Chapter:	Section:	Subject:
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CHAPTER: Board Operation and General Administration		
SECTION: Accessibility/Cultural Competency/Diversity		
SUBJECT: Accessibility/Cultural Competency/Diversity – General Policy		
Administrative Approval:	Date of Governing Board Action: March 19, 1996	Page 1 of 5

I. PURPOSE: To establish expectations and guidelines to assure that on-going efforts are made to increase accessibility and effective freedom by removing architectural, attitudinal, employment, and other barriers for persons served, personnel, and stakeholders in order to:

- Enhance the quality of life for those served and for those in our communities.
- Implement nondiscriminatory employment practices.
- Meet legal and regulatory requirements.
- Meet the expectations of stakeholders in the area of accessibility.

II. APPLICATION: All programs and services operated by West Michigan Community Mental Health Governing Body, all employment opportunities available at West Michigan Community Mental Health, and all contracted service providers of West Michigan Community Mental Health.

III. REQUIRED BY: The Americans with Disabilities Act, Accrediting Bodies, The Department of Health and Human Services, and The Michigan Mental Health Code, 1996, Section 142, 209A, 222.

IV. DEFINITIONS:

Access: Accessibility of mental health services in a manner that facilitates their use by people who need them; providing the opportunity for people to obtain mental health services from behavioral health providers; providing an active program of community information and outreach to motivate participation in mental health services.

Accessibility: Degree to which an individual is able to access services. As related to this policy, this includes accommodating factors such as culture, ethnicity, limited English proficiency, conditions that impact or impair mobility, communication or comprehension, etc.

Accommodations: Manner of service provision that facilitates and assures an individual's full participation an receipt of maximum benefit from the services being offered by providing services in a manner that recognizes and takes into consideration the individual's ethnicity, cultural differences, language proficiency, communication and physical limitations.

Reasonable Accommodation: Any changes or adjustment to a job or work environment that permits a qualified applicant or employee with a disability to participate in the volunteer or job application process, to perform the essential functions of a job, or to enjoy the benefits and privileges of employment equal to those enjoyed by employees without disabilities without causing undue hardship to the employer.

Disability: A disability is a physical or mental impairment that substantially limits a major life activity; a record of such an impairment; or being regarded as having such an impairment.

Culture: The integrated pattern of human behavior that includes thought, communication, actions, customers, beliefs, values and institutions of a racial, ethnic, religious, or social group. Culture defines the preferred ways for meeting needs.

Cultural Competency: An acceptance and respect for difference, a continuing self-assessment regarding culture, a regard for and attention to the dynamics of difference, engagement in ongoing development of cultural knowledge, and resources and flexibility within service models to work towards better meeting the needs of minority populations. This includes the ability to recognize, respect and address the unique needs, worth, thoughts, communications, actions, customs, beliefs, and values that reflect an individual's racial, ethnic, religious, and/or social groups or sexual orientation.

V. POLICY: WMCMH will assure that all services and programs have maximum accessibility, promote an individual's full participation and receipt of maximum benefit from the services offered, and are responsive to community needs. WMCMH is committed to ensuring that services are provided in a manner responsive to age, gender, culture, sexual orientation, physical or emotional disability, spiritual belief, social supports, marital status and ability to pay/socioeconomic status. Recognizing and accommodating the diverse needs of our customers and potential customers provides a foundation for a quality care product, is cost-effective, adds value to services provided, and is fundamental to customer satisfaction.

VI. PROCEDURES

A. Barriers to Accessibility. WMCMH will make every reasonable effort to reduce or eliminate the following barriers to accessibility:

- *Architectural:* Physical barriers that prevent or impede access to buildings or rooms (e.g., narrow doorways, signs without Braille);
- *Environmental:* Any location or characteristic of the setting that compromises, hinders, or impedes service delivery;
- *Communication:* The absence of alternative communication devices and materials that limit verbal or written communication with all persons served (e.g., absence of TDD, absence of materials in relevant languages);

- *Transportation:* Barriers that limit the ability of persons served to reach service locations or participate in service activities;

- *Employment:* Barriers that limit the ability of persons served to obtain employment and barriers that limit accessibility of employees or potential employees;

- *Attitudinal:* Barriers associated with the organization's use of language, interaction with persons served, families, and the community, receptiveness to stakeholder input, and accessibility to services;

- *Financial:* Barriers associated with organization's ability to appropriately fund services identified as essential to meeting the needs of its primary persons served.

