



**REGION 10 PIHP**

<b>SUBJECT</b> Cultural Competency	<b>CHAPTER</b> 05	<b>SECTION</b> 01	<b>SUBJECT</b> 03
<b>CHAPTER</b> Clinical Practice Guidelines		<b>SECTION</b> Access to Services	
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**I. APPLICATION:**

- PIHP Board     CMH Providers     SUD Providers
- PIHP Staff     CMH Subcontractors

**II. POLICY STATEMENT:**

It shall be the policy of Region 10 PIHP to provide culturally appropriate services to all individuals receiving services.

**III. DEFINITIONS:**

Culture: A set of traditions, behaviors, values, and beliefs held by a group of people defined by race, ethnicity, age, religion, sexual orientation, sensory impairment, or psychosocial background.

Cultural Competence: The ability to deliver services in a manner that is responsive to the norms of a culture. Cultural Competence is obtained by the ongoing development of knowledge about cultures whose members may request behavioral health and SUD services.

Cultural Identity: A feeling of belonging to a particular culture. A person may have multiple cultural identities. These identities may involve age, country of origin, gender, language, physical disabilities, religious beliefs, sexual orientation, social class, or spiritual beliefs.

**IV. STANDARDS:**

- A. The PIHP and its Network Providers will promote mutual respect and awareness of people of varied cultures. PIHP and its Network Providers staff will understand that beliefs may influence an individual’s likelihood to seek treatment as well as his/her response to receiving services.
- B. The supports and services provided by the PIHP, and its Network Providers must demonstrate an ongoing commitment to linguistic and cultural competence that ensures access and meaningful participation for all people in the service area. Such commitment includes acceptance and respect for the cultural values, beliefs, and practices of the community, as well as the ability to apply an understanding of the relationships of language and culture to the delivery of supports and services.

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- C. The PIHP and its Network Providers staff will communicate with people in the most functional way to accommodate their cultures.
- D. Each PIHP Network Providers should assess its overall program structure and identify if there are cultural issues in any specific program or for an individual with a program.
- E. Identification of and training on cultural issues should be on-going, will likely change over time, and will often occur at the individual program / person level.
- F. The PIHP and its Network Providers will ensure pictures, posters, artwork, reading materials, brochures and videos reflect the diversity of cultures represented in the service area.
- G. The PIHP and its Network Providers participates 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 sex.
- H. Prevention, education, and outreach initiatives will actively engage with racial, ethnic, and cultural organizations across the community to foster robust linkages.

V. **PROCEDURES:**

- A. To Effectively demonstrate such commitment, it is expected that the Contractor has five components in place: (1) a method of community assessment; (2) sufficient policy and procedure to reflect the Contractor's value and practice expectations; (3) a method of service assessment and monitoring; (4) ongoing training to assure that staff are aware of, and able to effectively implement, policy; and (5) the provision of supports and services and services within the cultural context of the recipient.
- B. Evaluation tools and techniques employed should prioritize cultural sensitivity, reliability, and validation, particularly for application with racial and ethnic minority groups. Service, support, and treatment plans, as well as discharge plans, should integrate the inherent supports and strengths unique to the client's racial and ethnic heritage, encompassing family, community, faith-based, and self-help resources.

VI. **EXHIBITS:** N/A

VII. **REFERENCES:**

- A. (42 CFR 438.10) Information Requirements
- B. (42 CFR 438.206) Availability of Services
- C. Substance Abuse and Mental Health Service Administration (SAMHSA) A Treatment Improvement Protocol

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D. MDHHS Customer Services Standards Policy