2020-2021 Cultural Competency Plan
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EXECUTIVE SUMMARY

Trillium Health Resources is a Local Management Entity/ Managed Care Organization (LME/MCO) that manages mental health (MH), substance use (SU), and intellectual/developmental (I/DD) disability services for people with Medicaid and for those without insurance in eastern North Carolina. The Trillium catchment area is comprised of the following counties: Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Columbus, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, and Washington. Trillium recognizes the cultural diversities woven through the communities we serve and that our communities are only as strong as their people. Trillium strives to ensure that all members have equal access to services provided by a network of culturally competent providers and Trillium staff. Accordingly, Trillium endeavors to contract with providers who recognize that efficacious MH/SU/IDD services requires meeting the unique cultural needs of our communities and the individuals who reside within them. Trillium is committed to the well-being of these communities and our number one focus is helping every person we serve obtain the culturally appropriate services needed to improve well-being and live a fulfilling life.

Trillium Health Resources’ cultural competency plan is designed to guide approaches, programs, and services to meet the needs of our culturally diverse population. With the intention of expanding and promoting cultural competency activities to increase provider awareness in serving the growing culturally diverse population, herein lies an evolving plan that sets forth the vision for cultural competency improvements across our network and within Trillium that is adaptable to the ever-changing needs of our members.

In accordance with our mission: **Transforming lives and building community well-being through partnership and proven solutions**, this plan incorporates solution focused strategies aimed at continuous improvement in cultural competency. Through the use of robust providers, Trillium staff educational opportunities, provider cultural competency plan guidance, and regular assessment of progress and needs, Trillium aims to attain goals set forth in this plan and to build upon successful outcomes. Together with our providers, partners, stakeholders, and employees, we are invested in advancing the cultural competence of the public behavioral health system for the benefit of the individuals and communities we serve.

Through this Cultural Competency Plan, Trillium strives to assess the strengths of the program and identify opportunities for improvement, thus enhancing our ability to improve care and service to members thereby meeting our goal of cultural competence.

**Next Review Date:** March 2021
TRILLIUM’S BACKGROUND AND PHILOSOPHY

Trillium Health Resources is the largest Medicaid managed care organization in North Carolina in terms of geographic size. In FY 18-19 Trillium was responsible for services to 267,092 eligible Medicaid members and 137,401 uninsured/underinsured individuals in 26 counties. Invested in the overall well-being of our members and populations, Trillium takes a person-centered, community-based approach to achieve the best possible health outcomes. Our community-based approach focuses on meeting the unique needs of our members and our diverse populations.

Trillium’s regions vary widely by population density. Most of the catchment area is rural, including North Carolina’s two least populated counties: Hyde and Tyrrell counties. The most populated cities include Wilmington, the eighth largest city in North Carolina and Greenville, the tenth largest city.

As detailed in Trillium’s Network Adequacy & Accessibility Analysis Report for 2018, more than thirty-two percent of Trillium members identify as racial or ethnic minorities. In the state of North Carolina, thirty-six percent of the overall population identify as minorities, with this number rapidly increasing each year.

The Hispanic/Latino population has steadily increased each year in Trillium’s counties. While cultural and linguistic differences can pose an obstacle or barrier to services, Trillium works with providers to ensure access to both English and Spanish as well as other language needs.

Trillium has maintained a cultural competency plan in accordance with state requirements to promote the delivery of services in a culturally competent manner to all members, including those with limited English proficiency and diverse cultural and ethnic backgrounds. Trillium offers staff and network providers’ cultural competency training, with the goal that they understand that cultural competence reaches beyond race, color, national origin, age, disability, sex, creed, and/or language identifiers.

Complying with Federal civil rights laws Trillium is also required to prohibit discrimination based on race, color, national origin, age, disability, or sex. Training available to network providers and staff includes understanding Title VI of the Civil Rights Act of 1964. Trillium assesses the network through various mechanisms to ensure it is accessible from both a linguistic and disability standpoint including, for example, tracking languages spoken by providers.

Substance Abuse and Mental Health Services Administration (SAMHSA) Publication, Improving Cultural Competence, Treatment Improvement Protocol (TIP) 59 states that “knowledge of a culture’s attitudes toward mental illness, substance use, healing, and help-seeking patterns, practices, and beliefs is essential in understanding a member’s presenting problems,
developing culturally competent counseling skills, and formulating culturally relevant agency policies and procedures.” Trillium is dedicated to making sure our providers understand how to identify with the populations within our catchment area.

Trillium’s Cultural Competency Plan aims to support the creation of a culturally competent behavioral and physical health system of care that embraces and supports individual differences to achieve the best possible outcomes for members receiving services. Research indicates that how individuals experience health and define their well-being is greatly informed by their cultural identity. Culturally competent health care incorporates cultural considerations that include, but are not limited to the following:

- Race & Ethnicity
- Gender Identity
- Sexual Orientation
- Social Determinants of Health (Housing, Transportation, Food, Employment, Interpersonal Safety)
- Physical Abilities/Limitations
- Deaf / Hard of Hearing
- Visually Impaired
- Spiritual Beliefs and Practices
- Socio-Economic Status
- English Proficiency
- Literacy

The Trillium network includes providers of all specialties who are required to maintain access to bilingual capabilities to facilitate and ensure effective communication with members. Upon contracting, network providers are informed of the importance of providing services in a culturally competent manner. The Trillium Network Management Department is responsible for the development and maintenance of the provider network to meet the needs of members while ensuring choice and best practices in services. The Trillium Network Accountability Team oversees auditing and compliance review activities. Common review activities include but are not limited to:

- provider monitoring reviews
- fraud waste and abuse reviews
- post payment reviews,
- initial/annual site visits,
- complaint/grievance investigations

Trillium regularly shares information from these reviews with the provider network via Network Communication Bulletins and Provider Council meetings. Any trends in the monitoring review results are shared with the Network that are in need of attention, such as Staff Qualifications,
which assure staff are qualified to deliver the particular service provided. There has not been any noticeable trends or systemic issues identified related to access standards.

And, Trillium conducts annual Network Adequacy and Accessibility Analysis Surveys. This process includes surveying members and/or family members, as well as stakeholders. The latest survey took place between January 29, 2019 and March 30, 2019. Trillium Health Resources distributed surveys within its 26-county catchment area. Surveys were made available online and in hard copy. The member/family survey was made available in Spanish and one (1) member/family survey was received completed in Spanish. The English versions were advertised on Trillium’s Facebook pages, website, and local county newspapers. Hard copies were delivered to many individuals and groups. Online respondents were able to download the survey on tablets or smart phones through QR codes. In total, one thousand nine hundred twenty-one (1,921) members and their families responded to the survey, a 21.20% increase from the previous year.

A part of the stakeholder survey included questions pertaining to cultural and ethnic needs of members. Specifically, three questions were posed:

- **Do you feel the services offered in the Trillium Health Resources LME/MCO region are addressing your consumer’s cultural and ethnic needs?**
  - If no, please identify which cultural ethnic groups are experiencing needs not addressed by Trillium network services.
- **Identify which services those groups need access to.**
- **If you work for a provider agency, please answer the following questions. Has your organization ever participated in a cultural sensitivity or competence assessment?**
  - If yes, please identify which tool was used to assess your organization’s cultural sensitivity or competence.