- *Technology:* Barriers related to the organization's use of technology which may limit a person's access to services.

- *Other:* Barriers which do not fit in one of the above categories.

B. Accessibility Plan and Cultural Competency Plan. WMCMH will develop an Accessibility Plan and a Cultural Competency Plan that will be reviewed annually by the Accessibility and Cultural Competency Committee (ACCC). The review of the plans will address federal and state requirements and be consistent with the Lakeshore Regional Entity accessibility and cultural competency policies, if applicable.

The Accessibility plan will address WMCMH's efforts to address all potential identified barriers to accessibility including architectural, environmental, communication, transportation, employment, attitudinal, financial, and technology barriers.

The Cultural Competency Plan will address WMCMH's efforts to provide culturally competent services.

A full description of all organizational efforts to enhance accessibility and cultural competency will not be required to be incorporated into these plans and may be documented in other ways. Some examples include:

- Policies adopted by the Board of Directors or Executive Director
- Personnel policies
- Public relations activities
- Outreach activities

- Advocacy activities
- Plans and activities for persons served.

Accessibility shall in part be monitored through annual review of the Accessibility Plan by ACCC and the Performance Improvement Oversight Committee, as well as by consistent review of WMCMH performance on the MDHHS Michigan Mission Based Performance Indicators.

C. Diverse Ethnic and Cultural Backgrounds in Small Rural Communities. West Michigan Community Mental Health serves a region (communities) with limited diversity. One consequence is that limited alternatives are available locally to address special needs as presented. Toward this end it is important that links with resource providers are developed and maintained.

VII. SUPPORTING DOCUMENTS

Appendix 1-13-1A: Accessibility Plan
Appendix 1-13-1B: Cultural Competency Plan

See also:
WMCMH LEP Policy 1-13-2

Appendix 1-13-1A

WEST MICHIGAN COMMUNITY MENTAL HEALTH
Accessibility Plan

Submitted by: Betsy Reed, Quality Assurance & Public Relations Coordinator
Date: April 16, 2019
Reviewed by Committee and Edited: October 18, 2006; October 17, 2007; October 29, 2008; October 28, 2009; October 27, 2010; October 26, 2011; October 12, 2012; October 21, 2013; November 25, 2014, October 15, 2015, February 8, 2017, April 16, 2019

Overview of Accessibility

The purpose of the WMCMH Accessibility Plan is to establish expectations and guidelines pertaining to enhancing accessibility of our services for the persons we serve, community members, and stakeholders by systematically removing architectural, environmental, communication, transportation, employment, attitudinal, financial, and technology barriers.

WMCMH defines accessibility as the degree to which an individual is able to access services. This includes WMCMH's efforts to provide accommodations and eliminate barriers that might be associated with the ability of an individual to access or fully participate in or benefit from the service array offered through the organization. An accessible organization strives through a continuous quality assurance process to assess, plan, implement and evaluate itself relative to the critical elements of accessibility and attempts to eliminate specific impediments to receipt of quality care within these critical elements. Below are specific barriers that should be evaluated within each of the critical accessibility elements.

Barrier Areas

- Architectural: Physical barriers that prevent or impede access to buildings or rooms (e.g., narrow doorways, signs without Braille);

- Environmental: Any location or characteristic of the setting that compromises, hinders, or impedes service delivery;

- Communication: The absence of alternative communication devices and materials that limit verbal or written communication with all persons served (e.g., absence of TDD, absence of materials in relevant languages per Limited English Proficiency requirements);

- Transportation: Barriers that limit the ability of persons served to reach service locations or participate in service activities;

- Employment: Barriers that limit the ability of persons served to obtain employment and barriers that limit accessibility of employees or potential employees;

- Attitudinal: Barriers associated with the organization's use of language, interaction with persons served (cultural competency), families, and the community, receptiveness to stakeholder input, and accessibility to services;

- Financial: Barriers associated with organization's ability to appropriately fund services identified as essential to meeting the needs of its primary persons served.

- Technology: Barriers related to the organization's use of technology which may limit a person's access to services.

- Other: Barriers that limit access to services but do not fit in one of the above categories.

The WMCMH Strategic Plan and Mission, Vision, Values documents articulate clearly the organization's commitment to provision of quality behavioral healthcare services for the people it serves in our 3-county area. The value of diversity in promoting community well-being and overall health is central to our strategic documents. WMCMH's commitment to continuous performance improvement ensures that efforts to enhance our accessibility to the people we serve and to eliminate barriers to accessibility will remain visible goals into the organization's future.

