VAYAHEALTH

CULTURAL COMPETENCE GUIDE

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Introduction

Conceptualized by Dr. Melanie Tervalon and Jann Murray-Garcia, cultural competence in healthcare refers to a person's or system's engagement in critical self-reflection, recognition of implicit bias, and willingness to challenge systemic power imbalances, thus allowing for respectful and successful partnerships between service providers and those they serve. In addition, cultural competence requires that institutions be held accountable to these standards. As opposed to the concept of "cultural humility," cultural competence is intended to be a lifelong learning process. As healthcare systems strive to provide optimal services to individuals from diverse backgrounds, with varying values, beliefs, and customs, respecting and addressing social, cultural, and linguistic needs, service providers must accept that the individuals, families, and communities being served are the experts on themselves. They are the individuals in the best position to educate others on their unique experiences, goal-setting, and decision-making strategies that will work best for them.

The U.S. Health and Human Services (HHS) Office of Minority Health (OMH) developed the following widely used definition:

> Cultural and linguistic competence is 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. "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. "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 members and their communities.

Culturally and linguistically appropriate services (CLAS) are respectful of and responsive to the health beliefs, practices and needs of diverse patients. The percentage of Americans who are racial and ethnic minorities and who speak a primary language other than English is increasing daily. As an organization Vaya must strive to meet the needs by exhibiting the necessary skills when serving diverse communities by ensuring high quality, equitable services.

Like quality improvement, cultural competence is both an individual and an organizational responsibility. Cultural competence is a lifelong process meant to improve our work. Vaya Health will provide each staff member with the tools to develop cultural competence and will promote, implement, and champion cultural sensitivity daily at all organizational levels, beginning with our mission, vision and values.

Vaya Health Mission, Vision, Values

Who We Are (Mission)

Vaya Health is a public manager of care for individuals facing challenges with mental illness, substance use, and/or intellectual/developmental disabilities. Our goal is to successfully evolve in the health care system by embracing innovation, adapting to a changing environment, and maximizing resources for the long-term benefit of the people and communities we serve.

What We are Building (Vision)

Communities where people get help that they need to live the life they choose.

What We Believe In (Values)

- *Person-Centeredness:* Interacting with compassion, cultural sensitivity, honesty, and empathy.
- *Integration:* Caring for the Whole Person within the home and community of an individual's choice.
- *Commitment:* Dedicated to partnering with members, families, providers, and others to foster genuine, trusting, respectful relationships essential to creating cooperation and connections that make lives better.
- *Integrity:* Ensuring quality care and accountable financial stewardship through ethical, responsive, transparent, and consistent leadership and business operations.

What is Culture?

Culture is defined by a community or society. It structures the way people view the world. It involves the set of beliefs, norms, and values impacting the nature of relationships, the way people live their lives, and the way people organize their environments. The word "culture" can be applied to describe the ways of life of groups formed on the bases of age, profession, socioeconomic status, disability, sexual orientation, geographic location, membership in self-help support groups, and so forth.

What is Cultural Humility?

Cultural humility is admitting that one does not know and is willing to learn from patients about their experiences, while being aware of one's own embeddedness in culture(s). While competence suggests mastery, humility refers to an intrapersonal and interpersonal approach that cultivates person-centered care. [Rethinking Cultural Competence Shifting to Cultural Humility.gov](#)

What is Cultural Competency in Health Care?

Cultural competence in health care is broadly defined as the ability of organizations and providers to effectively deliver health care services that meet the social, cultural, and linguistic needs of their patients. The goal of culturally competent health care services is to provide the highest quality of care to every patient, regardless of race, ethnicity, cultural background, sexual orientation, gender identity, English proficiency, or literacy. (Retrieved from DHHS Approved PP).

Why is cultural competence important?

Aligns with our Values

Person-centeredness is one of our most esteemed organizational values. It is about learning to adapt services and honoring people's desires, values, family situations, social circumstances, and lifestyles. Working from a person-centered lens means seeing each person as an individual and working together to develop appropriate solutions. It is important to recognize that individuals are the experts on themselves. This directly aligns with cultural competence.

Develops Equity

Cultural competence is key to removing disparities in healthcare across populations. Systems, including ours, should provide care that does not vary in quality for individuals or populations because of race, gender/gender identity, sexual orientation, language, ethnicity, geographic location, or socioeconomic status, or due to implicit bias or systemic power imbalances. Organizational responsiveness to cultural differences is important in successfully partnering with and empowering health plan members.

