

CULTURALLY COMPETENT SERVICES

**Purpose:** This procedure ensures that children, youth, and families receiving behavioral health services from the Northwest Educational Service District 189 (NWESD 189) have access to age and culturally competent services and to ensure that reasonable accommodations are made for known disabilities.

**Reasonable Accommodations:** The NWESD 189 will:

- 1) identify and reduce barriers to eligible children, youth and families getting services where and when they need them;
- 2) comply with the *Americans with Disabilities Act (ADA)* and state *Law Against Discrimination, RCW 49.60*;
- 3) assure that services are timely, appropriate and sensitive to the age, culture, language, gender, and physical condition of children, youth and families;
- 4) provide access to telecommunication devices or services and certified interpreters for eligible deaf, sight or hearing impaired and/or limited English proficient children, youth or families in order to utilize behavioral health treatment;
- 5) make referral to qualified provider(s) when access to telecommunication devices or services and certified interpreters is not available within the NWESD 189;
- 6) bring services to eligible children, youth and families or locate services at sites where transportation is available to eligible children, youth and families; and,
- 7) ensure compliance with all state and federal nondiscrimination laws, rules, and plans.

**Family-Driven, Youth-Guided Care:** At the verbal or written request of the individual, the NWESD 189 will, if applicable:

- 1) include the individual's family members, significant others, and other relevant treatment providers in the services provided by the agency; and,
- 2) document such request in the individual's clinical record.

**Choice or Change of Primary Mental Health Care Provider:** At the beginning of services, as well as during ongoing services, NWESD 189 shall allow children, youth, and families of individuals under the age of thirteen (13) and guardians of individuals of all ages to select a primary clinician from the available NWESD 189 Mental Health Professionals (MHPs). If the individual does not make a choice, the NWESD 189 will assign a primary clinician no later than fifteen (15) working days following the request for mental health services or within the timeframes specified below for changes in clinician.

The individual may change primary clinicians in the first ninety (90) days of enrollment and once during a twelve (12) month period for any reason. Any additional change of a primary clinician during a twelve (12) month period may be made with documented justification at the individual's request by:

- 1) notifying the NWESD 189 of his/her request for a change; and,
- 2) identifying the reason for the desired change.

An individual whose request to change primary clinicians is denied or whose request for a specific primary clinician is not honored may pursue a complaint or grievance with the NWESD 189, or request an administrative hearing. Individuals may contact Ombuds services for assistance with the complaint or grievance process.

Should a change in primary clinician result from a NWESD 189 or clinician decision (e.g., clinician resignation, leave of absence or reassignment), the NWESD 189 shall ensure that the individual and/or treatment team (which may include family members, other natural supports, and/or other system staff) are informed of the change.

#### When a Child, Youth, or Family Requests a Change in Primary Clinician

- 1) When a child, youth, or family requests to change primary clinician, she/he is asked to communicate this desire to the primary clinician or the primary clinician's supervisor. Individuals may request a specific clinician during this process.
- 2) The individual will be notified within ten (10) days of the name of the new primary clinician or why a new primary clinician or requested clinician is not being assigned.
- 3) The current primary clinician's supervisor or designee will arrange for the first appointment with the new primary clinician.
- 4) If the individual's change in primary clinician is due to a complaint or grievance, this will be noted in the NWESD 189's complaint and grievance system.
- 5) When changes occur in the primary clinician of children and youth who are Medicaid-eligible, the change will be entered into the Management Information System (MIS) within ten (10) days of the change.

#### When a Primary Clinician Resigns or is on a Leave of Absence

- 1) If a primary clinician resigns or is on a leave of absence, the primary clinician, supervisor or designee will ensure that the individual is aware of the new primary clinician before that clinician's departure. In the event that the new primary clinician is not known, the supervisor or

designee will serve in the primary clinician role until a replacement is found. Individuals may request a specific clinician during this process.