WMCMH's Policy and Procedures pertaining to Accessibility (see administrative manual Policy and Procedures 1:13:1) clearly delineate the organization's commitment to assessing, maintaining, and improving the organization's accessibility for the purpose of:

- Enhancing the quality of care delivered;
- Enhancing the quality of life for those served and those in our communities;
- Guaranteeing nondiscriminatory employment and care practices; and
- Meeting legal, regulatory, and accreditation requirements.

This plan will provide the framework for the organization's annual assessment pertaining to ongoing elimination of barriers to accessibility. It also delineates the departmental responsibilities within the organization for the structure of WMCMH accessibility assessment, planning, and ongoing improvement efforts. The plan is designed to meet the requirements of accrediting bodies, the Michigan Department of Community Health, and the Pre-paid Inpatient Health Plan's Policy and Procedures pertaining to accessibility, if applicable.

Structure for Accessibility and Cultural Competency Committee

The next sections of the plan articulate the proposed integrated structure for ensuring continuous quality improvement (CQI) relative to accessibility within the organization following a standard CQI process. The overall activities of the Accessibility and Cultural Competency Committee (ACCC) will be coordinated through the WMCMH Service Enhancement Team. The committee's role as it relates to Accessibility is to aggregate and interpret assessment information, recommend/request action items to address barriers, monitor progress on action items, and report results to the Performance Improvement Oversight Committee and Executive Team.

Committee Membership

- Quality Assurance and Public Relations Coordinator (Facilitator)
- Quality Assurance and Network Coordinator
- Administrative Assistant to Service Enhancement Team (Recorder)
- Service Entry Team Leader
- Consumer Advisory Panel member
- Environment of Care Specialist
- Human Resources Coordinator
- Deputy Director of Service Enhancement
- Finance Coordinator (ad hoc)
- Support Services Coordinator (ad hoc)

Responsibilities of the Accessibility and Cultural Competency Committee

In addition to meeting the mandated responsibilities as defined by accrediting bodies and contracts, the Accessibility and Cultural Competency Committee serves a variety of important functions for WMCMH. Each of these functions are described below in more detail.

Assessment

WM assesses accessibility concerns on an ongoing basis. ACCC will prompt staff, teams, and committees to submit accessibility concerns and suggested remedial actions on a semi-annual schedule, however potential barriers may be identified and shared at any time by committees, staff, and teams of staff, including but not limited to the Safety Committee, PIOC, Clinical Team Leads, Executive Team, and the Clerical and other administrative teams. Input will be solicited at least annually from persons served at CAP meetings, and via suggestion box, customer service contacts, and satisfaction surveys. Input will be solicited from Stakeholders via semi-annual Stakeholders meetings and possibly community surveys. Input can be offered at any time by anyone, and will be gathered and considered by the committee.

Plan Development

At least annually, ACCC will review and/or revise the Accessibility Plan. With input from appropriate staff and stakeholders, ACCC will write plans to address barriers identified in the assessment process, including the following:

- Remedial actions to remove barriers;
- Names of individuals responsible to implement the actions;
- Timelines for completion.

The Plan will also include barriers that have been identified but not addressed with remedial action; the plan will explain why these items have not been addressed. The plan will be approved by the Performance Improvement Oversight Committee (PIOC).

Monitoring, Reporting, and Evaluation

Every 6 months, ACCC will request updates from individuals implementing remedial actions. Updates will be reported to PIOC. ACCC will prepare an annual evaluation of progress on removal of barriers, including analysis of improvements made. The evaluation will be incorporated into PIOC's Annual Effectiveness Review.

DRAFT Assessment and Action Items Template

FOCUS AREA		ARCHITECTURE			
BARRIER	ACTIONS	RESPONSIBILITY	TIME LINE	STATUS	COMPLETION
FOCUS AREA		ENVIRONMENT			
BARRIER	ACTIONS	RESPONSIBILITY	TIME LINE	STATUS	COMPLETION
FOCUS AREA		ATTITUDES			
BARRIER	ACTIONS	RESPONSIBILITY	TIME LINE	STATUS	COMPLETION
FOCUS AREA		FINANCE			
BARRIER	ACTIONS	RESPONSIBILITY	TIME LINE	STATUS	COMPLETION
FOCUS AREA		EMPLOYMENT			
BARRIER	ACTIONS	RESPONSIBILITY	TIME LINE	STATUS	COMPLETION
FOCUS AREA		COMMUNICATION			
BARRIER	ACTIONS	RESPONSIBILITY	TIME LINE	STATUS	COMPLETION
FOCUS AREA		TECHNOLOGY			
BARRIER	ACTIONS	RESPONSIBILITY	TIME LINE	STATUS	COMPLETION
FOCUS AREA		TRANSPORTATION			
BARRIER	ACTIONS	RESPONSIBILITY	TIME LINE	STATUS	COMPLETION
FOCUS AREA		COMMUNITY INTEGRATION			
BARRIER	ACTIONS	RESPONSIBILITY	TIME LINE	STATUS	COMPLETION
FOCUS AREA		OTHER BARRIERS			
BARRIER	ACTIONS	RESPONSIBILITY	TIME LINE	STATUS	COMPLETION