Promotes Safety

Cultural safety principles recognize that cultural factors critically influence the relationship between caregiver and patient. When individuals who work within the organization practice cultural competence, it promotes a sense of safety for employees and for the individuals we serve, and the belief that their issues will be understood and respected within their social context. Cultural safety focuses on the potential differences between health providers and patients that may impact care, including real and/or perceived power differentials. Power dynamics exist and can be based upon privilege. Maintaining awareness when developing trusting and respectful working relationships is essential. Cultural safety paves the way to better engagement along with more positive and effective treatment experience.

Improves Outcomes

Effective, high-quality services that emphasize positive, outcome-driven systems provide the cost containment necessary within a public managed health care delivery system. Systems that embrace and practice cultural competence, including the awareness of individuals' linguistic needs, have identified improved outcomes for plan members on many levels. For example, the removal of language barriers improves access and communication, which thus improves treatment adherence. Also, since cultural competence emphasizes the expertise of individuals, families, and communities in setting goals and maximizing natural and community supports to meet needs, outcomes are more likely to have long-term success with limited reliance on paid service providers. In the end, these programs and services that practice cultural and humility competence and share information with members in plain language are more cost-effective. This can lead to improved member outcomes and satisfaction.

Importance of cultural competency

Cultural competence provides a greater sense of safety and supports the belief that culture is essential to healing. It offers people a chance to explore the impact of culture (including historical and generational events), acculturation, discrimination, and bias, and allows one to examine how these impacts could affect one's mental and physical health. Engagement using cultural competency allows for administering culturally responsive services to increase access to care and improve assessment, treatment planning, and placement.

Complies with Federal and State Mandates

Vaya Health operates Medicaid Direct and Medicaid Tailored Plan pursuant to a contract with the NC Department of Health and Human Services (NCDHHS). As such, we are required to adhere to federal regulations governing the operation of a PIHP. 42 CFR § 438.206 (c)(2) requires that Vaya participate "in the State's efforts to promote the delivery of services in a culturally competent manner to all enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation or gender identity." To achieve cultural competency, Vaya must encourage providers to participate in its Cultural Competency Plan, which shall be developed and approved by a provider council composed of members of Vaya's provider network with representation across all populations and provider types. Cultural competency shall be achieved within the requirements of state and federal laws, which require equal opportunity in employment and bar illegal employment discrimination on the grounds of race, gender, religion, sexual orientation, gender identity, national origin, or disability."

Meets Accreditation Standards

NCQA requires that cultural competence be addressed. In Element A: Cultural Needs and Preferences, NCQA requires that the organization:
1. Assesses the cultural, ethnic, racial, and linguistic needs and preferences of its members.
2. Adjusts the availability of practitioners within its network, if necessary.

NCQA further mandates that organizations serving a diverse membership must address cultural competence in their Quality Improvement (QI) program description (factor 7):

The program description outlines the organization's approach to addressing the cultural and linguistic needs of its membership. The QI program description might include objectives or other objectives the organization deems appropriate:
• To reduce health care disparities in clinical areas.
• To improve cultural competency in materials and communications.
• To improve network adequacy to meet the needs of underserved groups.
• To improve other areas of needs the organization deems appropriate.

What are the key elements of cultural competence?

There are seven domains that allow cultural competence to be achieved:

- **Organizational Values:** An organization's perspective and attitudes with respect to the worth and importance of cultural competence and its commitment to ensuring that cultural competence is intentionally and thoughtfully incorporated into the organization's provision of care.
- **Governance:** The goal setting, policy-making, and other oversight vehicles an organization uses to help ensure that care is delivered through a lens of cultural competence.
- **Planning and Monitoring/Evaluation:** The mechanisms and processes used for: a) long and short-term policy, programmatic, and operational cultural competence planning that is informed by external and internal members; and b) the systems and activities needed to proactively track and assess an organization's incorporation of cultural competence tenets and practices.
- **Communication:** The exchange of information between the organization/providers and the clients/population, and internally among staff, in ways that promote cultural competence. Make sure every document is in [plain language](). Plain language means information is presented in a way that makes it as easy as possible for people to understand. Materials written in plain language use the active voice with short sentences and graphics and/or pictures. [Education - Think Cultural Health (hhs.gov)]()
- **Staff Development:** An organization's efforts to ensure staff and other service providers have the requisite attitudes, knowledge, and skills for delivering services with a clear understanding of and adherence to cultural competence.
- **Organizational Infrastructure:** The organizational resources required to deliver or facilitate delivery of services that reflect the practices of cultural competence.
- **Services/Interventions:** An organization's delivery or facilitation of clinical, public health, and health related services in a manner consistent with cultural competence.