A total of three hundred fifty-nine (359 or 46.68%) out of the 769 stakeholder respondents (those who self-reported as provider representatives) indicated their organization had participated in a cultural sensitivity or competence assessment. Of 455 stakeholder respondents, there were one hundred and seventy (170 or 37.36%) that reported the cultural sensitivity or competence assessment they participated in was a standard tool. The chart below represents the responses when asked what tool was used to assess cultural sensitivity or competence.
The following chart indicates whether or not stakeholder respondents including providers, Consumer & Family Advisory Committee (CFAC) members, board members, community agencies, social service agencies felt services offered in the Trillium LME/MCO catchment addressed members’ cultural and ethnic needs.
The information obtained from the Network Adequacy and Accessibility Analysis Survey was analyzed and opportunities for improvement appear to exist. Strategies for increased awareness and connection to community stakeholders will be incorporated into the Goals/Interventions/Outcomes section of the plan.

**GUIDING PRINCIPLES:**

Culturally and Linguistically Appropriate Services (CLAS)

Trillium has chosen to implement the use of national CLAS standards. It is our desire to promote equity, reduce health disparities, and improve quality of 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.

Cultural and linguistic competence is the ability of Trillium Health Resources and the providers within our network to provide the highest quality care to every individual regardless of race, ethnicity, cultural beliefs, behaviors or communication. By adopting this standard, Trillium Health Resources can increase both the quality and suitability of mental health services and outcomes.

In addition to cultural competency, there is the need of cultural humility. First outlined in 1998, cultural humility has three dimensions:

1. Lifelong learning and critical self-reflection
2. Recognizing and challenging power imbalances
3. Institutional accountability

Critical self-reflection goes well beyond self-awareness. It requires everyone to step back in order to understand our own systematic biases, values, and cultural assumptions. When it comes to understanding any individual’s life experience, it involves a way of being within an individual’s values. And, acknowledges oneself as a learner, thus relinquishing the role of competent expert. By doing this, Trillium Health Resources mitigates any ideas of ethnocentrism and racism where the implication that an individual’s barrier(s) are because of their cultural differences.
Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

Trillium Health Resources and network providers maintain an attitude and a lens of cultural competence and humility as they engage with others and work to obtain knowledge. Trillium recognizes that a vital part of everyone’s identity is rooted in their family, history and life experiences.

3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.

Trillium recognizes the importance and value of providers by ensuring the cultures of providers reflect the culture of the community(s) they serve. It is also important to have a workforce who is willing to provide services to individuals regardless of disability or disorder. In addition to becoming culturally aware of the “isms” (e.g. sexism, racism, ageism, ethnocentrism, classism, heterosexism, colorism, anti-Semitism). By removing these “isms” Trillium assures efforts to fulfill the member’s needs.

4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Trillium provides staff with training opportunities to promote the organization’s awareness of population specific topics. For example, March is Brain Injury Awareness and Autism Awareness Month. Trillium provides information internally and externally to bring awareness and increase understanding of the populations we support. The more staff, providers, and stakeholders know about the barriers their members may face, the better the care they can provide.

It is also important for providers to be able to acknowledge the difference between race and culture and be able to consider both when it comes to wellness. For example, the African American community has gone through multiple centuries of disenfranchisement in this country. By taking into consideration the systems that have been endured for generations we are acknowledging how these experiences may contribute to their unique needs as recipients of services.
Understanding cultural competency and acknowledging cultural humility is crucial for our ability to treat populations different from our own. Most of all, it provides us with a greater understanding of each member’s needs.

**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.**

Trillium provides access to interpreter services and 711 telecommunications relay services via the 24-Hours Access to Care Line. Our website also has capability to view information in Spanish by the click of a button in order to view complex state policy topics such as Medicaid Transformation. Trillium Health Resources is able to connect members to services such as Crisis Intervention at any moment in time.

6. **Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.**

Trillium Health Resources endorses whole-person care. Care is focused on the individual and not on the convenience or sustainability of the provider. In order to do this, Trillium does require access to language assistance services at all times. These requirements are outlined in network provider contracts and the Trillium member handbook. Information regarding these expectations are made available on our website.
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.

It is important to provide visual and verbal resources for Trillium’s unique populations so that they understand the resources and services available to them. Trillium offers a full-version of its website and print materials in both English and Spanish. All webpages are accessible on tablets and smart phones. We recently added an accessibility filter to help improve readability for members with certain disabilities. Trillium strives to educate as many of our members and populations as possible about available resources and services.

Trillium employs the UserWay Accessibility Widget® that offers a broad selection of functions that users can mix and match to meet individual accessibility needs. Each of the functions can be turned on or off or set at an exact interim value. Settings for each user are automatically saved for future site visits. Features include; keyboard navigation (user can navigate the site without using a mouse), screen reader (to narrate the text aloud), increase text size, stop animations, convert to accessible fonts (that are easier to read), highlight links, large cursor, reading guide, dark mode, light mode, invert colors (switch from color to black and white), text spacing, color desaturation, and reveal page structure.
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.

In July 2019, Trillium adopted a new way of thinking via the Partnership for Community Well Being. Trillium adopted a new mission statement and modified the organization’s tagline. Trillium used guidance from the Frameworks Institute to update our messaging to ensure we are using positive, inclusive language in all our materials. The Communications Department prepared a tool kit with the updated/revised language with a two-pager flier for all staff to hang by their desk, along with a large post card with smaller perforated wallet-sized cards to carry in their laptop bag and/or Trillium ID holder. While many parts of the messaging look familiar, some new language that more fully explains who Trillium is and the people we serve was added. People are not considered “in need,” but striving to reach their “fullest potential.” Trillium partners with providers to “build strong foundations” and not merely help those “at risk.” Trillium will always maintain person-to-person contact as appropriate, but as an organization we are also “investing in well-being of the communities we serve.”

Trillium helps enhance accessibility, maintain open conversations, and improve community well-being. The agency philosophy is to attempt to engage in meaningful policy discussion that reflects the input of others. As one method of accomplishing this, we have three regional offices, each with a dedicated regional operations director. Each region has a Regional Advisory Board to ensure the local voice is heard on the Trillium Governing Board. Members of each Regional Advisory Board also serve on the Governing Board.

The Consumer and Family Advisory Committee (CFAC) is an advisory group for our communities dedicated to enhancing care and reducing stigma. Each CFAC member has lived experience or family with mental health, intellectual and/or developmental disabilities (IDD), or substance use. In keeping with the regional structure, Trillium has three Regional CFAC Committees: Northern, Central and Southern regions. Each committee has representation from among the three disability groups: Mental Health, Intellectual/Developmental Disabilities, and Substance Use. Trillium recognizes the valuable insight and experience that CFAC members can contribute to our decision-making process. Representatives from CFAC comprise 25% of our governing board members.
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.

Trillium uses and combines data from multiple sources and databases such as outpatient claims, inpatient claims, demographic data, electronic health records, and pharmacy data to create an annual population health and network adequacy and accessibility report that is utilized for identification of potential quality improvement activities or other opportunities for expansion of the network.

Although assessment(s) are completed annually, there is a continuous quality improvement approach to measuring progress and outcomes. Activities are planned, actions are taken, evaluation towards progress is measured, and modifications to planned activities are made as necessary. It is a never ending cycle of plan-do-check-act (PDCA).