WEST MICHIGAN COMMUNITY MENTAL HEALTH
Cultural Competency Plan

Submitted by: Betsy Reed, Quality Assurance & Public Relations Coordinator
Date: April 16, 2019

Purpose Statement:
The purpose of WMCMH's Cultural Competency Plan is to support provision of behavioral health services that are effective, linguistically appropriate, fully understandable by the client, and respectful of the client's cultural beliefs.

What is Cultural Competency?
Cultural competency, on an individual level, evolves through changes in behaviors, attitudes, knowledge, and skills. On an organization level, it evolves through changes in policy, development of structure, and providing education to its staff. WMCMH recognizes that the incorporation of these two levels into a culture of competency for its staff and providers is needed to provide quality services.

WMCMH further defines cultural competency as follows:

- Cultural 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 present by consumers and their communities. (The Office of Minority Health as adapted from Cross, 1989)
- Cultural competence includes attaining the knowledge, skills, and attitudes to enable administrators and practitioners within systems of care to provide effective care for diverse populations. Recovery and rehabilitation are more likely to occur where systems, services, and providers have and utilize knowledge and skills that are culturally competent and compatible with the backgrounds of consumers, their families, and communities. Cultural competence acknowledges and incorporates variance in normative acceptable behaviors, beliefs, and values in determining an individual's mental wellness/illness, and incorporating those variables into assessment and treatment. (SAMHSA'S Cultural Competence Standards in Managed Care Mental Health Services)
- Linguistic competence is the capacity of an agency to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, individuals with disabilities, and those who are deaf or hard of hearing. (National Center for Cultural Competence)

Cultural Competency Standards:
WMCMH's Cultural Competency Standards are adopted from the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

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.
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.

The annual goals within this plan and Cultural Competence-related activities undertaken by WMCMH shall work to advance conformance with these standards.

Cultural Competency Committee

The overall activities of the Cultural Competency Committee will be coordinated through the WMCMH Service Enhancement Team. The committee's role as it relates to Cultural Competency includes reviewing and updating the Cultural Competency Plan, recommending and/or requesting action items to improve the organization's cultural competency, monitoring progress on action items and analyzing their effectiveness; and reporting to Leadership.

Committee Membership

- Quality Assurance and Public Relations Coordinator (Facilitator)
- Quality Assurance and Network Coordinator
- Administrative Assistant to Service Enhancement Team (Recorder)
- Service Entry Team Leader
- Consumer Advisory Panel member
- Human Resources Coordinator
- Deputy Director of Service Enhancement (ad hoc)
- Finance Coordinator (ad hoc)
- Support Services Coordinator (ad hoc)
- Environment of Care Specialist (ad hoc)

Committee Responsibilities

1. Diversity assessment: the committee will annually assess the cultural diversity of WMCMH's staff, board, persons served, and other stakeholders as appropriate.
2. Staff training: the committee will seek and recommend appropriate trainings to enhance the cultural competence of staff.
3. Staff and board member recruitment: the committee will support WMCMH in recruiting staff and board members who represent the cultural diversity of the individuals WMCMH serves.

4. Culturally appropriate services: the committee will support WMCMH in the design and delivery of services that are effective in respect to the culture of individuals served.
5. Welcoming environment of care: the committee will assess and recommend changes to the environment of care with the goal that care settings provide comfort and familiarity to individuals served.

Annual Goal Setting

The committee will set annual goals based upon input from staff, people served, and stakeholders. Annual goals will be reviewed and approved by Leadership.

Monitoring, Reporting, and Evaluation

Every 6 months, ACCC will request updates from individuals implementing action plans for annual goals. Updates will be reported to Leadership every 6 months or more frequently as needed or requested.