In addition, the following types of organizational indicators should be assessed to determine whether cultural competence is present in the above domains:

- **Structure indicators** which are used to assess an organization's capability to support cultural competence through adequate and appropriate settings, instrumentalities, and infrastructure, including staffing, facilities and equipment, financial resources, information systems, governance and administrative structures, and other features related to the organizational context in which services are provided.
- **Process indicators** which are used to assess the content and quality of activities, procedures, methods, and interventions in the practice and support of care that adheres to the tenets of cultural competence.
- **Output indicators** which are used to assess immediate results of policies, procedures, and services that follow the guidelines of cultural competence and can lead to achieving positive outcomes.
- **Intermediate outcome indicators** which are used to assess the contribution of cultural competence to the achievement of intermediate objectives relating to the provision of care, the response to care, and the results of care.

What does Vaya use as guidelines for cultural competence?

Vaya elected to utilize principles outlined in the OMH's Cultural and Linguistic Competence Standards (CLAS) developed specifically for healthcare. These are nationally recognized best practice standards that provide guidance for governance and the provision of services. They are applicable to us as a managed care organization and to our network of providers.

Vaya's plan is governed by the CLAS principal standard and aims to:

> Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Within our strategic plan, we will address the CLAS standards for governance and leadership:
- Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
- Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
- Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices.

How do we develop and maintain cultural competence in our organization and our network of providers?

In the pursuit of cultural competence, it is important to continually gather and use data and information. While looking at the communities and populations we serve, it is important to acknowledge the impact individual experiences have in recovery. To accommodate those experiences may require adaptations to treatment approaches or methods.

Organizational Self-assessment

It is nearly impossible to develop a meaningful plan for cultural competence without completing an organizational assessment. Assessment also leads to the development of a strategic organizational plan with clearly defined short- and long-term goals, measurable objectives, identified fiscal and personnel resources, and enhanced member and community partnerships.

Organizational Plan

We must develop a long-term plan with measurable objectives, including short-term goals that will promote internal and network cultural competence. These goals and objectives must align with targeted levels of achievement and follow the SMART (specific, measurable, achievable/attainable, relevant, time-limited) methodology to ensure progress towards systematic improvement.

Any goal or objective must relate to and be incorporated in our organizational strategic plan. Keeping that in mind, Vaya will design action steps related to administration, culturally appropriate customer services, language assistance and the availability of network providers who demonstrate practices in adherence with the tenets of cultural competence. Goals must be developed around: critical self-reflection, recognition and challenge of systemic power imbalances, development of respectful partnerships, unbiased and open communication, language access, organizational materials and behaviors that reflect and respect diversity and cultural competence, building community partnerships, and the data collection/evaluation to evidence outcomes.

It is important to involve plan members, their families, providers and other community stakeholders in the design and implementation of our cultural competence plan. This collaboration ensures the plan's relevance to the communities we serve and models the cultural competence objective of developing and fostering respectful and equitable partnerships.

The plan must also include strategies to develop our internal human resources through our recruitment and hiring processes. Commitment to culturally responsive services needs to be reflected in job descriptions and staff evaluations, as well as in our budget with fiscal planning for funding priority activities (e.g., training, language services).

Plan Evaluation

Evaluation of the plan's implementation must occur periodically. It is important to develop a system to provide ongoing monitoring and performance improvement strategies related to cultural competence. Organizations may wish to consider involving a third party in the assessment process to assist in filtering out any unconscious "blind spots" on the part of the organization or individual service providers.

Provider Network

As a managed care organization, we must encourage, arm, and empower the providers in our network to follow our lead in promoting and practicing cultural competence. We will use what we learn from the annual DHHS Gaps Analysis and compare it to our network of providers and their capacity to offer services for the cultural diversity of the community in which they practice. Where there are unmet needs, we must realign our network development plan. We share this with providers so they can assist us in addressing the gaps and meeting the diverse needs of the individuals who live in the communities they serve.