13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

Each county in the Trillium area has a designated System of Care Coordinator. System of Care Coordinators are knowledgeable about county services and supports available in that particular area. The local representation and presence allows for ongoing feedback loops to Trillium from a variety of stakeholders and partners, in addition to the Regional Advisory Boards and CFAC. The Neighborhood Connections team maintains relationships with local agencies and community supports offering resources related to Social Determinants of Health (SDoH). These staff provide information to members on resources available to access food, transportation, employment training, chances for social integration, and housing. Neighborhood Connections coordinates and promotes activities to increase awareness and engagement among members; such as cooking classes, neighborhood walks, new parent classes, and more.
The Trillium Provider Council serves as a fair and impartial representative of all service providers within the network that identifies strategic issues impacting network performance, facilitates an open exchange of ideas, shares values, goals and vision, promotes collaboration and mutual accountability among providers, and recommends best practices that empower members to achieve their personal goals.

Although Trillium has well established methods to receive input from numerous partners, a recruitment campaign may be beneficial in attracting additional diverse participants. Trillium may need to consider direct recruitment of cultural groups/committees in the region to become partners in this process and assure Trillium is representative of the community.

A long term goal to be considered and is recommended in most current literature and associated materials, is to establish an interested stakeholder group who express a desire to develop and give input into outcomes.

14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

Trillium has established and implemented appropriate procedures to align with section 1557 of ADA and anti-discrimination laws which evaluate and assure compliance in accordance with legislation.

Trillium maintains a Compliance Committee. One of the activities of this group is to review all complaints submitted from a cultural/ethnic perspective to assure our process is unbiased.
Over the past year the committee discussed and revised use of the **Complaint / Grievance / Compliment / Question** portal from our website. In response to concerns that the process was cumbersome, adjustments were made to the website which included re-formatting, re-phrasing, and re-wording to support the submission of concerns.

15. **Communicate the organization’s progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.**

It is important to share available information to both internal and external partners. Trillium utilizes various mechanisms to share and distribute information. Many departments summarize progress and activities in an annual report or evaluation and is shared via Trillium’s website as well as with the Governing Board. Trillium employs multiple social media outlets for sharing of diverse materials related to member’s needs as well as numerous other methods that include network bulletins, newsletters, employee handbook, provider manual, and the member handbook.
A communications campaign focusing on the subject of cultural competency and humility is needed to increase the attention given to the subject. A plan for disseminating materials internally to staff and externally to stakeholders and providers will be developed to expand upon the readily available information.

**WHAT IS CULTURAL AND LINGUISTIC COMPETENCE?**

Defining Cultural Competence: The US Department of Health & Human Services, Office of Minority Health merged several existing definitions to conclude the following: “Cultural and linguistic 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 presented by consumers and their communities.”

Cultural and Linguistic Competency is defined by the U.S. Department of Health and Human Services, Office of Minority Health in April 2013 as "the capacity for individuals and organizations to work and communicate effectively in cross-cultural situations through the adoption and implementation of strategies to ensure appropriate awareness, attitudes, and actions and through the use of policies, structures, practices, procedures, and dedicated resources that support this capacity.

- **Cultural competency:** A developmental process in which individuals or institutions achieve increasing levels of awareness, knowledge, and skills along a cultural competence continuum. Cultural competence involves valuing diversity, conducting self-assessments, avoiding stereotypes, managing the dynamics of difference, acquiring and institutionalizing cultural knowledge, and adapting to diversity and cultural contexts in communities.

- **Linguistic competency:** The capacity of individuals or institutions to communicate effectively at every point of contact. Effective communication includes the ability to convey information — both written and oral — in a manner that is easily understood by diverse groups, including persons of limited English proficiency, those who have low literacy skills or who are not literate, those having low health literacy, those with disabilities, and those who are deaf or hard of hearing.”

The North Carolina Division of Health Benefits (DHB) Contract, defines Cultural Competency as, “The understanding of the social, linguistic, ethnic, and behavioral characteristics of a community or population and the ability to systematically translate that knowledge into practices in the delivery of behavioral health services.
Such understanding may be reflected, for example, in the ability to: Identify and value differences; Acknowledge the interactive dynamics of cultural differences; Continuously expand cultural knowledge and resources with regard to populations served; Collaborate with the community regarding service provisions and delivery; and Commit to cross-cultural training of staff and develop policies to provide relevant, effective programs for the diversity of people served.”

Trillium utilizes the concepts from both definitions in management of behavioral health care services.

**INTERNAL AND EXTERNAL ACTIVITIES**

**Serving a Culturally Diverse Membership**

Trillium’s focus is to develop, implement and monitor processes that promote culturally competent and responsive care to members within Trillium and in the network. It is imperative that Trillium assure network awareness of cultural competency into the quality of care delivered to members. Trillium’s Executive and Leadership Teams have oversight of the implementation of Cultural Competency throughout the organization and the network. Trillium maintains a Cultural Competency Plan that includes internal and external initiatives and activities as mechanisms for meeting needs of population(s) served.
## INITIATIVES/ACTIVITIES

### DESCRIPTION OF ACTIVITY

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<tr>
<th>INITIATIVES/ACTIVITIES</th>
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<th>PARTNERS (MEMBERS, STAKEHOLDERS, PROVIDERS, STAFF)</th>
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<tr>
<td><strong>Project OUTreach</strong></td>
<td>Trillium developed Project OUTreach to share the research and tools available related to the LGBTQ community with our stakeholders, providers, faith-based organizations, and more.</td>
<td>Members, Stakeholders, Providers, Trillium staff</td>
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<tr>
<td><strong>Human Rights Campaign- All Children All Families</strong></td>
<td>Trillium is partnering with the Human Rights Campaign to train Trillium staff and contracted Therapeutic Foster Care agencies on the All Children All Families LGBTQ acceptance curriculum to be more responsive and clinically oriented towards the needs of LGBTQ youth. This partnership will also assist Trillium in reviewing internal policies to ensure that a thread of cultural awareness is evident to support the LGBTQ population throughout.</td>
<td>Members, Stakeholders, Providers, Trillium staff</td>
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<tr>
<td><strong>Columbus County POW WOW</strong></td>
<td>Trillium was invited to participate in the 49th Annual Waccamaw Siouan Pow Wow on October 18/19, 2019. Trillium had a booth with resources and information available to event attendees.</td>
<td>Members, Stakeholders, Providers, Trillium staff</td>
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<tr>
<td><strong>Health Literacy Training</strong></td>
<td>Trillium offers a Health Literacy Training for their staff annually.</td>
<td>Members, Stakeholders, Providers, Trillium staff</td>
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<td><strong>Cultural Competency Training on Learning Portal</strong></td>
<td>Trillium offers web-based training/education site to access recorded modules on topics Trillium deems important for Providers to complete. This site is available 24/7, including videos, tests, evaluations,</td>
<td>Providers, Trillium staff</td>
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<tr>
<td>Frameworks Institute</td>
<td>certificates and record-keeping. Among those trainings available is a Comprehensive Cultural Competency Training.</td>
<td>Providers, Trillium staff</td>
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<td>Member Handbook</td>
<td>Trillium used guidance from the Frameworks Institute to update our messaging to ensure we are using positive, inclusive language in all our materials.</td>
<td>Members, Stakeholders, Providers, Trillium staff</td>
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<tr>
<td>Provider Manual</td>
<td>Trillium’s Member Handbook, designed to support members and their families with easy access to tools, information, and resources is located on the Trillium Health Resources website.</td>
<td>Members, Stakeholders, Providers, Trillium staff</td>
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<tr>
<td>Mental Health First Aid (Youth and Adult)</td>
<td>Trillium’s Provider Manual, designed to support providers/practitioners with easy access to tools, information, and resources is located on the Trillium Health Resources website.</td>
<td>Members, Stakeholders, Providers, Trillium staff</td>
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<tr>
<td>Mental Health First Aid (Youth and Adult)</td>
<td>Mental Health First Aid (MHFA) is an 8 hour face to face public education program offered by Trillium that helps participants identify, understand, and respond to signs of mental illnesses and substance use disorders.</td>
<td>Members, Stakeholders, Providers, Trillium staff</td>
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<td>Crisis Intervention Team (CIT)</td>
<td>Crisis Intervention Team (CIT) training is a jail diversion and de-escalation model of training for law enforcement during which officers gain a better understanding of the needs of individuals with mental illness, substance use disorders or intellectual/developmental disabilities. The idea is to divert</td>
<td>Stakeholders, Trillium staff</td>
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<td>individual to treatment when this can be done at little risk to public safety. Citizens who call police to respond to someone in crisis can specifically ask for a CIT-trained police officer.</td>
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<td>SensABLE Snacks Food Trucks</td>
<td>Trillium, in partnership with Easterseals UCP, built two food trucks to operate at two locations in Eastern NC. Trillium is working with ESUCP and the Everybody Works! Campaign to hire staff with IDD to operate the trucks. They will serve prepackaged foods (snacks, coffee, sodas, water, ice cream, etc.) that cover a well-balanced diet.</td>
<td>Members, Stakeholders, Providers, Trillium staff</td>
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<td>Everybody Works NC</td>
<td>The Everybody Works NC campaign was launched to increase awareness of the untapped pool of talent found in the North Carolina disability community and to create more jobs and job oriented educational opportunities</td>
<td>Members, Stakeholders, Providers, Trillium staff</td>
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<td>Give an Hour</td>
<td>Trillium clinician’s participate in Give an Hour for veterans. Give an Hour’s mission is to develop national networks of volunteers capable of responding to both acute and chronic conditions that arise within our society. By harnessing the skill and expertise of volunteer professionals, we are able to increase the likelihood that those in need receive the support and care they deserve</td>
<td>Members, Stakeholders, Providers, Trillium staff</td>
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***Review and approval delayed due to COVID-19***

