

# Cultural Competence Planning

## Steppingstone

*a Program of Every Child's Hope*

**August 2017 - Revised**

“Programs must do more than offer equal, nondiscriminatory services; they must tailor services to their consumer populations.”

### **Introduction**

Steppingstone’s first “Cultural Competency Plan” was created in 2007. A revision was completed in October of 2011 and then updated in September of 2012. The “Plan” will be an ever changing and living document. The framework for the plan is the National Standards on Culturally and Linguistically Appropriate Services (CLAS) published by the US Department of Health and Human Services Office of Minority Health (OMH).

Note: A report on the progress and future plans for implementation will be noted under each standard. Priority for the implementation and attainment of each standard will be as follows:

1. Standards 4, 5, 6, and 7 are CLAS mandates that recipients of federal funding must meet
2. Standards 1, 2, 3, 8, 9, 10, 11, 12, and 13 are recommended by OMH as mandates for national accrediting agencies
3. Standard 14 is suggested by OMH for voluntary adoption.

### **Standard 1**

Health care organizations should ensure that patients/consumers receive from all staff member's effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

*To ensure this standard is being met, Steppingstone incorporates questions into client satisfaction surveys that encourage client feedback regarding cultural sensitivity of staff. Results of these surveys are reviewed by the Standards and Practice Committee (SPC) which is chaired by the Steppingstone Director. This committee will assess the client satisfaction tool to determine if additional questions should be incorporated to gather more detailed feedback.*

### **Standard 2**

Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

*Below is a census table showing the demographics of the service area. Although Steppingstone can serve youth from anywhere in Jackson County, the majority of referrals come from the surrounding cities which include Raytown, Independence, Blue Springs, and Lee’s Summit. Historically, Steppingstone staff demographic make-up has been representative to that of its client population, with the exception of gender. There has been a larger percentage of female staff compared to that of client gender. Recent data reflected a continuation in the gender trend with 52.6% female clients and 47.4% male clients compared to 80% female staff and 20% male staff.*

*For the time period of 8/1/16 – 7/31/17 demographic data shows Steppingstone staff were 51% White, 42% African-American, 5% multi-racial and 2% Hispanic. During the same time period Steppingstone clients were 53.9% White, 30.3% African-American, 2.6% multi-racial, 2% other and 10.5% unknown.*

<b>2010 Census Data</b>						
	<b>Jackson County</b>	<b>Kansas City</b>	<b>Raytown</b>	<b>Independence</b>	<b>Blue Springs</b>	<b>Lee's Summit</b>
White	66.9%	82.8%	84.2%	82.8%	93.2%	93.2%
African-American	23.9%	11.6%	11.7%	11.6%	2.9%	3.5%
Hispanic Background	8.4%	3.5%	2.3%	2.5%	2.8%	2.0%
Language other than English Spoken at Home	9%	6%	4%	6%	4%	4%

*The Standards and Practice Committee will continue to review the demographics of not only the service area but also that of the population of clients residing at Steppingstone and will continue to strive to attain a body of staff that is representative of this population. Additional avenues for staff recruitment will be explored and utilized.*

**Standard 3**

Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

*All staff at Steppingstone are required to have a minimal number of hours of training per year, part of which includes training in cultural competency. The Agency Trainer is responsible for maintaining a calendar of in-house training opportunities. Future training will include training on language assistance. Cultural competency has been incorporated into the orientation training curriculum that is required for all new staff. The majority of past trainings have been in the area of racial and ethnic diversity and sensitivity, LGBTQ, trauma and human trafficking.*

**Standard 4**

Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

*Steppingstone will identify a resource list of interpreters and translation services. A licensed clinical bilingual therapist will be accessed through Social Work PRN when a non-English speaking youth is being placed at Steppingstone. Any and all language assistance provided to clients will be at no cost to the client – this statement will be included in signage and on the Steppingstone website.*

**Standard 5**

Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

*Steppingstone will create and implement a Language Access Plan to include signage at agency locations and posting on the agency's website noting that language and document translation is available upon request at no cost to the client. Language in the signage and on the website will correspond with the*

*threshold language groups identified elsewhere in the plan. The Cultural Competency Plan and Language Assistance Plan will be posted on the Steppingstone website.*

### **Standard 6**

Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

*The SPC committee will research standards for interpreting services in order to assure that language assistance services provided meet standards of “competence”. The Language Access Plan (see Standard 5) will include a statement that ensures family and friends will not be used to provide interpretation unless it is requested by the client.*