The Substance Abuse and Mental Health Services Administration (SAMHSA) developed a robust treatment improvement protocol (#59) to assist service providers in addressing cultural competency within their organizations. The SAMHSA protocol is adapted to address cultural competence within behavioral health settings from individual, programmatic and organizational perspectives. Vaya encourages our providers' use of these materials in setting up their cultural competency programs.

How will Vaya know when we have attained cultural competence?

- Cultural competency and proficiency are attained when the organization is characterized by:
- An awareness of services that are congruent with diverse populations.
- A commitment to cultural competence as evidenced by strategic planning to:
  o Conduct and organizational self-assessment; and
  o Adopt a cultural competence plan.
- Transparency in evaluating services, service provision.
- The development of policies and procedures regarding practices that meet the diverse needs of treatment populations.
- The development of culturally specific and congruent services.
- Workforce development to include training and evaluation.
- Continuous performance evaluation and improvement.
- Individuals who work in and contribute to the cultural competence and proficiency of an organization evidence a commitment to:
  o Acknowledge significant differences across and within races, ethnicities, and cultural groups; and
  o Know that these differences need to be integrated into assessment, planning and services.

Appendix I:
National Cultural and Linguistic Competence Standards

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership and Workforce

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing, using plain language.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Appendix IV:
Cultural Competency Provider Plan

Phase One: Awareness

	Goal	Objective	Activities
Mission and Vision	To ensure cultural competence is an integral part of developing a system of care that is embedded in cultural and linguistic responsiveness	Cultural competence is enjoined in all organizational/departmental components to ensure progression toward a culturally responsive system of care.	• Network providers are encouraged to review their organization's mission/vision/values statements for inclusion of cultural competence. • Network providers are encouraged to adhere to all cultural competence contractual elements. • Network providers are encouraged to have access to appropriate self-awareness assessments for their organization. • Network providers are encouraged to determine the areas in which they currently have competencies. • Upon completion of a provider cultural competence plan, providers are encouraged to develop an organization-specific implementation plan.
Decor	The decorum of is representative of the cultural and multi-lingual population that we serve	The decorum/atmosphere (where the member is offered services/where relationships are established) will reflect the diverse population they serve.	• Network providers are encouraged to assess their décor/atmosphere for cultural appropriateness. The décor/atmosphere should be member-driven (e.g., in residential settings: What do you like to eat? What movies do you like? What holidays do you celebrate? What do you like to be called? What do you like to wear and where do you like to go shopping?)

	Goal	Objective	Activities
Access to Services	To ensure that culturally diverse/multi-lingual persons have access to behavioral health and I/DD services		
Assessment/ Diagnosis/ Treatment	To ensure that clinical assessment, diagnosis, and treatment for racial/ethnic minorities are culturally and linguistically appropriate		
Member-Driven Recovery	To promote a system of care that supports and promotes person-centered planning and member-driven recovery in culturally diverse/multilingual communities.		
Human Resources	To ensure that the workforce reflects the cultural diversity of the community it serves	Network providers will participate in ongoing training and educational opportunities to become culturally competent.	• Network providers are encouraged to use workforce data to assess the cultural/multilingual composition of their organization in relation to member served and staff population. • Network providers are encouraged to establish collaborative relationships with colleagues from diverse racial and ethnic backgrounds and expertise.

	Goal	Objective	Activities
Education and Training	Develop and promote cultural competence through education/training	Network providers will participate in ongoing training and educational opportunities to become culturally competent.	• Network providers are encouraged to review Vaya's Cultural Competency Plan. • Network providers are encouraged to review NCDHHS Cultural and Linguistic Competency Action Plan. • Network providers are encouraged to participate in training offered by local and state agencies. (Trainings should identify what cultural competence is and how it can be applied; what culture is; and how to take culture, traditions, and beliefs into account when serving members.)
Community Engagement	To promote, encourage, and support community involvement to increase outreach and education	Network providers will increase community engagement and education in culturally diverse/multi-lingual communities.	• Network providers are encouraged to participate in community and cultural events. • Network providers are encouraged to identify the resources for cultural engagement within their community (e.g., clubs, ethnic groups, websites, chambers of commerce, visitor bureaus).
Research/ Monitoring/ Evaluation	To ensure a system of care that promotes the compilation and accessibility of data and research		