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<tr>
<td>Veteran’s Point of Contact</td>
<td>North Carolina is currently home to the third largest active military population in the country. This population includes each branch of the military: Army, Marines, Navy, Air Force, and Coast Guard. An additional 45,000 soldiers, marines, and airmen and women live in all 100 counties of North Carolina and serve in the National Guard or Reserves. North Carolina’s veteran population is even larger, consisting of nearly 800,000 Veterans. NC ranks fifth in military retirees and ninth in veteran population in the country. More than 100,000 children and adolescents of active members/National Guard/Reserves live in North Carolina. Trillium maintains a dedicated point of contact for military affairs and have trained staff to provide services for veterans and their families.</td>
<td>Members, Stakeholders, Providers, Trillium staff</td>
</tr>
<tr>
<td>Stand Down (Veterans)</td>
<td>Stand Downs are typically one- to three-day events during which Veteran’s Affairs (VA) staff and volunteers provide food, clothing and health screenings to homeless and at-risk Veterans. In addition, Veterans also receive referrals for health care, housing solutions, employment, substance use treatment, mental health counseling and other essential services. Trillium Housing staff are active participants in local stand downs when scheduled in our local communities.</td>
<td>Members, Stakeholders, Providers, Trillium staff</td>
</tr>
<tr>
<td>INITIATIVES/ ACTIVITIES</td>
<td>DESCRIPTION OF ACTIVITY</td>
<td>PARTNERS (MEMBERS, STAKEHOLDERS, PROVIDERS, STAFF)</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Innovations Waiver Stakeholder Group</td>
<td>The NC Innovations Waiver Stakeholder Group is made up of a group of members, family members, guardians, and providers that meet quarterly. The purpose of this group is for participants to receive education and information as well as to secure feedback and information from the members about the Innovations Waiver.</td>
<td>Members, Stakeholders, Providers, Trillium staff</td>
</tr>
<tr>
<td>Future Planning Project- Special Needs Trust &amp; ABLE Accounts</td>
<td>Disability Rights NC “Introduction to Special Needs Trust: How They Work and Why People with Disabilities Need Them.” It is critical that individuals with disabilities plan ahead regarding estate planning, including any financial assets their parents/others plan to leave to their loved one who has a disability. Without the correct financial planning, individuals could be subject to repayment of Medicaid benefits that will count against them in qualifying for future Medicaid and SSI benefits; AND they can lose government benefits they currently receive (Medicaid, SSI, Food Stamps, Section 8).</td>
<td>Members, Stakeholders, Providers, Trillium staff</td>
</tr>
<tr>
<td>CFAC/ Regional CFACs</td>
<td>The Consumer and Family Advisory Committee is an advisory group for our communities devoted to enhancing care for individuals with mental health, intellectual/developmental disabilities, and substance use disorders. Each</td>
<td>Members, Stakeholders, Trillium staff</td>
</tr>
</tbody>
</table>
### Oxford House
- **Description of Activity:** Trillium has combined our experience and resources with the vision for sober living at Oxford House to create a unique model that increases sober living options for people in eastern NC. Oxford House’s initiative and contract with Trillium Health Resources, 2020 Vision for Recovery, will add 20 new sites with more than 100 beds total to the Trillium 26-county coverage area.
- **Partners:** Members, Stakeholders, Providers, Trillium staff

### Eat the Rainbow
- **Description of Activity:** Trillium has offered courses titled “Eat the Rainbow,” educational classes on healthy eating. Each month focuses on a different color of the rainbow and the variety of fruits and vegetables in that color.
- **Partners:** Members, Stakeholders, Providers, Trillium staff

### Victory Junction
- **Description of Activity:** Trillium partnered with Victory Junction, an inclusive camp located on 84 acres in Randleman, North Carolina, to offer separate family weekends for children with IDD or in therapeutic foster care.
- **Partners:** Members, Stakeholders, Providers, Trillium staff

### Safe Schools-Healthy Kids NC
- **Description of Activity:** Trillium’s [SafeSchoolsHealthyKidsNC.org](http://SafeSchoolsHealthyKidsNC.org) is an online portal that provides web-based access to evidence-based practice (EBP) models, resources, and materials and also includes a link to resources for LGBTQ kids through the Trevor Project.
- **Partners:** Members, Stakeholders, Providers, Trillium staff

### Play Together-Accessible Playgrounds
- **Description of Activity:** 30 fully accessible, all-inclusive playgrounds for individuals with special
- **Partners:** Members, Stakeholders,
<table>
<thead>
<tr>
<th>INITIATIVES/ACTIVITIES</th>
<th>DESCRIPTION OF ACTIVITY</th>
<th>PARTNERS (MEMBERS, STAKEHOLDERS, PROVIDERS, STAFF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural Competency Self-Assessment</td>
<td>An assessment designed to explore cultural competence within an organization leading to the development of an organizational plan with clear goals related to cultural competence.</td>
<td>Members, Stakeholders, Providers, Trillium staff</td>
</tr>
<tr>
<td>Monthly Awareness Events</td>
<td>Trillium Health Resources recognizes monthly awareness events sponsored by local or national organizations and agencies. By helping to publicize these events, we bring attention to these causes to help reduce stigma and share the need for behavioral health services to address them.</td>
<td>Members, Stakeholders, Providers, Trillium staff</td>
</tr>
<tr>
<td>Tim Tebow’s: A Night to Shine prom</td>
<td>A Night to Shine is an unforgettable prom night experience, for people with special needs ages 14 and older</td>
<td>Members, Stakeholders, Providers, Trillium staff</td>
</tr>
<tr>
<td>Exceptional Community Baseball League (ECBL)</td>
<td>The Exceptional Community Baseball League (ECBL) is a nonprofit organization that focuses on bringing team activities through a specialized baseball program to the special needs population of Greenville, Pitt County and Eastern NC in conjunction with community businesses, hardworking volunteers and the Greenville Recreation and Parks Dept.</td>
<td>Members, Stakeholders, Providers, Trillium staff</td>
</tr>
</tbody>
</table>
COMMUNICATION

It is important to have buy-in and understanding of the information within the Cultural Competency Plan by internal and external stakeholders to assure it is implemented accordingly. As a part of the process, an expanded communication campaign will be devised to share the materials with all associated parties so that attention is focused on the activities of the plan and cultural awareness is thereby increased.

