the network so that they can be expeditiously corrected. Should a gap be identified, Eastpointe will conduct a search for providers by type as identified in the Network

¹ Betancourt, Green and Carillo, *Cultural Competencies in Health Care: Emerging Frameworks and Practical Approaches*, The Commonwealth Fund, October 2002.

² *National Standards for Culturally and Linguistically Appropriate Services in Health Care*, U.S. Department of Health and Human Services, Office of Minority Health, December 2000.



Capacity Study and Network Development Plan and actively recruit new providers to address new service needs and gaps in the network.

As part of Eastpointe's evolution as an administrator of public behavioral healthcare services in the state of North Carolina, the Network Capacity and Adequacy Assessment will have an increased focus in evaluating the availability of CLAS (culturally and linguistically appropriate services) throughout the catchment area.

The most recent US Census Bureau Data of July 12019 indicates that the ethnic and racial makeup of Eastpointe's catchment area varies by county but averages: 54.5% Caucasians, 35.75% African Americans, 11.57% persons of Hispanic or Latino origin, 6.84%. American Indian and Alaska Native persons, all other groups (Asian persons, Native Hawaiian and other Pacific Islanders, and persons reporting two or more races) account for less than 1.3% of the population in any county within the Eastpointe catchment area.

To learn the cultural and linguistic needs as well as any other health disparities members may encounter, Eastpointe analyzes its own data on the populations in each county served. Such analyses are performed annually using the following additional data sources and analysis methods:

- State-supplied demographic data for Medicaid populations
- State supplied demographic data for other state and county funded populations
- Claims data to identify most prevalent diagnostic categories
- Consumer complaints and appeals to identify cultural and linguistic perspectives
- Data on race, ethnicity, and language collected through voluntary self-identification by the consumer during enrollment/intake or during encounters with participating providers.

Culturally Sensitive Communications (Intervention #2)

Eastpointe has established a process to review all communication and marketing materials to ensure that services represented in these materials are accurate and clearly communicated and that they take cultural and linguistic appropriateness into account. This process includes appropriate inter-departmental review, formal approval, and prompt corrective action when problems are detected.



All communication materials will be reviewed for adherence to the Federal Plain Language Guidelines (www.plainlanguage.gov) to enhance comprehension. The Communications Officer is responsible for developing and reviewing materials for adherence to People First Language and Plain Language guidelines. Eastpointe provides relevant information and guidance on plain language to staff that write or review communication materials to ensure they produce materials that are clear and easily understood by the intended audience.

Eastpointe produces enrollee education documents in a manner that accommodates the needs of enrollees per the DMA contract.

Eliminating Barriers to Accessing Care (Intervention#3)

Foreign Language Translation Services

Eastpointe uses the Fluent Language services for interpreter services as needed to communicate with members who have limited English proficiency. Eastpointe maintains a current listing of staff who speak languages other than English and who have agreed to act as interpreters for our members. Many are licensed healthcare professionals and are the first choice for interpretation during healthcare encounters. As a rule, Eastpointe discourages the use of consumers' family members, particularly minor children, as translators. Family members may not be capable of translating healthcare terminology, or the consumer may hesitate to speak candidly about their behavioral health problems in the presence of family members.

Eastpointe complies with and monitors compliance of the provider network in maintaining interpretative services. Eastpointe also encourages providers to increase the use of signage in languages other than English that are spoken by a significant fraction of the population in their local communities.

Special Services for Persons with Hearing Impairments

Eastpointe members who are deaf or hard of hearing may require devices or services to aid them in communicating effectively with their providers.

Eastpointe educates providers upon request on what they can do to make facilities more accessible for individuals with hearing impairments, such as the following:

- Ensure a quiet background for the person served
- Reduce echoes to enhance sound quality
- Add lighting to enhance visibility

- Clearly identify all buildings, floors, offices and room numbers
- Include a TTY (teletypewriter) or TDD (telecommunications devices for deaf persons) in the office.

Functional Illiteracy

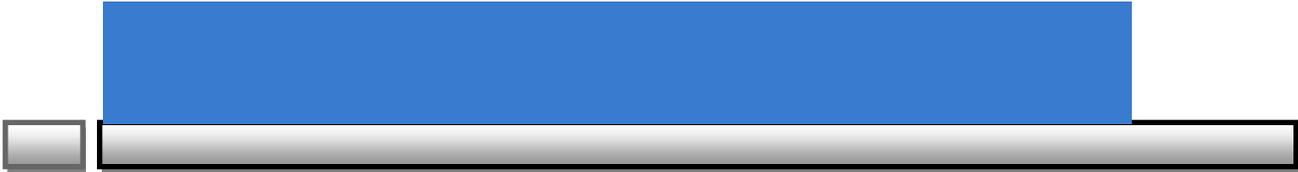
Often hidden from view is the fact that many members who speak English as their native language cannot read at a level that allows them to perform basic tasks such as filling out forms used in everyday transactions. Fearing embarrassment, seldom do such members identify themselves to Eastpointe staff or to network providers. Nevertheless, Eastpointe is committed to making best efforts to help these individuals so that they can get the most out of their healthcare services. For example, Eastpointe trains and encourages staff and network providers to look for subtle signs of literacy problems. Personnel are trained to use sensitivity and discretion to help the consumer with the immediate need, such as completing a consent form or a release of information form. If possible, the Eastpointe employee or network provider is expected to guide the consumer to appropriate community resources that can help improve his/her literacy skills. If it is evident that a consumer's reading challenges are impairing his/her ability to adhere to a treatment regimen, the Care Coordinator will undertake appropriate interventions.