Phase Two: Sensitivity

	Goal	Objective	Activities
Mission and Vision	To ensure that cultural competence is an integral part of developing a system of care that is embedded in cultural and linguistic responsiveness	Cultural competence is enjoined in all organizational/departmental components to ensure progression toward a culturally responsive system of care.	• Network providers are encouraged to complete a yearly self-awareness assessment to assess the organizations cultural competency. This can be accomplished through meetings, ongoing dialogue, and staff surveys.
Decor	The decorum of is representative of the cultural and multi-lingual population that we serve	The decorum/atmosphere (where the member is offered services/where relationships are established) will reflect the diverse population they serve.	• Network providers are encouraged to ensure that members have a culturally diverse service/setting/environment/atmosphere defined by where the member is offered services and where relationships are established.
Access to Services	To ensure that culturally diverse/multi-lingual persons can trust in the provider's ability to offer access to mental health, developmental disability, and substance abuse services	Network providers will become educated on how to provide culturally competent access to services.	• Network providers are encouraged to review member service accessibility, policies, and procedures (e.g., hours of operations, appointment schedules, staff availability). • Network providers are encouraged to become educated on the integration of Title VI into service provision and service delivery. This includes the use of interpreter services for those who do not speak English or are illiterate and the importance of ensuring that necessary documents are available to persons in a variety of venues (e.g., first language of the members, accommodations for deaf and hard of hearing, visually impaired, other available resources).

	Goal	Objective	Activities
Assessment/ Diagnosis/ Treatment	To ensure that clinical assessment, diagnosis, and treatment are culturally and linguistically appropriate, and person-centered/family centered	Network providers will identify culturally and linguistically appropriate clinical tools and strategies for practice applications.	• Network providers are encouraged to understand the social and psychological dynamics that influence the perceptions and behaviors of members of non-dominant groups as they function within the dominant culture and their adjustments to that dominant culture. • Network providers are encouraged to review resources on cultural competence and clinical applications for person/family-centered service delivery. • Network providers are encouraged to access training available on the application of culturally competent assessments and diagnostic tools. • Network providers are encouraged to participate in the identification of clinical tools and strategies as active members of the Provider Advisory Council (PAC), as applicable.
Member-Driven Recovery	To promote a system of care that supports and promotes person-centered planning and member-driven recovery in culturally diverse/multilingual communities	Network providers will promote, support, and encourage culturally diverse member participation and representation with its system of care.	• Network providers will encourage member participation on policymaking boards, committees, and advisory committees. • Network providers are encouraged to review organizational components, both formally and informally to assess how to support member-driven recovery/independence. • Network providers are encouraged to solicit member satisfaction feedback to determine a baseline for available services and supports.

	Goal	Objective	Activities
Human Resources	To ensure that the workforce reflects the cultural diversity of the community it serves	Network providers will develop a strategic plan to actively recruit, hire, maintain, and promote persons from culturally diverse/multilingual communities at all levels of the organization.	• Network providers are encouraged to develop methods to recruit, hire, maintain, and promote applicants who represent the diversity of the community and population served.
Education and Training	Develop and promote cultural competence through education/training	Network providers will participate in ongoing training and educational opportunities to become culturally competent.	• Network providers are encouraged to develop an individualized, organization specific training plan that addresses cultural competence.
Community Engagement	To promote, encourage, and support community involvement to increase outreach and education	Network providers will increase community engagement and education in culturally diverse/multi-lingual communities.	• Network providers are encouraged to promote community education of member issues and needs (e.g., supportive employment job matches with job developers, community presentations about services available).

	Goal	Objective	Activities
Research/ Monitoring/ Evaluation	To ensure a system of care that promotes the compilation and accessibility of data and research	Network providers will ensure that demographic identifiers are included in the data collection process.	• Network providers are encouraged to incorporate some components of cultural competence assessment into their member/stakeholder/staff satisfaction survey process. • Network providers will assist Vaya in research, monitoring, and evaluation of the system of care by providing and updating information about members and services. • Network providers are encouraged to collaborate with Vaya and other research entities (e.g., colleges and universities, to gather and analyze data and findings and identify indicators for system improvement).