Trillium’s network of providers are provided cultural awareness & competency training to include information, training resources, and agency assessment tools for practitioners to support culturally competent communication. Network Communication Bulletins focused on the provider network are distributed throughout the year and are used to deliver information on emerging and effective best practice standards for diverse populations. Trillium’s network of providers are encouraged to identify resources utilizing focus groups or interviews with cultural or linguistic minority members to determine how to meet their social determinants of health needs or for cultural engagement and interaction within their communities.

Additionally, provider contracts require compliance with all federal and state laws which prohibit discrimination on the grounds of race, color, age, creed, sex, religion, national origin, or physical/mental disability.
In addition to keeping Trillium’s network of providers informed, community stakeholders also need to be aware of the most up-to-date cultural competency plan. Trillium launched My Learning Campus in June 2019. The free, online website hosts trainings and tip sheets for anyone to access. The website, located at www.MyLearningCampus.org is available to the public with a short registration process. Stakeholders can also sign up for two types of Communication Bulletins, Clinical and/ or Network, through which they would receive the same information providers do in regards to emerging and effective best practice standards for culturally diverse populations.

When developing communication materials, health literacy should be a factor and considered.

The University of North Carolina at Chapel Hill Health Literacy Data Maps indicate Trillium’s population is lacking and on the lower range of health literacy. Lack of adequate health literacy can have a detrimental impact on health outcomes, as well as healthcare cost. The Health Sciences Library at the University of North Carolina at Chapel Hill (UNC-CH) serves as the information hub of health literacy efforts on campus and throughout the state of North Carolina.
It is stated that “individuals living in communities with low literacy estimates may be more likely to have problems reading and understanding basic health information, like a pamphlet about a medical condition. Those living in neighborhoods with higher literacy scores may be able to understand basic health information, but could have difficulty with more complex text, such as documents describing medication side effects or insurance coverage.”

It is as important that Trillium’s internal staff receive cultural competency plan information and training so that they can perform their duties and functions in accordance with the plan. The training is always available on the staff Learning Portal and a required training during New Employee Orientation (NEO). Quarterly all staff meetings and monthly staff newsletters are an additional method of communication that is utilized to provide updates to staff on Trillium’s Cultural Competency Plan and any changes. Staff also have the option to sign up for the same Communication Bulletin’s that providers receive. When external reviews, audits and accreditations take place staff are expected to be aware and knowledgeable about Trillium’s Cultural Competency plan.

The Cultural Competency Plan is reviewed at least annually. It is available for review by the various regulatory and accreditation entities upon request. It is also made available to our members and the network via the website.

**BARRIERS/ OBSTACLES**

**Adherence to Policy**

Policies should reflect that Trillium Health Resources, its provider agencies, and contributing stakeholders will not discriminate based on race, color, religion, sex, national origin, ethnic group, sexual orientation, multi-culturalism, anti-racism, anti-stigma, ethnic intimidation, employment equality, service equity and access. Assuring that all associated parties adhere to established expectations requires monitoring and can be difficult to validate.

**Lack of Resources**

Trillium’s large geography can be challenging at times. When there are identified gaps, the Network Development team addresses these through the Recruitment and Retention Committee. Resources to be utilized in developing a culturally competent network void of barriers and obstacles may include: recruiting bi-lingual, culturally competent providers through a Request for Proposal process; assistance in setting up telehealth sites for improved access to services, assisting with establishing a list of resources that include interpreters, information for TTY (Teletypewriters), Relay Video Conference Captioning, NC Relay, sign language, and publication of written material in other languages.
**Geography**

While Trillium’s 26 counties represent over 14% of the State’s population, their total 12,923.11 square miles also represent almost 27% of the square mile size of North Carolina. The population ranges from 8.9 persons per square mile in Hyde County to 1,219.6 persons per square mile in New Hanover County. Nine of the 26 counties in the catchment have fewer than 50 persons per square mile. Along with the uniqueness of the geography comes the challenges of recruiting quality provider agencies capable of delivering culturally competent behavioral health services.

**Lack of Personal Self Awareness**

Cultural self-awareness (cultural humility) requires the ability for self-reflection. It is the ability to take a step back and become aware of your cultural views, attitudes, and values. A person must define their own frame of reference and understand their own behavior(s) before attempting to relate to those of their members. It is essential to recognize that everyone sees things differently and what one considers normal and acceptable can be unacceptable to others. Beneficial relationships may be cultivated through continued self-assessment and awareness of others’ cultural beliefs.

**Training**

There is limited research showing a positive relationship between cultural competency training and improved health outcomes, adherence to therapy, and equity of services across racial and ethnic groups. Cultural competency training, however, shows promise as a strategy for improving the knowledge, attitudes, and skills of health professionals.
<table>
<thead>
<tr>
<th>GOALS</th>
<th>INTERVENTIONS</th>
<th>OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meet all applicable state, federal, contract requirements for cultural competence</td>
<td>Trillium annually conducts a Network Adequacy and Accessibility Analysis of the provider network. The goal of this assessment is to ensure that the demographic needs of members served are being met and to identify any potential gaps in the network so that they can be expeditiously corrected. Should a gap be identified, Trillium will conduct a search for providers by type as identified. Trillium has established a process to review all communication and marketing materials to ensure that services represented in these materials are accurate and clearly communicated and that they take cultural and linguistic appropriateness into account. This process includes appropriate inter-departmental review, formal approval, and prompt corrective action when problems are detected. All communication materials will be reviewed for adherence to the plain language guidelines to enhance comprehension. The Communications Department oversees material development and confirms that materials adhere to People First Language and Plain Language guidelines.</td>
<td>Successfully maintain compliance with contract as evidenced by passing score on agency’s annual external quality review.</td>
</tr>
<tr>
<td>Establish and maintain educational materials</td>
<td>Create educational documents, Theory into Practice sheets (TIPs), related to cultural competence for the provider network as a mechanism to increase awareness and reduce health disparities. Due to the rural aspects of Trilliums catchment area and its ability to provide adequate services with possible reduced access to an adequate provider network in sparsely populated areas this may be helpful.</td>
<td>To prepare and support a workforce that demonstrates the attitudes, knowledge, and skills necessary to work effectively with diverse populations.</td>
</tr>
<tr>
<td>GOALS</td>
<td>INTERVENTIONS</td>
<td>OUTCOMES</td>
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<tr>
<td>Utilize Best Practice</td>
<td>Identify and establish best practice protocols for the use of translation and interpretation services. Population Health Assessment will include analyzing available race and ethnicity data on its members in order to assess the need to develop culturally competent disease management programs. Implement evidence-based programs that advance health equity/ reduce health disparities in an effort to ensure that our members have the opportunity for long and healthy lives. Implement SDoH Programs- particularly those that address housing and food insecurity.</td>
<td>All health care and services are culturally and linguistically appropriate, including but not limited to health promotion, disease prevention, diagnosis, treatment, supportive care, rehabilitation, palliative end-of-life care, mental and behavioral health, emergency care, and wellness interventions. A core principle of public health is that every person should be able to reach his or her full health potential.</td>
</tr>
<tr>
<td>Training</td>
<td>Develop a comprehensive training and educational plan for members and providers on topics related to cultural and linguistic competence, health beliefs, and traditions. Mandate cultural competency training for all staff, provider agencies, and delegated vendors. Providers are required to complete cultural competency training courses based on the racial/ethnic composition of the member population to which they provide services. Training Trillium staff and the network providers on ethnic and cultural groups specific to Trillium’s area.</td>
<td>Ongoing education and staff training ensures that governance, leadership, and the workforce are equipped with adequate knowledge, tools, and skills to appropriately manage cross-</td>
</tr>
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</table>
### 2020-2021 Cultural Competency Plan

