

	Accessibility/Cultural Competency/Diversity – General Policy		
	Chapter:	Board Operation and General Administration	Policy # 1-13-1
	Section:	Accessibility/Cultural Competency/Diversity	Revision # 5

- I. **PURPOSE:** To establish expectations and guidelines related to accessibility, cultural competency, diversity, equity, and inclusion in the WMCMH workforce, and to assure services are responsive to the needs of the people in our communities in terms of their needs, culture, and diversity.
- II. **APPLICATION:** All programs and services operated by West Michigan Community Mental Health Governing Body, all staff members and volunteers, 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:**

Accessibility: Degree to which an individual is able to enter into and fully participate in behavioral health services.

Culture: The integrated pattern of human behavior that includes the shared language, norms, thoughts, communications, customs, beliefs, values and institutions of a racial, ethnic, religious, social or other group which shape our identity and influences our behavior.


Cultural Competency: Cultural competence requires the ability to challenge one's own culture and to honor the culture of another. It is a dynamic, ongoing developmental process that defines an organization or individual's ability to recognize, respect, and address unique and diverse needs, thoughts, communications, actions, customs, beliefs, and values that reflect an individual's race, ethnicity, religious and/or other characteristics.

Cultural Humility: Cultural Humility takes cultural competence one step further, realizing that there is no endpoint in becoming fully culturally competent. Instead, cultural humility asks one to engage in lifelong learning and self-reflection related to concepts of diversity, difference, stereotyping, bias, and the dynamic nature of intersecting identities. Cultural humility recognizes that a provider will never be fully competent in the wide range of a consumer's diverse experiences.

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.

Discrimination: Unjust or prejudicial treatment of different categories of people based solely on the grounds of their race, ethnicity, nationality, gender, gender identity, sexual orientation, veteran status, spiritual beliefs, physical ability or attributes, political beliefs, age, culture, language, socioeconomic status, or other characteristics.

Diversity: The range of human differences including but not limited to race, ethnicity, nationality, gender, gender identity, sexual orientation, veteran status, spiritual beliefs, physical ability or attributes, political beliefs, age, culture, language, socioeconomic status,

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or other characteristics. Diversity embodies inclusiveness, multiple perspectives, and mutual respect.

Equity: Where equality means providing the same to all, equity means acknowledging intentional and unintentional barriers arising from bias and systematic structures. We then make adjustments for those imbalances in order to ensure each person receives fair and just access, opportunity, and advancement.

Equality: all parties are given the same resources and opportunities regardless of differences in circumstance, experience, or needs.

Inclusion: The practice of creating and fostering a sense of belonging. In an inclusive workplace, diversity is esteemed and embraced, and all individuals feel welcomed, respected, supported, and valued.

- V. **POLICY**: WMCMH will assure that all services and programs have maximum accessibility. WMCMH promotes an individual's full participation and receipt of maximum benefit from the services offered and is responsive to community needs. WMCMH believes that recognizing and accommodating the diverse needs of our customers enhances quality of care, increases cost-effectiveness, adds value to services provided, and is fundamental to customer satisfaction. WMCMH does not discriminate based on race, national origin, color, culture, age, sex, gender or gender identity, sexual orientation, physical or emotional disability, religion or spiritual belief, social supports, marital status, inability to pay, socioeconomic status, or Medicaid, Medicare, or CHIP status.


VI. **PROCEDURES**

- A. Accessibility Plan. WMCMH will develop an Accessibility Plan that will be reviewed annually by the Accessibility Committee.
- B. Accessibility assessment. WMCMH will regularly assess accessibility by gathering information from WMCMH staff, stakeholders, and the persons served.
- C. Diversity, Equity, and Inclusion philosophy statement: WMCMH provides services that are responsive to the diversity of the people in our communities. WMCMH fosters, cultivates, and preserves a workplace that values diversity, works towards equity, and prioritizes inclusion. The culture, reputation, and achievements of WMCMH as an organization are wholly dependent on the collective sum of its employees' individual differences, life experiences, knowledge, inventiveness, innovation, self-expression, unique capabilities, and talent.
- D. Diversity, Equity, and Inclusion Committee: WMCMH maintains a Diversity, Equity, and Inclusion (DEI) Committee.
 - a. Membership: The DEI Committee includes leadership and non-leadership members from clinical and administrative teams. The Director of Network, Quality, and Compliance is the committee chair. Membership will include at least one

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member from the Human Resources team and at least one member from Senior Management.