- 2) If a primary clinician will be on an extended leave from the office (greater than ten [10] business days), that clinician will notify individuals assessed at Level 3 or above (in accordance with [NSMHA Policy #1565 Children and Adolescent Level of Care Utilization System and Level of Care Utilization System](#) and all members of their treatment teams. If that clinician is the only member from the NWESD 189 serving the individual, he/she will also offer a meeting to all other team members. If an individual has another agency staff on his/her treatment team, a meeting offer is not required.
- 3) During the primary clinician's absence any member of the treatment team can ask for a team meeting if he/she feels it is necessary.
- 4) When changes occur in the primary clinician of children and youth who are Medicaid-eligible, the change in primary clinician will be entered into the Management Information System (MIS) within ten (10) days of the change.

#### When the NWESD 189 Decides to Reassign a Primary Clinician

- 1) If a change in primary clinician is not the result of an individual's choice, the individual will be notified who the new primary clinician will be within ten (10) days by the primary clinician, supervisor, or other designated individual. Individuals may request a specific clinician during this process.
- 2) The current primary clinician, supervisor, or designee will arrange for the first appointment with the new primary clinician.
- 3) In the event that the new primary clinician is not known, the supervisor or designee will serve in the primary clinician role until a replacement is found.
- 4) When changes occur in the primary clinician of children and youth who are Medicaid-eligible, the change in in primary clinician will be entered into the MIS within ten (10) days of the change.

#### **Culturally and Linguistically Competent Care**

**Definitions:** The NWESD 189 Department of Behavioral Health and Prevention Services relies on the following definitions apply:

Culture. The complex patterns of human behavior that include language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious and/or social groups.

Competence. 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 Identity. The extent to which one relates self to race, ethnicity, language, age, gender, sexual orientation, physical ability, region or country of origin, degree of acculturation, socioeconomic status, religious beliefs, and the makeup of one's family.

Cultural and Linguistic Competence. A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enable effective work in cross-cultural situations. Operationally defined, cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes.

NWESD 189 will periodically assess the bilingual and bicultural capabilities of its service delivery system. A thorough analysis of all child, youth, and family-related data will be performed to ascertain the level of need for bilingual/bicultural staff. These analyses will include, but not be limited to:

- 1) child/youth/family demographic data;
- 2) minority child/youth/family penetration rates; and,
- 3) child/youth/family grievances, appeals and fair hearings.

Publications routinely circulated among minority communities will be included in advertising for NWESD 189 vacancies. Additionally, culturally sensitive groups, organizations, and academic institutions may be contacted to maximize recruitment potential.

The NWESD 189 shall maintain a listing of its employees or others in the community who are certified interpreters in other languages, including American Sign Language, to help ensure interpreter service availability. These lists shall be updated and submitted annually to North Sound Mental Health Administration (NSMHA) so that a master regional list can be established and maintained.

NWESD 189 will utilize the aggregate related data to periodically assess its performance and effectiveness in developing, implementing, and maintaining cultural and linguistic competence.

**Joint Decision Making:** These procedures apply to behavioral health staff working with children under the legal age of consent for the specific services they are receiving:

- 1) Department of Behavioral Health and Prevention Services staff will collect information on the marital status of the parents/guardians of children and youth receiving services.

- 2) If joint decision-making for behavioral health services are indicated, Behavioral Health Program staff will obtain consent from all parties included in joint decision-making prior to provision of any behavioral health services, unless one (1) or more of the following conditions exist:
  - A) after reasonable and documented attempts, one (1) of the parties with joint decision-making cannot be located;
  - B) one (1) of the parties with joint decision-making fails to respond to documented requests for communication; and/or,
  - C) one (1) of the parties with joint decision-making waives his/her rights to participate in decisions related to the particular treatment episode.
- 3) Subsequent treatment episodes will be treated as new episodes for the purpose of these procedures.
- 4) These procedures are not intended to prevent services to children and families in crisis.
- 5) These procedures are not intended to prevent the scheduling of assessments and other behavioral health services, although assessments or services should not be initiated until consent from all parties are received or one (1) of the conditions presented above in 2A, 2B, or 2C exists.

Presented to the Board: 01/28/15

Reference:

[WAC 388-877-0420](#)

[WAC 388-877A-0100\(6\)](#)

Cross Reference:

[NSMHA Policy # 1511.00](#)

[NSMHA Policy # 1515.00](#)

[NSMHA Policy # 1520.00](#)

[NSMHA Policy # 1565.00](#)