***Review and approval delayed due to COVID-19***

<table>
<thead>
<tr>
<th>GOALS</th>
<th>INTERVENTIONS</th>
<th>OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Communications</strong></td>
<td>Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.</td>
<td>cultural encounters with members.</td>
</tr>
<tr>
<td><strong>Draft Communication Plan focused on sharing cultural competence information.</strong></td>
<td></td>
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<tr>
<td><strong>A communications campaign focusing on the subject of cultural competency and humility is needed to increase the attention given to the subject.</strong></td>
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<tr>
<td><strong>A plan for disseminating materials internally to staff and externally to stakeholders and providers will be developed to expand upon the readily available information.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Increased awareness and connection with community stakeholders, members, and staff.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cultural Competence Agency Assessment</strong></td>
<td>National accreditation standards require Trillium to look at the cultural and demographics of its member population in detail and evaluate the access, choice and treatment issues of sub-groups such as those with Traumatic Brain Injury (TBI), Veterans, Pregnant Women as well as the cultural make up of sub-groups to insure that these populations are receiving Evidence-Based Practice (EBP) treatment.</td>
<td></td>
</tr>
<tr>
<td><strong>Trillium assesses the unmet needs of its members relative to its network, addressing the following needs: cultural, ethnic, racial and linguistic. And, adjusts the availability of practitioners/providers within its network, if necessary.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Neither the Division nor Trillium’s MIS platform collects these kinds of detailed demographics. With the initiation of the new MIS platform, Trillium will be able to perform a much different analysis of the population of Members served.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>The staff completing the agency assessment should have an established skillset and the ability to assess differences to perform the assessment.</strong></td>
<td></td>
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<td></td>
<td>Assess current level of performance and monitor progress in implementing the National CLAS Standards.</td>
<td></td>
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<tr>
<td>GOALS</td>
<td>INTERVENTIONS</td>
<td>OUTCOMES</td>
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<tr>
<td>Consider having a Quality Improvement Plan or Quality Improvement Activity around this for Continuous Quality Improvement.</td>
<td>Offer guidance and educational opportunities on engaging the participation of diverse communities on advisory boards and committees for provider organizations. Establish an interested stakeholder group who express a desire to develop and give input into outcomes. Identify other opportunities that Trillium could build upon such as the Down East Council For Hispanic/Latino Affairs (DECHLA) in Craven County; group based in Onslow County called OHLA/HEW-Onslow Hispanic Latino Association/Onslow Health Equity Workgroup. Trillium’s network of providers are encouraged to identify resources utilizing focus groups or interviews with cultural or linguistic minority members to determine how to meet their social determinants of health needs or for cultural engagement and interaction within their communities. Encouraging providers to engage with community partners and incentivizing this through contracts or provider report cards may be an option.</td>
<td>Identify, implement, and sustain the elements of organization’s CLAS plan.</td>
</tr>
<tr>
<td>Creation of Cultural Competency Committee</td>
<td>Multi-year Cultural Competency Plan</td>
<td>Develop internal processes that support the creation and implementation of a multi-year (up to 3 years) cultural competency plan.</td>
</tr>
</tbody>
</table>
SUMMARY / NEXT STEPS

Diverse populations have always had and will continue to have unique behavioral and physical healthcare needs and concerns. Concerns related to mental health, substance use disorder, or intellectual or developmental disabilities affect diverse populations. With the demographic shifts in population, these concerns are becoming more visible. As the nation’s demographics shift, so will the needs of the individuals we serve.

Implementing cultural competency should be viewed as an enhancement to the services currently provided. Providers are encouraged to consider how services can be improved and enhanced to meet the needs of all members. Some areas may require a more critical review and analysis than others. The Cultural Competency Plan should be seen as a roadmap to improved member/provider relationships, increased level of member satisfaction with services, and improved member engagement.

Collaboration with internal and external partners is critical to creating and nurturing a culturally competent behavioral health care system. Trillium will be guided by its executive team, internal staff, and organizational committees as it develops future revisions to the Cultural Competency Plan and subsequent work plans. Providing culturally responsive and respectful care is one of the cornerstones for meeting the needs of all individuals. Individuals and families have specific health beliefs and customs that may affect how they seek and receive services. Providing culturally competent care creates the path for meeting those needs in the most efficient and effective way.

Trillium recognizes that cultural competency is a developmental process that continuously evolves. To facilitate this growth, Trillium will partner with its providers and community stakeholders to build upon this plan and to expand its cultural competency efforts through ongoing assessments and annual reviews to the plan.

RESOURCES

For additional resources please see:

- LME-MCO Joint Communication Bulletin # J351 from December 2019 regarding Payment for Interpreter Services included information and guidance on the American with Disabilities Act. This memo referenced guidelines for procuring interpreting/transliterating services are available to assist healthcare providers in selecting an interpreter who is qualified to interpret in healthcare settings:
  - www.ncdhhs.gov/dsdhh/services/hiring_SLI.htm
  - https://thinkculturalhealth.hhs.gov/education/behavioral-health
In 2002, two guides were developed to assist managed care plans with cultural and linguistically appropriate services: “Providing Oral Linguistic Services: A Guide for Managed Care Plans” and “Planning Culturally and Linguistically Appropriate Services: A Guide for Managed Care Plans.” Both guides can be found at https://www.ahrq.gov/ncepcr/tools/cultural-competence/oralling.html


National Center for Cultural Competence- http://nccc.georgetown.edu/

Think Cultural Health https://www.thinkculturalhealth.hhs.gov

Health Literacy Map http://healthliteracymap.unc.edu/

REFERENCES


https://www.ahrq.gov/ncepcr/tools/cultural-competence/index.html


ATTACHMENT A - REQUIREMENTS

Title VI of the Civil Rights Act of 1964
Title VI declares that no person shall be subject to discrimination on the basis of race, color or national origin under any program or activity that receives federal financial assistance.

Americans with Disabilities Act (ADA)
The landmark Americans with Disabilities Act (ADA) enacted on July 26, 1990, provides comprehensive civil rights protections to individuals with disabilities in the following areas:

(Title III) Public Accommodations
All new construction and modifications must be accessible to individuals with disabilities. For existing facilities, barriers to services must be removed if readily achievable. Public accommodations include facilities such as restaurants, hotels, grocery stores, retail stores, etc., as well as privately owned transportation systems.

