



Scioto Paint Valley Mental Health Center Cultural Competency Plan

This plan encompasses each of these service areas, as well as the organization as a whole. The plan outlines the Center's Cultural Competency in the following areas: Non-discrimination, Workforce members Diversity, Accessibility to Services, Training, Culturally Competent Services, Community Outreach, and Evaluation.

The Corporate Compliance Officer administers the plan. Each director, manager, and supervisor is responsible for supporting this plan through leadership, example, and culturally sensitive decision-making. In addition, every workforce member is responsible for creating a job environment that is conducive to honoring cultural diversity and providing services that are effective across cultural groups.

The Leadership Team provides primary leadership for developing and implementing the plan. The Corporate Compliance Officer, a paid position reporting to the Executive Director, coordinates cultural competency initiatives. The Leadership Team meets as scheduled reviews the Cultural Competency Plan on an annual basis.

Mission

The mission statement of the Center is as follows:

The mission of the Center is to provide leadership and services in a community-wide effort to foster positive, optimal mental health and to assist the community to find ways to prevent, reduce and minimize the residual effects of mental health problems.

The mission of the Cultural Competency Plan and the implementation of this plan is to:

Continuously improve the cultural competence of SPVMHC, its workforce members and its services to clients of all racial, ethnic and social backgrounds, including but not limited to gender, sexual orientation, age, spiritual/religious beliefs, and/or physical/mental disability.

Goal

The goal of the Center's Cultural Competency Plan and process is to promote the willingness and ability of all workforce members to value the importance and influence of cultural influence and diversity in organizational practices. The process of the Center's Cultural Competency Plan focuses on the delivery of services to the population in the agency's service area that:

- Includes all segments of the client population: individual, family and community; and
- Are available, accessible, affordable, acceptable and appropriate.

Objective and Scope

The objective of the Center’s Cultural Competency Plan is not intended to be an isolated guideline for workforce members. We believe that cultural competency and diversity must be manifested in each area of the organizational process, service delivery, client advocacy, and in business practices and staff recruitment. Promoting competency and valuing cultural differences is an ongoing process of education and awareness.

The dominant culture in the agency’s service area has its roots in rural Appalachia. The percentage of other ethnic groups in the service area is very small. However, the Center endeavors to:

- Identify populations served outside the dominant culture;
- Educate workforce members on cultural competence and diversity with regard to serving any identified population outside the dominant culture; and
- Seek feedback from clients of any identified population outside the dominant culture regarding their perceptions of the degree of respect and understanding demonstrated for their cultural differences, needs, and preferences.

I. Non-Discrimination

The Center is committed to equal opportunity, equal treatment, and non-discrimination in all aspects of employment and other activities regardless of race, color, creed, sex, age, religion, national origin, sexual orientation, lifestyle, HIV infection, physical or mental handicap, developmental disability, or membership in any other class protected by local, state, or federal law. The Center has established Policy and Procedures that outline the Center’s Equal Employment Opportunity Policy (04-02) and the Clients’ Rights Policy (05-01) that outlines the Center’s non-discrimination policy for services.

II. SPVMHC Workforce Members Diversity

The following table shows the racial/ethnic distribution of the Center’s workforce, clients, and the general population. It’s important to note that there are often different methods for grouping according to race/ ethnicity (e.g., including Latino, “other”, or “two or more”). The 2010 Census best represents the commercial client population and the pool from which the Center draws its workforce.

Population	African-American	Asian	Hispanic	Native-American	Caucasian	Other
Agency Staff						
FY 15	2.7%	0.0%	0.0%	0.00%	96.0%	1.30%
FY 14	3.3%	0.5%	0.0%	0.50%	94.5%	1.09%
FY 13	4.0%	0.0%	0.0%	1.14%	93.7%	1.14%
FY 10	5.0%	0.0%	0.0%	1.60%	92.0%	1.20%
2010 Census:						
Service Area	3.47%	0.35%	1.00%	0.28%	93.0%	1.90%

Population	African-American	Asian	Hispanic	Native-American	Caucasian	Other
Agency Clients						
FY 15	6.60%	0.25	*0.40%	1.00%	88.00%	3.75%
FY 14	2.97%	0.33%	0.40%	0.28%	93.80%	2.60%
FY 13	2.99%	0.06%	0.27%	0.39%	90.91%	1.30%
FY 12	3.27%	0.04%	0.59%	0.40%	94.30%	1.42%
FY 10	3.15%	0.00%	0.00%	0.33%	87.57%	8.91%

The Hispanic Population Figure was estimated based on FY 14 information

The diversity of the Center's workforce mirrors that of the service area population.