### **Standard 7**

Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

*Steppingstone has client-related brochures available and prominently displayed in English and Spanish in our reception area. Signage in Spanish will be added related to interpretive services. Although the 2010 Census report (see chart in Standard 2) indicates there are 4-6% non-English households in the Steppingstone service area the SPC committee will review all client material and building signage to recommend which ones should be translated into a non-English language (assuming Spanish).*

### **Standard 8**

Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

*The Cultural Competency Plan represents the written strategic plan for the goals, policies, operational plans, and management accountability mechanisms for providing culturally and linguistically appropriate services at Steppingstone. The current structure for assessing and developing strategies for cultural competence within the program falls within the duties of the Standards and Practice Committee (SPC) which is responsible for various aspects of the program including review of continuous quality improvement, outcomes, major incidents, safety, employee and client satisfaction, and financial reports. The members of this committee include the senior management and supervisory staff of Steppingstone. The committee meets each month and is chaired by the Steppingstone Director. A portion of each monthly meeting is devoted to the reviewing the past month’s cultural activities and developing strategies for implementing future activities. Current areas of focus include developing and implementing a Language Access Plan and implementing strategies for ensuring a diverse staff through recruitment, retention and promotion. The Standards and Practice Committee will include input and collaboration with clients and external entities that are representative of target populations such as African-American, Hispanic, LGBTQ, etc.*

### **Standard 9**

Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

*In July 2015, the Steppingstone Standards and Practice Committee in collaboration with the Jackson County Community Mental Health Fund (JCCMHF) completed an Organizational Self-Assessment of*

*Cultural Competency based on CLAS related activities. Similar self-assessments will be implemented on a regular basis.*

#### **Standard 10**

Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

*All client information related to race, ethnicity, and language is collected at time of placement and is entered into the Agency's management information system (FamCare).*

#### **Standard 11**

Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

*The Agency's management information system (FamCare) provides reports that include all client demographics. Community demographics are reviewed once per year to ensure the Agency is targeting its services to those populations that are most highly represented. Needs assessments that have been completed by various groups in the county will be reviewed and used for future planning.*

#### **Standard 12**

Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

*As stated in Standard 8, the future structure for assessing and developing strategies for cultural competence will include not only staff and clients but will also include community people who will assist the committee in designing and implementing CLAS-related activities.*

#### **Standard 13**

Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

*Related to Standard 7, the SPC committee will review the current written policies regarding client grievances and will recommend changes to this policy that will ensure cultural and linguistic sensitivity. The committee may also recommend that policies regarding grievance procedures be translated in Spanish.*

#### **Standard 14**

Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

*The SPC committee will review and recommend various avenues for informing the public of Steppingstone's progress towards implementing the CLAS standards. Currently, this information is provided to the Jackson County Community Mental Health Fund Board.*

## ECH – Every Child’s Hope Policy and Procedure

<b>Title:</b> Culturally Competent Services		
<b>Number:</b> 4.09	<b>Effective:</b> 07/01/12	<b>Latest Revision:</b>
<b>Approval:</b> <span style="float: right;">✍ signed copy on file</span>		
<b>Executive Director</b>		<b>President, Board of Directors</b>

**Section I - Policy Statement:**

ECH will provide services that recognize and respect an individual’s culture, beliefs, practices, and preferred languages so each recipient may feel included and non-stigmatized when engaging and participating in services.

**Section II - Definitions:**

Cultural Competence – a set of congruent behaviors and attitudes that enable the effective delivery of services in cross-cultural situations.

Culture – integrated patterns of human behavior that include the thoughts, communications, actions, customs, beliefs, values and institutions of racial, ethnic, religious, or social groups.

Competence – the capacity to function effectively as a staff member and as an organization within the context of the cultural beliefs, behaviors, and needs presented by the clients and communities served.

**Section III - Procedure:**

1. Cultural considerations that promote an individual client’s wellness are integrated in the assessment, planning, review and ongoing provision of ECH services. Cultural considerations for appropriate care include ethnicity, race, gender, age, sexual orientation, gender identity or expression, language preferences and proficiencies, immigration status, national origin, spiritual beliefs and practices, physical abilities and limitations, family roles, literacy and socioeconomic factors.
2. ECH strives to recruit, retain and promote a diverse staff that are representative of the demographic characteristics of the clients and communities it serves.
3. All ECH staff members participate in ongoing education and training that enhances understanding and provision of culturally competent services.
4. Readily accessible communication resources are made available at no cost to a client with limited English proficiency or speech, hearing, or visual limitations. This may include bi-lingual staff, interpreters, special devices and other aids as needed to facilitate effective, culturally and linguistic competent communications.

**Section IV - Associated Policies:**

Policy 3.01 – Fair and Equal Employment Practices

Policy 3.02 – Recruitment of Employees

Policy 3.07 – Orientation and Training

Policy 4.00 – Client Rights