(Title IV) Telecommunications
Telecommunications companies offering telephone service to the general public must have telephone relay service to individuals who use telecommunication devices for the deaf (TTYs) or similar devices.

(Title V) Miscellaneous
Includes a provision prohibiting either (a) coercing or threatening or (b) retaliating against the disabled or those attempting to aid people with disabilities in asserting their rights under the ADA.

DHB Contract with Trillium
6.4.2: PIHP shall develop and implement policies and procedures to monitor the adequacy, accessibility, and availability of its Provider Network to meet the needs of all Enrollees, including Enrollees with limited proficiency in English.

6.9 Enrollee Written Materials:
PIHP is subject to and shall comply with the requirements of Section 1557 of the Affordable Care Act, as described in 45 CFR Part 92 et. seq., including but not limited to, use of non-discrimination notices, instructions for obtaining language assistance, and non-English taglines.

6.9.1:
Written information shall be made available by PIHP in Spanish and any other non-English languages prevalent in PIHP’s Catchment Area. Pursuant to 42 CFR § 438.10(c)(1), “prevalent” means a non-English language spoken by a significant number or percentage of potential Enrollees and Enrollees in the State. For purposes of this Contract, a “significant number” is defined as five (5) percent or greater of PIHP’s Enrollees.

j. The non-English languages, if any, spoken by each Network Provider;
u. The accommodations made for non-English speakers, as specified in 42 CFR § 438.10(c)(5);
v. The availability of oral interpretation service for non-English languages and how to access the service;
w. The availability of interpretation of written information in prevalent languages and how to access those services;

6.9.2:
PIHP shall comply with the requirements set forth at 42 CFR § 438.10(d)(6) with respect to all printed materials produced for Enrollee use including, but not limited to, the Enrollee Handbook and new Enrollee welcome packet and shall produce all printed materials in a manner that accommodates the special needs of those Enrollees with intellectual and/or developmental disabilities, who are visually limited and/or who have limited reading proficiency.

6.9.3:
PIHP shall translate all printed materials produced for Enrollee use in the catchment area’s prevalent languages and shall make oral interpretation of printed materials produced for Enrollee use available free of charge to all Enrollees upon request in non-English languages.

6.15 Support Services:
PIHP shall develop and implement strategies for addressing the special needs of the Medicaid population. Strategies should incorporate staff and Network Provider training to increase awareness and sensitivity to the needs of persons who may be disadvantaged by low income, disability and/or illiteracy, or who may be non-English speaking. Staff and Network Provider training shall include topics such as sensitivity to different cultures and beliefs, the use of bilingual interpreters, the use of Relay Video Conference Captioning, Relay NC, TTY machines, and other communication devices for the disabled, overcoming barriers to accessing medical care, understanding the role of substandard housing, poor diet, and lack of telephone or transportation for health care needs.

6.15.2 Interpreter Services:
Interpreter services shall be made available by telephone or in-person to ensure that Enrollees are able to communicate with PIHP. PIHP shall make oral interpretation services available free of charge to each Enrollee in communications between Enrollee and PIHP. This applies to non-English languages as specified in 42 CFR § 438.10 (d)(4). PIHP shall not be obligated to pay for interpreter services at the Provider level; that obligation shall be on each Provider.

7.6.1 Cultural Competency Plan:
PIHP shall maintain a Closed Provider Network that provides culturally competent services. In order to achieve cultural competency, PIHP shall encourage providers to participate in the PIHP Cultural Competency Plan, which shall be developed and approved by a Provider Council.
composed of members of the PIHP Provider Network with representation across all disability groups. Cultural competency shall be achieved within the strictures of State and Federal laws, which require equal opportunity in employment and bar illegal employment discrimination on the grounds of race, gender, religion, sexual orientation, gender identity, national origin or disability.

**Attachments - Access and Availability Standards**

C. Facility Accessibility: Contracted Network Provider facilities must be accommodating for persons with physical or mental disabilities. PIHP shall require reasonable accommodations, in accordance with 42 CFR § 438.206 contained in 42 CFR Parts 430 through 481, edition revised as of October 1, 2015, and consider the ability of Network Providers to communicated with limited English proficient Enrollees in their preferred language and the ability of Network Providers to ensure physical access, reasonable accommodations, culturally competent communications, and accessible equipment for Medicaid Enrollees with physical or mental disabilities.

F. Support Services: Interpreters: Language interpretation services must be made available by telephone and/or in person; enabling Medicaid Enrollees to effectively communicate with PIHP and Providers. TDD (telecommunication devices for the deaf) must also be made available for persons who have impaired hearing or a communication disorder.

DMH Contract 7.0 Access, Screening, Triage and Referral -

The LME/MCO shall host a direct, toll free TTY access line. The LME/MCO shall utilize a Relay Service (Telephone or Video) when telephonic assistance from a Relay Service is requested by a consumer. Foreign language interpretation shall be available at no cost to the caller in compliance with the Limited English Proficiency requirements of Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d.

**Proposed DHB Contract contents:**

6.18.1 PIHP shall develop and implement strategies for addressing the special needs of the Medicaid population. Strategies should incorporate staff and Network Provider training to increase awareness and sensitivity to the needs of persons who may be disadvantaged by low income, disability and/or illiteracy, or who may be non-English speaking. Staff and Network Provider training shall include topics such as sensitivity to different cultures and beliefs, the use of bilingual interpreters, the use of Relay Video Conference Captioning, Relay NC, TTY machines, and other communication devices for the disabled, overcoming barriers to accessing medical care, understanding the role of substandard housing, poor diet, and lack of telephone or transportation for health care need.
### ATTACHMENT B - TRILLIUM MEDICAID RACE CATEGORIES

