

Northern Lakes Community Mental Health Authority

Cultural Diversity Plan 2018

In developing a cultural diversity plan for Northern Lakes Community Mental Health Authority (NLCMHA), it is important to examine definitions that are provided by our trainings so that a consistent message is provided to staff, consumers and the families that we serve. “In defining culture it is the way of life, knowledge, beliefs and values of an ethnic, religious group, nationality group, or social group. Culture guides the group’s thoughts; decisions, actions and that are learned and passed down from generation to another. Diversity refers to the human qualities that are different from our own that are present in individuals or groups. These differences may include age, ethnicity, physical abilities, race and sexual orientation. A secondary category may include educational background, geographic location, income, marital status, military experience, parental status, religious beliefs and work experiences,” from Essential Learning. In behavioral health care, it is critical to understand the impact that cultural background may have on a consumer. This cultural background impacts behaviors, language, health beliefs, interactions with authority, family roles, belief system, displays of emotion and language. Cultural diversity examines the attitudes, values and beliefs that are imbedded in the decision- making for the people we serve.

Employment Policies

As a manager and provider, it is important that we also demonstrate and practice consistency with the awareness of the diversity of the people with whom we interact. This is reflected in Board Governance Policy (Treatment of Employed Workforce Members), NLCMHA Affiliation Policy (e.g., Accessibility and Accommodations, Community Input and Participation, Limited English Proficiency, etc.), and NLCMHA Administrative Policy. This includes the NLCMHA Equal Employment Opportunity and Non- Discrimination policy (108.105) that continues to endorse and support a policy of non-discrimination against any individual with respect to employment, compensation or a term, condition, or privilege of employment because of race, color, religion, sex, age, national origin, height, weight, marital status, veteran status or disability in accordance with all applicable Federal, State and local laws and ordinances.

Recruitment of Personnel

Policy 108.208 requires the promotion of recruitment and retention of personnel who reflect the cultural/ethnic diversity of the community/population served. Advertisements will show NLCMHA as an Equal Opportunity Employer. Recruitment has historically been completed primarily through various employment web sites; i.e., Indeed.com and also some newspaper employment classified advertisements based in both rural and urban locations.

Retention of Personnel

We will continue to use a variety of methods to expand the desired workforce. Because of the limited cultural diversity, we have not yet implemented any ongoing special programs; although this will be completed if deemed necessary. We have and will continue to encourage and promote staff development programs and education related to diversity.

Welcoming Leadership Representation

Board members are appointed by the respective six (6) county boards of commissioners based on a per capita formula to ensure geographic representation. The Michigan Mental Health Code requires a percentage of primary and secondary consumers serve as board members; a requirement supported and met by the NLCMHA board. Our board assists the counties in identifying potential board member candidates that meet the needs of the organization including having a membership that promotes necessary skill and representation. Leadership positions are filled based on merit, competence and qualifications unique to the position. Culturally diverse candidates are encouraged to seek leadership positions and will be selected consistent with the above practice.

Learning Opportunities

As part of new staff orientation and the annual training requirement through Relias Learning, each staff completes a yearly learning module on cultural diversity. The training modules are monitored by the Human Resources/Training Department and supervisors review this with their staff at annual employee evaluations. We also provide hands-on training to group home staff and contract providers with three classes provided quarterly on cultural diversity in the class entitled, “Working with People 1 and 2” which focuses on the Culture of Gentleness and also “Introduction to Your Role,” which examines stereotypes, stigma and LBGTQ issues. These classes provide several learning opportunities for role play, group discussion, videos, power point and educational manuals. In these classes, several videos are used for “Gentle Teaching Culture” and also combating stigma with the video, “Look Closer: See Me for Who I Am.” The video, “Look Closer: See Me for Who I Am,” which includes a number of interviews of consumers in our six-county area speaking about their recovery, is also used in presentations to

community, university intern orientations, nurse intern orientations and new employees. We provided an all-day training on June 13, 2017, entitled: “What You Need to Know in Providing Mental Health Care to Deaf, Hard of Hearing and Deaf/Blind Community.” NLCMHA is a sponsor for continuous learning program in June 2018 with State presenters on this topic to provide additional education and assistance to staff and contract providers working with these specialized needs.