Phase Three: Competency

	Goal	Objective	Activities
Mission and Vision	To ensure that Cultural Competence is an integral part of developing a system of care that is embedded in cultural and linguistic responsiveness	Network providers will: • Determine the areas in which they currently have competencies. • Review Mission/Vision/Values statements. • Develop a cultural competence implementation plan. • Adhere to all cultural competence contractual elements.	• Network providers will conduct self-awareness assessment. • Network providers will review/analyze results and adjust their training plan accordingly.

	Goal	Objective	Activities
Decor	The decorum of is representative of the cultural and multi-lingual population that we serve	• Members will have a culturally diverse service / setting / environment / atmosphere. • Staff and members will participate in designing a culturally diverse setting. • Décor should be member-driven.	• Providers will conduct member satisfaction surveys • Providers will conduct staff satisfaction surveys • Providers will review these activities' results as part of Quality Management (QM) activities.
Access to Services	To ensure that culturally diverse/multi-lingual persons have access to mental health, developmental disability, and substance abuse services	• Network providers will review member service accessibility, policies, and procedures. • Network providers will become educated on how to integrate Title VI into service provision.	• Providers will review this as a part of QM activities. • Providers will complete training on Title VI.
Assessment/ Diagnosis/ Treatment	To ensure that clinical assessment, diagnosis, and treatment are culturally and linguistically appropriate, and Person-centered/family centered	• Network providers will review resources on cultural competence and clinical applications for person/family centered service delivery. • Network providers will understand the social and psychological dynamics that influence perceptions and behaviors. • Network providers will identify clinical tools and strategies. • Network providers will access training.	• Network providers will demonstrate the utilization of a culturally appropriate clinical tool. • Network providers will offer training to staff on tools to engage in followed by pre- and post-tests. • Network providers will document staff training on this tool.

	Goal	Objective	Activities
Member-Driven Recovery	To promote a system of care that supports and promotes person/family centered planning and Member-driven recovery in culturally diverse/multilingual communities	• Network providers will have member participation on policymaking boards, committees, and advisory committees. • Network providers will assess now to support member-driven recovery/independence. • Network providers will solicit feedback from members and families receiving services.	• Network providers will review copies of board minutes, client rights, health, and safety committees, etc. as part of their QM activities. • Network providers will analyze results of member/family surveys and interviews.
Human Resources	To ensure that the workforce reflects the cultural diversity of the community it serves	• Network providers will use workforce data to assess the cultural/multilingual composition of its workforce. • Network providers will develop methods to recruit and select applicants that are representative of the community it serves.	• Network providers will analyze data as a part of their QM process.
Education and Training	Develop and promote cultural competence through education /training	• Providers will review NCDHHS Cultural & Linguistic Competency Action Plan. • Network providers will develop an individualized, organization specific training plan.	• Network providers will review the implementation on its individualized, organization specific training during its QM activities.
Community Engagement	To promote, encourage, and support community involvement to increase outreach and education	• Network providers will participate in community and cultural events. • Network providers will identify resources for cultural engagement within the community. • Network providers will promote community education.	• Network providers will analyze the outcome of community events to aid in planning and developing future community initiatives.

	Goal	Objective	Activities
Research/ Monitoring/ Evaluation	To ensure a system of care that promotes the compilation and accessibility of data and research	• Network providers will incorporate cultural competence components into their member/stakeholder/staff satisfaction survey process. • Network providers will assist Vaya in research, monitoring and evaluation of the system of care. • Network providers will collaborate with the LME/MCO and other research entities.	• Providers will conduct member/family/stakeholder satisfaction surveys. • Providers will analyze survey results while conducting QM activities.

Cultural Competency Deployment

Providing knowledge and skills necessary to provide culturally and linguistically appropriate services (CLAS) including quality services to people from diverse backgrounds.

- Benefits of providing CLAS
- How the cultural identities of the people you serve can affect how they experience.
- Best practices for communicating effectively when collaborating with an interpreter.
- How to adapt the services you provide to meet diverse cultural and linguistic needs.
- Education - Think Cultural Health (hhs.gov)

Key Terms

When we first meet someone, our assumptions can often be incorrect. Our biases and stereotypes can be harmful when we act on them instead of putting them aside to really get to know the individual.