The Center's Board of Directors includes one African-American member representative. The majority members of the Board of Directors are aware of culturally sensitive issues pertaining to SPMI clients. Since members of the Board of Directors reside in the service area, they are aware of the unique cultural characteristics of the population from which the Center draws its consumers.

III. Access to Services

Culturally competent access to services can be described along several dimensions: physical access, language access, and cultural access. Each of these is addressed below.

Physical access: Each site has been assessed for compliance with American Disabilities Act (ADA) requirements (see Accessibility Plan). All of the Center's outpatient facilities are easily accessible by public transportation. The Crisis Center and 211 Service tracks and distributes information about public transportation. Clinic Directors review their sites twice a year to ensure compliance with ADA requirements.

Language access. The Center has developed a list of resources for identifying language capabilities. The Center has entered into an agreement with Tele-Interpreters to provide language tele-interpreters for 150+ languages. The Center also has a procedure that outlines the process for obtaining sign language interpreter services for hearing impaired clients (05-05-04). The Center has Spanish speaking interpreters on contract when such services are necessary for Spanish speaking clients.

Cultural Access. To enhance access, the Center strives to maintain culturally inviting facilities. All facilities have culturally relevant entry and waiting areas.

IV. Training

The Center includes annual Cultural Competency training opportunities throughout each fiscal year via the online learning program. Workforce members also have opportunities to attend external trainings that would address Cultural Competency.

The Center includes Cultural Competency training as part of a workforce member's Annual Staff Development Training Plan. In FY 15, staff members, interns and volunteers were required to complete courses pertaining to cultural diversity in our service population.

In addition to online and internal training opportunities, workforce members can elect to attend external trainings that focus on cultural competency.

V. Culturally Competent and/or Specific Programs/Services

The Center will assess the need to develop culturally specific services to address any identified needs of cultural groups within the service area. The SPVMHC served population has seen an increase in both the African-American and Native-American client population. The Center also saw an increase in the “Other” category which is comprised of clients that have 2 or more indicated races. There was a decrease in the Asian and Caucasian client populations.

Population	African-American	Asian	Hispanic	Native-American	Caucasian	Other
2000 Census:						
Fayette	2.1%	0.9%	1.2%	0.2%	95.0%	0.6%
Highland	1.5%	1.0%	0.5%	0.2%	96.6%	0.2%
Pickaway	6.4%	1.0%	0.6%	0.3%	91.5%	0.2%
Pike	0.9%	1.9%	0.6%	0.7%	95.8%	0.1%
Ross	6.2%	1.4%	0.6%	0.3%	91.3%	0.2%
2010 Census:						
Fayette	2.0%	0.50%	1.70%	0.23%	94.0%	1.70%
Highland	1.4%	0.23%	0.73%	0.25%	96.4%	1.00%
Pickaway	3.3%	0.30%	1.00%	0.20%	94.5%	1.50%
Pike	0.9%	0.20%	0.70%	0.50%	96.6%	1.80%
Ross	6.2%	0.38%	0.95%	0.29%	90.5%	2.00%
Bold numbers indicate an increase from 2000 Census						

In terms of general cultural competence, the Center’s diagnostic assessments in mental health and substance abuse programs include a cultural component to ensure that culture is reviewed prior to diagnosis or formulation of the Individualized Service Plan.

VI. Community Outreach

The Center assesses the community needs for culturally specific outreach activities. In addition, the Center continues services in general community settings that are utilized by cultural minorities (e.g., schools, YMCAs, Metropolitan Housing Authorities, African-American Heritage Festival, etc.).

VII. Evaluation

The Leadership Team reviews the implementation of the Cultural Competency Plan on an annual basis.