



Cultural Competence **2016-2018**

This Cultural Competence Plan (CCP) outlines action steps needed to ensure that all of the services and strategies are designed and implemented within the cultural context of individuals to be served. The overarching goal is to ensure that Partners Behavioral Health Management (Partners), its' Provider Network and staff adopt a systemic, systematic and strategic approach to increasing the cultural responsiveness of services and supports delivered to enrollees, and a sensitivity and appreciation for diversity and cultural issues.

Partners BHM Cultural Competency Policy Statement: It is the policy of Partners Behavioral Health Management (Partners BHM) to commit to the development, maintenance, and sensitivity to cultural competency in its employees and its Provider Network. Cultural competency is defined as the understanding of the social, linguistic, ethnic, and behavioral characteristics of a community population and the ability to systematically translate that knowledge into practices in the delivery of behavioral health services.

Partners' annual gap analysis and needs assessment provides a thorough review of the catchment area needs on a regular basis, and as identified, those needs and gaps are prioritized in network development planning.

Race and Ethnicity Demographics

Partners catchment area is predominately White and has a higher percentage of White residents compared to North Carolina and the United States. Cleveland, Gaston, and Iredell have a higher percentage of African American residents than the rest of the catchment area counties. Burke, Catawba, and Iredell have the highest percentage of residents of Asian descent in the catchment area.

Table 4. Race Breakdown of the Catchment Area compared to State and National Averages.

County	White	Black	American Indian/Alaskan	Asian	Native Hawaiian	2+ Races
Burke	86.7%	7.3%	1.0%	4.4%	0.8%	1.9%
Catawba	84.5%	10.5%	0.7%	5.0%	0.1%	2.1%
Cleveland	76.0%	27.6%	0.4%	1.4%	0.0%	2.2%
Gaston	79.7%	20.6%	0.7%	1.9%	0.1%	2.3%
Iredell	82.7%	14.8%	0.7%	3.1%	0.1%	2.2%
Lincoln	91.6%	6.4%	0.4%	0.8%	0.1%	1.5%
Surry	93.3%	4.5%	0.6%	0.8%	0.1%	1.2%
Yadkin	94.2%	3.7%	0.7%	0.4%	0.1%	1.2%
<i>Partners</i>	84.1%	11.4%	0.6%	2.2%	0.1%	1.6%
North Carolina	71.2%	31.1%	2.2%	4.0%	0.2%	3.0%
United States	77.1%	17.2%	1.6%	7.3%	0.3%	3.3%

U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population by Sex, Age, Race, and Hispanic Origin for the United States and States: April 1, 2010 to July 1, 2015; 1/17/2017

Partners catchment area has a lower proportion of individuals of Hispanic origin than North Carolina and the United States. Catawba, Surry, and Yadkin counties have a larger proportion of individuals of Hispanic origin than the rest of the catchment area.

Table 5. Hispanic Origin of the Catchment Area residents compared to State and National Averages.

County	Hispanic Origin
Burke	6.1%
Catawba	9.2%
Cleveland	3.2%
Gaston	6.6%
Iredell	7.4%
Lincoln	7.2%
Surry	10.3%
Yadkin	10.9%
<i>Partners</i>	7.3%
North Carolina	9.1%
United States	17.6%

U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population by Sex, Age, Race, and Hispanic Origin for the United States and States: April 1, 2010 to July 1, 2015; 1/17/2017

Partners Cultural Competency Plan 2016-2018

1. POLICY AND GOVERNANCE LEVEL

Role/Responsibility: Develop governance structure, leadership and infrastructure supports required to deliver or facilitate the delivery of culturally competent care.

Action Steps	Time Frame	Person(s) Responsible	Benchmarks	Status Update
1.1 Review progress toward Cultural Competency Plan action steps.	Bi-Annually	Operations Team performs status update	90% of action steps will be fully completed by July 2018	
	Annually	QIC & Provider Council review results		
1.2 Allocate adequate funds to support training activities related to cultural competence for both providers and Partners employees.	Each budget planning year	Training Coordinator	Annual budget includes funds for training.	
1.3 Follow current Policy for Review of Public Awareness Materials. Applies to all public awareness and education materials both new and established.	ongoing	Public Relations	100% of public awareness materials and 100% of education materials will be reviewed per current policy. Dates of review and approval will be tracked using a log format.	

2. ADMINISTRATION/MANAGEMENT/OPERATIONS

Role/Responsibility: Develop an organizational structure that ensures effective, efficient, accessible and high quality management of services are provided.

	Time Frame	Person(s) Responsible	Benchmarks	Status Update
2.3 Utilize Cultural Competency Expectations and Monitoring Tool for Providers and monitor providers on those expectations routinely (started October 2016)	Annual review of current monitoring results, use of expectations and provider training.	NM Committee Operations Team Review results and assess for training needs.	Annual review of monitoring results after end of fiscal year. (July/Aug)	October 2016: created expectations and provided training for providers. Began using monitoring tool for Cultural competency
2.4 Strive to hire and retain employees who reflect the populations of Partners service area.	On-going	HR Director	Retention rate of 85% All posted positions	
2.5 Research availability of emerging and effective Best Practice Standards for culturally diverse populations and communicate findings to providers via training, written communication or meetings.	Third Quarter (after the Gaps and Needs Assessment)	Operations Team	Research will be completed for Best Practices Standards for Cultural Competency during 4 th quarter. Links to trainings/articles to will be posted to the Partners Training Academy web site.	

2.6 Review Gaps and Needs Assessment for potential Cultural Competency Improvements as part of the Gap Analysis and Needs Assessment project conducted Annually	Annually in the 3 rd quarter	PN Specialist II	Recommendations for improvements are presented to Network Management and QIC committee annually	
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Reviewed and approved by the following with dates:

Partners Operations Team review date: May 9, 2017

Partners QIC Committee review date: June 6, 2017

Partners Provider Council review date: June 26, 2017

APPENDIX: GLOSSARY OF TERMS

For the purposes of this document, the cultural competence definitions have been adapted from Cross, Bazron, Dennis & Isaac's (1989) *Towards a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children Who Are Severely Emotionally Disturbed: Volume I* and Goode & Jones (modified 2004), National Center for Cultural Competence, Georgetown University Center for Child & Human Development. These terms are defined as follows:

Cultural Competence is

- 1 A defined set of values and principles which are reflected within the behaviors, attitudes, policies and structures of [Name of agency], agencies, family/youth organizations, providers and community stakeholders to result in appropriate and effective services for all;
- 2 The capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to diversity and the cultural contexts of the communities served; and,
- 3 Integration of the above in all aspects of policy making, administration, practice, service delivery, and systematic involvement of families and youth, key stakeholders and communities.

Cultural refers to integrated patterns of human customs, beliefs, values 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 children, youth and families and their communities.