**Race Categories Reported For All Medicaid Enrollees Under The 1915 b/c Waiver in Catchment Area**

<table>
<thead>
<tr>
<th>County</th>
<th>Number</th>
<th>Percent</th>
<th>White</th>
<th>Black or African American</th>
<th>American Indian and Alaska Native</th>
<th>Asian</th>
<th>Other Racial and Other Pacific Islander</th>
<th>Unknown</th>
<th>Declined</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bascom</td>
<td>5,720</td>
<td>51.84%</td>
<td>2,805</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
<td>2,596</td>
<td>0.00%</td>
<td>5,917</td>
</tr>
<tr>
<td>Beale</td>
<td>887</td>
<td>17.31%</td>
<td>610</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
<td>277</td>
<td>0.00%</td>
<td>1,084</td>
</tr>
<tr>
<td>Blount</td>
<td>15,925</td>
<td>73.77%</td>
<td>2,034</td>
<td>0.00%</td>
<td>1.00%</td>
<td>10</td>
<td>0.00%</td>
<td>2,492</td>
<td>1.00%</td>
<td>21,023</td>
</tr>
<tr>
<td>Cherokee</td>
<td>824</td>
<td>84.25%</td>
<td>19</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
<td>66</td>
<td>0.00%</td>
<td>865</td>
</tr>
<tr>
<td>Clay</td>
<td>1,903</td>
<td>37.75%</td>
<td>767</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
<td>1,136</td>
<td>0.00%</td>
<td>2,069</td>
</tr>
<tr>
<td>Cobb</td>
<td>8,367</td>
<td>52.32%</td>
<td>4,870</td>
<td>42.67%</td>
<td>1,892</td>
<td>326</td>
<td>2.17%</td>
<td>1,599</td>
<td>0.00%</td>
<td>12,923</td>
</tr>
<tr>
<td>Oconee</td>
<td>9,614</td>
<td>54.40%</td>
<td>106</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
<td>887</td>
<td>0.00%</td>
<td>10,621</td>
</tr>
<tr>
<td>Ogleth</td>
<td>2,491</td>
<td>80.40%</td>
<td>209</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
<td>2,282</td>
<td>0.00%</td>
<td>3,070</td>
</tr>
<tr>
<td>Okeechobee</td>
<td>4,295</td>
<td>61.09%</td>
<td>246</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
<td>2,003</td>
<td>0.00%</td>
<td>6,544</td>
</tr>
<tr>
<td>Okaloahoma</td>
<td>1,098</td>
<td>52.99%</td>
<td>872</td>
<td>42.95%</td>
<td>1.00%</td>
<td>1</td>
<td>0.00%</td>
<td>213</td>
<td>1.00%</td>
<td>2,184</td>
</tr>
<tr>
<td>Polk</td>
<td>2,225</td>
<td>18.99%</td>
<td>555</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
<td>1,669</td>
<td>0.00%</td>
<td>3,863</td>
</tr>
<tr>
<td>Polk</td>
<td>1,054</td>
<td>59.71%</td>
<td>301</td>
<td>24.20%</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
<td>453</td>
<td>0.00%</td>
<td>1,808</td>
</tr>
<tr>
<td>Putnam</td>
<td>1,208</td>
<td>53.30%</td>
<td>948</td>
<td>42.66%</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
<td>260</td>
<td>0.00%</td>
<td>2,416</td>
</tr>
<tr>
<td>Rusk</td>
<td>1,885</td>
<td>33.16%</td>
<td>605</td>
<td>60.41%</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
<td>1,885</td>
<td>0.00%</td>
<td>3,555</td>
</tr>
<tr>
<td>Nacoochee</td>
<td>6,604</td>
<td>38.72%</td>
<td>1,077</td>
<td>50.65%</td>
<td>115</td>
<td>0.00%</td>
<td>0.00%</td>
<td>5,412</td>
<td>0.00%</td>
<td>13,137</td>
</tr>
<tr>
<td>New Hanover</td>
<td>10,860</td>
<td>57.96%</td>
<td>11,373</td>
<td>50.17%</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
<td>9,486</td>
<td>0.00%</td>
<td>20,245</td>
</tr>
<tr>
<td>Putnam</td>
<td>1,521</td>
<td>20.50%</td>
<td>470</td>
<td>30.55%</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
<td>1,051</td>
<td>0.00%</td>
<td>2,922</td>
</tr>
<tr>
<td>Okeechobee</td>
<td>21,507</td>
<td>65.05%</td>
<td>9,432</td>
<td>29.19%</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
<td>1,592</td>
<td>0.00%</td>
<td>32,931</td>
</tr>
<tr>
<td>Polk</td>
<td>1,563</td>
<td>66.44%</td>
<td>617</td>
<td>26.88%</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
<td>197</td>
<td>0.00%</td>
<td>3,482</td>
</tr>
<tr>
<td>Putnam</td>
<td>3,746</td>
<td>42.08%</td>
<td>4,554</td>
<td>51.27%</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
<td>1,088</td>
<td>0.00%</td>
<td>7,302</td>
</tr>
<tr>
<td>Rusk</td>
<td>1,754</td>
<td>67.99%</td>
<td>2,877</td>
<td>25.72%</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
<td>1,102</td>
<td>0.00%</td>
<td>5,833</td>
</tr>
<tr>
<td>Pasco</td>
<td>1,431</td>
<td>96.05%</td>
<td>1,053</td>
<td>41.23%</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
<td>378</td>
<td>0.00%</td>
<td>3,186</td>
</tr>
<tr>
<td>Pinellas</td>
<td>11,439</td>
<td>23.60%</td>
<td>22,962</td>
<td>60.68%</td>
<td>0.00%</td>
<td>1</td>
<td>0.00%</td>
<td>2,300</td>
<td>0.00%</td>
<td>35,808</td>
</tr>
<tr>
<td>Sumter</td>
<td>428</td>
<td>50.71%</td>
<td>379</td>
<td>44.91%</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
<td>86</td>
<td>0.00%</td>
<td>893</td>
</tr>
<tr>
<td>Washington</td>
<td>936</td>
<td>27.55%</td>
<td>2,332</td>
<td>66.63%</td>
<td>0.00%</td>
<td>0</td>
<td>0.00%</td>
<td>1,007</td>
<td>0.00%</td>
<td>3,275</td>
</tr>
<tr>
<td>Total</td>
<td>160,410</td>
<td>52.07%</td>
<td>113,801</td>
<td>42.01%</td>
<td>1,242</td>
<td>0.00%</td>
<td>0.00%</td>
<td>2,203</td>
<td>0.00%</td>
<td>267,992</td>
</tr>
</tbody>
</table>

### ATTACHMENT C - TRILLIUM MEDICAID RACE/ETHNICITY CATEGORIES

**Race/Ethnicity Categories Reported For All Medicaid Enrollees Under The 1915 b/c Waiver in Catchment Area**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Number</th>
<th>Percent</th>
<th>Hispanic or Latino</th>
<th>Not Hispanic or Latino</th>
<th>Unknown Ethnicity</th>
<th>Declined Ethnicity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>14,034</td>
<td>82.2%</td>
<td>12,145</td>
<td>51.4%</td>
<td>4,941</td>
<td>35.6%</td>
<td>140410</td>
</tr>
<tr>
<td>Black or African-American</td>
<td>715</td>
<td>4.2%</td>
<td>106,344</td>
<td>45.0%</td>
<td>6,742</td>
<td>48.4%</td>
<td>0</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>67</td>
<td>0.4%</td>
<td>1,098</td>
<td>0.8%</td>
<td>47</td>
<td>0.3%</td>
<td>0</td>
</tr>
<tr>
<td>Asian</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td>10</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander</td>
<td>159</td>
<td>0.9%</td>
<td>2,028</td>
<td>0.9%</td>
<td>141</td>
<td>1.0%</td>
<td>0</td>
</tr>
<tr>
<td>Other Race</td>
<td>1,175</td>
<td>6.9%</td>
<td>1,490</td>
<td>0.8%</td>
<td>1,000</td>
<td>7.2%</td>
<td>3665</td>
</tr>
<tr>
<td>Two or more races</td>
<td>8</td>
<td>0.0%</td>
<td>64</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td>72</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
<td>7</td>
</tr>
<tr>
<td>Declined</td>
<td>905</td>
<td>5.3%</td>
<td>3,638</td>
<td>1.9%</td>
<td>1,044</td>
<td>7.5%</td>
<td>5587</td>
</tr>
<tr>
<td>Total</td>
<td>17,063</td>
<td>100.0%</td>
<td>236,108</td>
<td>100.0%</td>
<td>13,921</td>
<td>100.0%</td>
<td>267992</td>
</tr>
</tbody>
</table>

For information about treatment services and supports near you, referrals or assistance in a behavioral health crisis, call Trillium Health Resources’s Behavioral Health Crisis Line at:

1-877-685-2415

Toll-free • 24 hours a day • 7 days a week

TTY: Contact RC NBR calling PLS GA at 711
in case of a life-threatening emergency, call 911

Administrative and Business Line: 1-866-998-2597
www.TrilliumHealthResources.org