2024 CULTURAL COMPETENCY PROGRAM DESCRIPTION

Cultural Competency Work Group Review April, 2024

Leadership Review May, 2024

Provider Council Review May, 2024



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CULTURAL COMPETENCY PROGRAM DESCRIPTION CALENDAR YEAR 2024

This Program Description highlights Trillium's Cultural Competency activities and establishes guiding principles and expected outcomes. There are three elements of Cultural Competency at Trillium, designed to support an ongoing, quality improvement cycle—

- ▲ The Cultural Competency Program Description—this document, which is the philosophy and guiding principles that inform the other elements
- ▲ The Cultural Competency Plan—a work plan that defines specific actions or activities, measures of success, expected outcomes, and expected deliverable dates
- ▲ The Cultural Competency Evaluation—a recurring evaluation for measuring success, identifying ongoing needs, and informing updates and revisions for future work

All of these are managed collaboratively among the Quality Management Team, the Diversity Equity and Inclusion Team, the Communications Team, the Training Team, and a Cultural Competency Work Group which is comprised of internal leaders and internal stakeholders from a variety of departments.

Through annual evaluation, 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 in a manner that is respectful and appropriate to their cultural and linguistic needs.

Trillium's organizational commitment to inclusion:

We want all our members, member families, staff, providers, and partners to know what we will NOT stand for. Trillium has always believed in encouraging inclusive environments and reducing stigma for those we serve with mental health, substance use, I/DD and TBI conditions. We do not stand for racism, in all its forms. We do not stand for exclusion, whether against people of different abilities or different races. We do not stand for limiting anyone's potential, through restrictive practices or beliefs. Trillium actively engages with our communities to remove barriers to equitable care, especially for historically marginalized and underserved people. We aim to support all diverse populations equitably including diversity of language, class, culture, religion, ethnicity, race, sexual orientation, gender identity, education, and location. We stand together, united and unapologetically, in the true spirit of partnership to collectively transform. We invite you to join us.

TRILLIUM POPULATION SUMMARY

In January, 2024, Trillium Health Resources consolidated with Eastpointe and Sandhills to cover the largest number of counties and the most Medicaid members of the public MCO's in North Carolina. Members have been integrated within the consolidated LME/MCO totaling approximately 211,000 Medicaid recipients.

Trillium's 46 counties include Anson, Beaufort, Bertie, Bladen, Brunswick, Camden, Carteret, Chowan, Columbus, Craven, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Guilford, Halifax, Hertford, Hoke, Hyde, Jones, Lee, Lenoir, Martin, Montgomery, Moore, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Randolph, Richmond, Robeson, Sampson, Scotland, Tyrrell, Warren, Washington, Wayne, Wilson. Trillium's region varies 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 and Greensboro.

The NC Office of State Budget and Management prepares an analysis of the population by race and ethnicity based on 2019 U.S. Census projections. Trillium's catchment area indicates that approximately 72.2% (1,071,273) identified as white, 22.7% (337,260) African American, 7.3% (108,381) as Hispanic/Latino. American Indians, Alaskan Natives and Asian-Pacific Islanders make up a little more than 5%.

The information obtained from the review of eligible Medicaid members and state funded recipients' reported spoken language for calendar year 2024 is in the following chart:

Spoken Language at Home	Number	Percent
English	200469	95.2388%
Other	5428	2.5787%
Spanish	4099	1.9474%
French	30	0.0143%
ASL	2	0.0010%
Chinese	28	0.0133%
Arabic	87	0.0413%
Tagalog	9	0.0043%
Russian	139	0.0660%
Hindi	20	0.0095%
German	4	0.0019%

Spoken Language at Home	Number	Percent
Polish	3	0.0014%
Cambodian	9	0.0043%
Urdu	29	0.0138%
Japanese	2	0.0010%
Portuguese	4	0.0019%
Greek	3	0.0014%
Gujarati	17	0.0081%
Laotian	10	0.0048%
Italian	3	0.0014%
Korean	17	0.0081%
Serbo-Croatian	1	0.0005%
Hmong	3	0.0014%
French Creole	71	0.0337%
Persian	2	0.0010%
Thai	2	0.0010%
Total:	210491	100.00%

GUIDING PRINCIPLES

Trillium's guiding principles are adopted from the National Standards for Culturally and Linguistically Appropriate Services (CLAS), as defined by the U.S. Department of Health and Human Services.

Trillium chose to implement the use of National CLAS standards in 2020. It is our ongoing commitment to promote equity, reduce health disparities, and improve quality of care.

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing the following design for health and health care organizations:

PRINCIPAL STANDARD

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

GOVERNANCE, LEADERSHIP, AND WORKFORCE

- 1. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
- 2. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
- **3.** Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

COMMUNICATION AND LANGUAGE ASSISTANCE

- 1. 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.
- 2. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
- 3. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- **4.** Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY

- **1.** Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
- 2. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
- 3. 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.
- 4. 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.
- 5. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
- **6.** Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
- 7. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

ACCOUNTABILITY AND REPORTING STRUCTURE

The Cultural Competency Work Group provides direct oversight on the Cultural Competency Program, including the Program Description, Cultural Competency Plan, and Cultural Competency Evaluation.

The work group is facilitated by the Director of Diversity, Equity, and Inclusion; and the work group is comprised of representatives from Quality Management, Communications, Care Management, Human Resources, Regional Leadership, Training, Population Health, Health Equity Department, and other internal representatives, as needed.

The Cultural Competency Work Group recommends the implementation of processes, procedures, and reporting to ensure that members, providers, and employees are supported in a way that is respectful and appropriate to their cultural and linguistic needs.