- b. Responsibilities: The DEI Committee provides input in the DEI assessment, develops and reviews the Cultural Competency and DEI Plan, and facilitates learning and engagement opportunities for WMCMH staff.
- E. Diversity, Equity, and Inclusion (DEI) Assessment: WMCMH performs a DEI assessment minimally every three years, or more frequently as needed. The results of the assessment inform the Cultural Competency and DEI Plan.
- a. The scope of the assessment includes WMCMH service delivery and business practices, and composition of the board, leadership, workforce, and community.
 - b. The assessment process includes review of demographic data, input from staff, stakeholders, and persons served, and input from the DEI Committee. As applicable, it may also include external audit results, performance in relation to laws and regulations, granting bodies, other areas for improvement prioritized by WMCMH, PIHP, MDHHS, etc.
 - c. The assessment considers diversity in the following areas at minimum:
 - i. Culture
 - ii. Age
 - iii. Gender and gender identity
 - iv. Sexual orientation
 - v. Spiritual beliefs
 - vi. Socioeconomic status
 - vii. Language
 - viii. Race and ethnicity
 - ix. Other factors, as relevant.
- F. Cultural Competency, Diversity, Equity, and Inclusion Plan. WMCMH maintains a Cultural Competency and DEI Plan that addresses personnel, persons served, and stakeholders. The plan is informed by the DEI assessment and includes objectives and actions to be taken. The plan is approved by the Senior Management Team and the Board.
- G. Monitoring: The DEI committee annually reviews the Cultural Competency and DEI Plan for relevance and makes updates as needed. Review includes assessing performance on actions to be taken and achievement of objectives. A report of the review is made annually to Leadership and all staff.
- H. Staff Training: WMCMH's mandatory training plan includes initial and ongoing training on topics that promote cultural competency, diversity, equity, and inclusion, including but not limited to implicit bias and cultural humility. WMCMH offers regular formal and informal opportunities for learning and conversation about topics relevant to cultural competency, diversity, equity, and inclusion.
- I. Related organizational efforts may also be documented in:
- Policies adopted by the Board of Directors or Chief Executive Officer
 - Personnel policies

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- Public relations activities
- Outreach activities
- Advocacy activities
- Plans and activities for persons served.

VII. **SUPPORTING DOCUMENTS**

Appendix 1-13-1A: Accessibility Program Guidelines

See also:

WMCMH LEP Policy 1-13-2

VIII. **POLICY/PROCEDURE REVIEW:**

REV#	APPROVED BY	Policy/Procedure	DATE
NC	Unknown		04/19
NC	Unknown		08/20
1	Betsy Reed-Henry	Procedure	04/21
2	Betsy Reed-Henry	Policy	08/21
3	Michele Condit	Procedure	08/22
4	DEI/Accessibility	Procedure	10/2023
5	DEI/Accessibility	Procedure	11/2024
<i>Board Approval Date: 3/19/1996</i>			

IX. **CHIEF EXECUTIVE OFFICER ENDORSEMENT:**

I have reviewed and approved of policy # 1-13-1 Revision# 5.

CEO: Lisa A. Williams

Approval Signature: _____

WEST MICHIGAN COMMUNITY MENTAL HEALTH
Accessibility Program Guidelines

Submitted by: Betsy Reed-Henry, Director of Network, Quality, and Compliance

Date: October 10, 2023

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, August 28, 2020, August 2022, November 2022, October 2023, November 2024

Purpose

The purpose of the WCMCMH Accessibility Program Guidelines is to provide a high-level overview of the process for the Accessibility Program, and to establish expectations and define roles and responsibilities.

Barrier Areas

Accessibility is assessed within the following 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 (including cultural competency), families, and the community, receptiveness to stakeholder input, and accessibility to services.
- **Financial:** Barriers associated with the 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.
- **Community Integration:** Barriers that impede individuals from full participating in their community of choice.
- **Other:** Barriers that limit access to services but do not fit in one of the above categories.

Structure for Accessibility Committee

The activities of the Accessibility Committee are coordinated by the Network, Quality, and Compliance Team. The committee's role is to aggregate and interpret assessment information, recommend/request action items to address barriers, monitor progress on action items, and report results to the Directors group, the organization, and persons served.