Our **cultural identity** is unique and complex and can change over time and place. Since we all embrace our social identities in diverse ways, there can be just as many differences among people within a group as there are between people of separate groups. Education - Think Cultural Health (hhs.gov)

How can you learn more about someone's cultural identity? Start by asking:

- How does the person describe themselves?
- Which social identities are they most aware of day-to-day?
- Which social identities most influence how the world views them?
- Which social identities could make them particularly vulnerable to a disaster or emergency?
  - Why?
- What are the person's sources of strength and resilience?

We all belong to many different social groups based on our social identities. Consider age: social groups include older adults, middle-aged adults, young adults, adolescents, children, infants, and more Education - Think Cultural Health (hhs.gov)

Bias is conscious or unconscious judgments one makes in their daily life. Everyone has biases, and they impact all aspects of our lives. Biases are often based on our cultural beliefs, attitudes, or opinions of which one is typically not aware. Biases may be formed by early experiences, patterns you have seen in movies or on TV, or something you were told about "those people." Biases can lead to discrimination against a group of people Project Implicit (harvard.edu)

Implicit Bias is the attitudes or stereotypes that unconsciously affect our understanding, actions, and decisions. Implicit bias test Project Implicit (harvard.edu) While it is normal to have biases, they become harmful when they cause us to act unfairly toward another person or to set unrealistic expectations of that person. Implicit biases and stereotypes can lead to microaggressions (which, although subtle, are very insulting and humiliating) and discrimination.

Stereotype

A set of beliefs about a social group's members usually consists of personality traits, behaviors, and motives. When left unchecked, stereotypes can lead to negative judgements about groups of people, called prejudices. Acting on our prejudices leads to discrimination against people from those groups. And when prejudiced attitudes and discriminatory behaviors are perpetuated by those in power, they become oppression that is institutionalized in our customs, practice, and law. Education - Think Cultural Health (hhs.gov)

Health equity the center for Disease Control and Prevention (CDC) defines health equity as "the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance."

To reduce racial and ethnic health disparities, health care professionals must explicitly acknowledge the roles of implicit bias and structural racism in creating and perpetuating racial health disparities (Retrieved from NCDHHS Approved PP).

Racial Equity refers to the state that would be achieved if the race no longer predicted (in a statistical sense) how one fares. Racial equity is a part of racial justice that includes work to address root causes of inequities, not just their manifestation. Racial equity includes the elimination of policies, practices, attitudes, and cultural messages that reinforce differential outcomes by race or fail to eliminate them (Retrieved from NCDHHS Approved PP).

Cultural Identity refers to an individual's affiliation or identification with a particular group or groups. Cultural identities are not static. They develop and change across stages of the life cycle. People reevaluate their cultural identities and sometimes resist, rebel, or reformulate them over time. Cultural identity is not consistent, even among people who identify with the same culture (Retrieved from NCDHHS Approved PP).

Factors that can Influence Cultural Identity language and communication, geographic location, worldview, values, and traditions, family and kinship, gender roles, socioeconomic status and education, immigration and migration, acculturation, cultural identification, heritage and history, sexuality, perspectives on health, illness, and healing, religion, and spirituality (Retrieved from NCDHHS Approved PP).

Privilege and Power

We all have certain privileges, and we all experience the effects of others' privileges. Many times, these privileges come from belonging to dominant groups. Recognizing your areas of privilege can help you become more aware of power dynamics that may come into play during your work.

It is important to be aware of power dynamics within the community itself and how they affect your work. Additionally, some people may not correct you when you make a wrong assumption or mistake because they do not want to embarrass you or make you seem incompetent.

Reflecting on our privileges increases our awareness of the fact that everyone has some level of privilege, even as some people have more privilege than others. One way to become more aware of the privileges you have is to complete a privilege checklist. Education - Think Cultural Health (hhs.gov)

Some social groups within each category are dominant groups, which hold higher status, privilege, and power than other social groups in that category. Conversely, some are nondominant groups which hold lower social status, privilege, and power, and therefore people in these social groups are more likely to experience disadvantages, discrimination, or oppression Education - Think Cultural Health (hhs.gov)

Privilege Checklist

1. You do not have a foreign accent.

2. You are not followed when you enter a store.

3. No one in your immediate family has ever been addicted to drugs or alcohol.

4. You have never gone homeless or hungry for a day or more out of necessity.

5. You do not face catcalls because of your gender.

6. It was assumed from an early age that you would go to college.

7. You can look in mainstream media and see wide, fair representation of people who look like you.

8. You can be pretty sure that if you go into a business and ask to speak to the "person in charge," you will be facing a person of your race.