Electronic Media

Eastpointe's website is frequently reviewed and updated to enrich the content and interactive capabilities available to members. In addition, on the website Eastpointe added various hyperlinks to nationally recognized resources for behavioral health educational information, clinical practice guidelines and community support services. A translation tool is available on the website to assist with search capabilities for those with other languages as their primary means of communication

Evaluation and Education of Provider Partners (Intervention #4)

Eastpointe has designated a leader in the Network Operations Department to coordinate cultural competence activities for the provider network. Serving as a member of the Cultural Competence Advisory Committee, the designated network staff person is responsible for ensuring that providers are trained on cultural competence and that ongoing education and support is provided via the Provider Handbook, the Provider Portal of the Eastpointe website, and as part of routine encounters with MCO staff. In addition to the Cultural Competency Plan, all participating providers receive the Cultural Competency Checklist, approved by the federal Centers for Medicare and Medicaid Services, to assess their cultural competency in their offices.



<http://nccc.georgetown.edu/documents/ChecklistCSHN.pdf>

Additional checklists and self-assessments may be found:

<http://nccc.georgetown.edu/foundations/assessment.php>

Eastpointe will arrange for appropriate follow-up assistance to providers who, after using it, report a need for help in becoming more culturally competent.

Evaluation and Education of Staff (Intervention #5)

To best serve the needs of Eastpointe’s population, every effort is made to ensure the staff members in the network department represent the ethnic and racial makeup of Medicaid enrollees and general population of the community as defined by the catchment area. The current ethnic and racial makeup of Eastpointe’s Provider Relations staff is 35% Caucasians, 58% African Americans and 7% American Indian. Eastpointe recruits diverse talented staff to work in all levels of the organization, and does not discriminate regarding race, sex, religion, sexual orientation, or ethnic background when hiring staff. Eastpointe ensures that, whenever possible, bilingual personnel are hired for functional units that have direct contact with members to meet the needs identified. Spanish is the most common translation required, and whenever possible, Eastpointe distinguishes place of origin of Spanish-speaking staff, to be sensitive to differences in cultural backgrounds, language idioms, and accents.

All new Eastpointe staff will receive diversity training within three months of the date of hire. Major elements of the training curriculum include:

- The rationale and need for providing culturally and linguistically competent services, and
- Methods individuals from different cultures typically use to seek behavioral healthcare, along with effective approaches to communicating health information to Medicaid beneficiaries and other recipients of services.

Eastpointe also incorporates diversity exercises into staff meetings to ensure that personnel respect diversity within the organization and among the communities served. Eastpointe personnel are evaluated regularly on their respect for diverse backgrounds as a core value that Eastpointe takes very seriously. All personnel are assessed for their cultural competency



through any of the following measures: testing, direct observation, and monitoring of consumer satisfaction with individual encounters.

The Executive Management Team, comprised of the unit leaders of all major functional departments of Eastpointe, is responsible for ensuring that culturally sensitive training occurs in their respective areas.

Performance Improvement

Linking Cultural Competency/CLAS with Other Quality Improvement Efforts

Eastpointe’s Cultural Competency Advisory Committee is charged with ensuring that there is an active feedback loop between Eastpointe cultural competency activities and other quality improvement efforts. The Global Quality Improvement Committee will monitor for opportunities when they present to integrate cultural competence initiatives into new or existing quality improvement projects (QIPs), as well as to create QIPs exclusively dedicated to improving CLAS.

If members file complaints or grievances with Eastpointe concerning a provider or an Eastpointe staff member that potentially has behaved in a manner inconsistent with standards for CLAS, Eastpointe investigates the matter with the same degree of concern applied to any other complaint or grievance. Offending providers or Eastpointe personnel are expected to take corrective measures to improve.

Reporting

All improvement measures are established, monitored and reported to the CCAC and ultimately to the Global Quality Improvement Committee. The CCAC solicits assistance from Eastpointe data analysts to create meaningful reports that help to evaluate the organization’s performance against any national benchmarks identified, as well as Eastpointe’s own internal performance standards related to CLAS. The CCAC’s analysis of such data is documented in the meeting minutes, which is reviewed by the Global Quality Improvement Committee, of which the Senior Clinical Director is a member.