Committee Membership

- Director of Network, Quality, and Compliance (Facilitator)
- Consumer Advisory Panel member
- Facilities Specialist
- Director of Human Resources
- Director of Public Relations and Customer Services
- Customer Engagement Coordinator
- Director of Adult Services
- Director of Children & Family Services
- Director of Conflict Free Case Management
- Director of Health Home Coordination
- Chief Operations Officer (ad hoc)
- Director of Finance (ad hoc)

Responsibilities of the Accessibility Committee

Assessment

WMCMH assesses accessibility concerns on an ongoing basis. Potential barriers may be identified and shared with the Committee at any time by other committees, staff, and teams of staff, including but not limited to the Safety Committee, Clinical Management Review Team, Directors Group, Coordinators Group, Senior Management 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 surveys. Input can be offered at any time by anyone and will be gathered and considered by the committee.

Accessibility Assessment Data Collection Plan

	Data to be collected	Data Collection Process	Data Analysis	Data collection lead	Data collection frequency
1)	Input from Staff on barriers to access	Survey via Microsoft Forms, distributed via all-staff email	<ul style="list-style-type: none">• Aggregate report of responses, if useful.• All comments received, in a list, grouped by barrier area and topic as possible.	Accessibility committee chair	Every other year, on odd-numbered years
2)	Input from consumers and the general public on barriers to access	Survey via Microsoft Forms, distributed via social media	<ul style="list-style-type: none">• Aggregate report of responses, if useful.• All comments received, in a list, grouped by barrier area and topic as possible.	Accessibility committee chair	Every other year, on odd-numbered years
3)	Input from Stakeholders on barriers to access	Survey via Microsoft Forms, distributed via email	<ul style="list-style-type: none">• Aggregate report of responses, if useful.• All comments received, in a list,	Accessibility committee chair	Every other year, on odd-numbered years

			grouped by barrier area and topic as possible.		
4)	Input from CAP on barriers to access	Survey on paper, distributed by US mail to CAP members	<ul style="list-style-type: none"> Aggregate report of responses, if useful. All comments received, in a list, grouped by barrier area and topic as possible. 	Accessibility committee chair	Annually
5)	Customer Satisfaction Survey data related to accessibility	Survey process: LRE Satisfaction surveys, MHSIP if used, Consumer NPS, other surveys as available.	<ul style="list-style-type: none"> Aggregate responses to any questions judged as being related to accessibility 	Customer Engagement Coordinator	Annually
6)	Suggestion Box comments related to Accessibility	Suggestion box	List all comments received that are related to Accessibility, grouped by barrier area and/or topic if possible.	Customer Engagement Coordinator	Annually

Plan Development

On an annual basis, the Accessibility Committee:

1. Reviews and/or revises the Accessibility Policy and the Accessibility Program Guidelines.
2. Reviews results of the Limited English Proficiency assessment (reference policy 1-13-2) and writes plans to address areas of deficiency.
3. Reviews and updates all sections of the Accessibility Plan as needed, considering progress made, organizational priorities, and input from the Consumer Advisory Panel and persons served.

In addition, on an every-other-year basis (odd-numbered years), the Accessibility Committee:

1. Performs a full Accessibility Assessment including input from persons served, the Consumer Advisory Panel, staff, stakeholders, and the public.
2. Reviews and updates all sections of the Accessibility plan as needed, considering progress made, organizational priorities, and data collected in the full Accessibility Assessment.

The Accessibility Committee uses the following process develop and update the Accessibility Plan:

1. Review status of last year's plan.
2. Review data collected in the Assessment.
3. Prioritize barriers to address, considering organizational priorities.
4. Write plans to address prioritized barriers, including:
 - a. Remedial actions to remove barriers.
 - b. Names of individuals responsible to implement the actions.
 - c. Timelines for completion.
5. The Plan will describe barriers that have been identified but are not addressed with remedial action, and explain why these items have not been addressed.
6. The Plan will be approved by the Directors group.

Monitoring, Reporting, and Evaluation

The Director of Network, Quality, and Compliance is responsible to monitor progress and drive action on the Accessibility Plan. Action plans may be adjusted or delayed if warranted. Reasons for adjustments or delays will be documented and may be sent to the Committee and/or Director's group for approval or troubleshooting.

The Committee will prepare an annual evaluation of progress on removal of barriers, including analysis of improvements made. The evaluation will be incorporated into the Quality Assurance and Performance Improvement Plan's Annual Effectiveness Review. A summary of results will be shared with the organization and persons served.

SAMPLE Assessment and Action Items Template

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