9. You never think twice about calling the police when trouble occurs.

10. You can take a job with an employer who believes in affirmative action without having coworkers suspect you got it because of your race.

11. You get time off for your religious holidays.

12. You can go to a doctor or dentist whenever you feel the need.

13. You have never been diagnosed as having a physical or mental illness or disability.

14. You were born in the United States.

15. You have never been the only person of your race, gender, socioeconomic status, or sexual orientation in a workplace setting.

Education - Think Cultural Health (hhs.gov)

To engage effectively with any community member you might encounter, you must be willing to adapt your services to fit their unique situation, values, and needs. This is the idea behind cultural and linguistic competency, which is the capacity to work and communicate effectively in cross-cultural situations.[33] Cultural and linguistic competency helps you better understand, respect, and consider the cultural background of the individuals you serve. Education - Think Cultural Health (hhs.gov)

Cultural Competence

- Value people with different capacities and abilities.
- Respect differences in families' home lives.
- Demonstrate an ongoing commitment to developing cultural competence in a two-way process with families and communities.
- Do not assume. Ask about background, practices, religion, and culture to avoid stereotyping.
- Reassure by words and actions that you are interested in understanding the person and helping to construct a plan to fit his or her needs.
- Inquiring about what the member feels would be helpful. Are there cultural practices or herbal remedies that they have already tried — and what was the result?
- Are there religious, cultural, or individual convictions that affect choice of treatment? (Retrieved from NCDHHS Approved PP).

Cultural and linguistic competency is not:
- Treating everyone the same without acknowledging their unique cultural identity
- Ignoring differences between you and a community member
- Assuming everyone in a cultural group has the same literacy level, primary language, and communication style
- Assuming everyone in a cultural group has the same preferences

Practicing Cultural and Linguistic Competency Can Help You
Build trust and respect with member of different social groups, communicate effectively with all community members and stakeholders, develop channels of cooperation among diverse populations, adapt services to cultural and historical context and values, and assess situations and problems more accurately. Keep in mind that practicing cultural competency is not meant to add an activity to your plate; it is meant to improve the valuable work you already are doing. Education - Think Cultural Health (hhs.gov)

When assessing someone for needed services it is important to know what languages are most spoken in the household. This ensures effective communication can occur as well as preparing an interpreter is necessary. Having a competent and fluid speaking interpreter participate during introductions and explaining each person's role is useful. Having an awareness can assist professionals to better serve members by providing quality, respectful, and appropriate services.

- Knowing and respecting the verbal and nonverbal communications styles of one's culture is key. https://thinkculturalhealth.hhs.gov/deployment-refresher/Content/Course1/Module3/Module1_3_2.asp. Examples include: What is the customary greeting in this culture? Shaking hands, bowing, kissing on the cheek, bumping feet or elbows? Which ones are appropriate for you to initiate? Which ones are appropriate only among close friends and family?
- What are the key nonverbal cues to practice or avoid?

Eastern Band of Cherokee Indians

Tribal Awareness

Vaya is committed to honoring and respecting the heritage, beliefs, customs, and cultures of all federally and state-recognized tribes and their families. Vaya will work with all Tribal providers, including those managed through the Eastern Band of Cherokee Indians (EBCI) Tribal Option and other Indian Health Services (IHS) providers, Urban Indian Health Programs (ITUs), and other tribally owned and operated entities supporting the health and wellbeing of their tribal communities (Retrieved from NCDHHS Approved PP).

Recognition of Sovereignty

Tribal governments and Sovereign nations have their own history with the United States federal government. They also have their own tribal codes. Understanding the role of tribal sovereignty and how tribal governance works is essential when: making treatment referrals, planning and program development, and developing cooperative agreement (Retrieved from EBCI Training samhsa.gov).

Inadequate education Tribal Awareness

Vaya is committed to honoring and respecting the heritage, beliefs, customs, and cultures of all federally and state-recognized tribes and their families. Vaya will work with all Tribal providers, including those managed through the Eastern Band of Cherokee Indians (EBCI) Tribal Option and other Indian Health Services (IHS) providers, Urban Indian Health Programs (ITUs), and other tribally owned and operated entities supporting the health and wellbeing of their tribal communities.

Disparities | Fact Sheets (ihs.gov)