Trillium performs a coordinated assessment of the effectiveness and compliance with the Cultural Competency Program. This evaluation includes assessment of progress towards goals outlined in the Program; some examples may include member outcomes, surveys, and reports (CAHPS & HEDIS), member appeals and/or grievances, and provider and/or stakeholder input.

Trillium makes available the Cultural Competency Program documents to providers, community stakeholders, members, and the public.

ROLES AND RESPONSIBILITIES

Trillium's Cultural Competency Program relies on the successful collaboration of multiple departments within the Cultural Competency Work Group in order to meet the requirements of the Program. Each department leader or representative on the work group is responsible for supporting and implementing various aspects of the Program. This provides a strategic and systematic approach to meeting the diverse cultural and linguistic needs of our members, our providers, our employees, and community stakeholders.

Consistent with national accreditation standards, this Program Description outlines Trillium's objectives for serving a culturally and linguistically diverse membership. Trillium achieves this by focusing on the following four strategic categories for organizing program activities:

- Reduce health care disparities in clinical areas
- Ensure cultural competency in materials, training, and communications
- Support network adequacy to meet the needs of underserved groups
- Improve other areas of need the organization deems appropriate such as workforce

REDUCE HEALTH CARE DISPARITIES IN CLINICAL AREAS

Trillium's focus is to develop, implement, and monitor processes that promote culturally competent and responsive care to members within Trillium operations.

Conduct Population Assessments which include analyzing available race and ethnicity data on members/recipients in order to assess the need to develop culturally competent disease management programs.

- ▲ In alignment with the State's quality objectives, review HEDIS and other performance measures compared to dimensions of diversity to ensure health care disparities are addressed and mitigated.
- ▲ Implement programs and interventions that advance health equity and reduce health disparities.
- A Maintain a Health Equity Council to provide stakeholder representation and engagement. This Council will also examine existing policies that can be amended to improve health equity and reduce health disparity.
- Ensure there is access to best practice translation and interpretation services, understanding the recommendation that the use of untrained individuals and/or minors as interpreters should be avoided.

ENSURE CULTURAL COMPETENCY IN MATERIALS, TRAINING, AND COMMUNICATIONS

All Trillium derived communication materials will be reviewed annually, or more frequently as needed, in accordance with established procedures for adherence to People First Language and Plain Language Guidelines, and ensure that materials are available in members' language of choice.

- A Communicate best practice policy regarding the use of translation and interpretation services, including the recommendation that the use of untrained individuals and/or minors as interpreters should be avoided.
- A Provide communication on the availability of the Cultural Competency Program documents, their review, and associated reporting.
- A Create and distribute educational documents and training materials that are related to cultural competence for the network.
- A Develop and distribute a Member Engagement and Marketing Plan for Historically Marginalized Populations. This plan will be annually reviewed and approved by the Health Equity Council.
- △ Develop comprehensive training and educational plan for Trillium staff, members, and network providers on topics related to cultural and linguistic competence, health beliefs, and traditions specific to Trillium's area, including tribe-specific (Federal and State recognized tribes) within North Carolina.
- Annually provide training to staff regarding Trillium's Tribal Engagement Strategy. This training must be reviewed and approved by the Eastern Band of Cherokee Indians.
- △ Offer cultural competency training for all staff, provider agencies, and delegated subcontractors.

SUPPORT NETWORK ADEQUACY TO MEET THE NEEDS OF UNDERSERVED GROUPS

Trillium's focus is to develop, support, and monitor our network to promote culturally competent and responsive care to members within Trillium's network of providers.

- Ensure access to culturally competent and linguistically appropriate programs and services, including Federal and State-recognized tribes within our region.
- Analyze network adequacy to ensure members have access to available services.
- △ Utilize network adequacy analyses to develop mitigation plans to ameliorate potential network gaps or access to care issues.
- Implement best practice policy for our network regarding the use of translation and interpretation services recognizing the recommendation that the use of untrained individuals and/or minors as interpreters should be avoided.

IMPROVE OTHER AREAS OF NEED THE ORGANIZATION DEEMS APPROPRIATE SUCH AS WORKFORCE

Trillium is committed to sustaining a diverse community and a work environment that is welcoming, respectful, and encouraging to all. We foster a culture of inclusion that celebrates and cultivates diversity along multiple dimensions of diversity including race, ethnicity, sex, gender identity and expression, sexual orientation, age, national origin, socioeconomic status, religion, ability, culture, and experience.

- Ensure inclusive practices are utilized in recruitment, interviewing, selection, hiring, training, and development of Trillium Staff. Trillium will make a good faith effort to recruit, develop, and retain an inclusive and equitable workplace.
- The Health Equity Council at Trillium will also identify areas for improving diversity of staff, especially those in leadership positions service Medicaid members.
- Annually review and report dimensions of diversity across levels of leadership at the organization.
- A Provide ongoing leadership development opportunities, including Employee Resource Groups and mentorship opportunities.
- Conduct regular employee surveys and compare results to baselines captured in February, 2021. A recent DEI Survey was conducted in February, 2023

REPORTING AND EVALUATION

Trillium's Cultural Competency Work Group continues to approve, evaluate, and respond to needs as identified as part of the Cultural Competency Program.

The results from the coordinated assessment will continue to be shared and used to inform enhancements and improvements to our Cultural Competency Program Description and/or Cultural Competency Plan.

Upon completion and approval by the Cultural Competency Work Group, the Program Description, Plan, and Evaluation are made available to our members and the network on our website. It is also available for review by various regulatory and accreditation agencies.

The Cultural Competency Work Group will facilitate the progress of our Cultural Competency Program and ensure it meets the needs of our members. Trillium intends to collaborate with its members, recipients, network practitioners/providers, and community stakeholders to continue to develop this framework and expand cultural competency efforts as necessary and beneficial, through on-going assessments and modifications to the Program.