We also introduced the “Under the Jacket” program to staff, Board members and the Consumer Advisory Council in 2017. This program is an agency effort to create a culture of mutual respect and value for all. This program provided learning opportunities for staff, peer support specialists, Board members to examine language, acceptance, inclusiveness and seeing the “Whole Person,” not the label. The “Under the Jacket” program will be continued in 2018 with quarterly programs focusing on same themes and posters that will be placed in each office. The “Under the Jacket” program was presented at the State of Michigan conference dealing with stigma, which included peer support specialists, staff, and administrators from throughout State of Michigan. Each year, we have provided a Recovery Celebration in September as a recognition program for consumers, providers and staff that have helped promote recovery. Many consumers are recognized for their own strides in recovery and also their leadership and advocacy in the community.

Our newest program, developed in January 2018, which breaks down stigma is called, “Photo Voice.” Through a series of ten classes, consumers discussed prejudice and discrimination they might have witnessed, or experienced in the community. In the class, consumers brought in photographs, graphics designed on the computer, statements, and poetry to depict stigma and discrimination. In using the acronym SHOWED, consumers developed graphic pictures and photographs examining the following: What do you **See** here? What’s really **Happening** here? How does this relate to **Our** lives? **Why** does this problem/condition/strength exist? How could this image **Educate** the community, policy makers etc.? What can we **Do** about it (the problem, condition, or strength)? With the posters depicting these images, consumers also presented about what was their message to the community.

A new program introduced in 2017 called myStrength has provided consumers, staff, Board members and the community with evidence-based, self-help resources and interactive E-learning modules focusing on health and wellness information. Since launching this program last year, we currently have over 500 myStrength accounts. The guided programs focus on managing depression, controlling anxiety, drug and alcohol recovery, managing chronic pain, and reducing stress. New programs recently added to this health application include sleep management, anger management and resources for the LBGQT population. We have set up private kiosks in each of the four offices as well as two clubhouses and a specialized residential home for our consumers and their families to use for privacy and convenience. Clinical staff has been trained in this computer health application to assist consumers in setting up their own personalized program. The myStrength program is introduced to new employees at first day of orientation.

Another population with which we are working and plan to increase competency is sexual minority youth and adult (lesbian, gay, bisexual, transgender, and questioning or queer - LGBTQ). We have found that the youth experience significant stigma and there are few supportive resources for them and their families. One of our partners, Third Level Crisis Intervention Center, has long served this population with a variety of services, including a support group, an internet chat room, education in schools to help them become more accepting and accessible to these youth, and creating safe places for these youth to disclose their sexual minority status. When such a child or youth has Serious Emotional Disorder (SED), a respectful and holistic approach to planning and providing services requires recognizing the strengths and challenges presented by a minority sexual orientation. We have several transgender individuals attending co-occurring groups, integrated health services, and therapy and all have expressed that our services are inclusive. In the co-occurring groups, consumers are not specifically identified as LGBTQ, but have felt very welcomed in group sessions. These groups of ten to fifteen individuals discuss Seeking Safety, which is an evidence based intervention for people with PTSD and co-occurring disorders, cognitive behavioral therapy and motivational interviewing. We are offering scholarships for several consumers to attend our 21st annual conference called "Pleasure Unwoven: Shifting the Culture on Complex Care and Addictions." The conference with speaker, Dr. Kevin McCauley, will examine how the brain processes addictions, understanding cross-addictions, opioid and heroin epidemics and how to create a culture of safety to combat overdose deaths.

We have recently acquired a grant serving children through twenty years of age for all six counties which provides a Family Assessment and Safety Team (FAST) crisis response twenty-four hours a day, seven days a week. This team provides assistance to the families that may be experiencing a mental health crisis up to thirty days post-crisis. Teams of two will go out into the community and respond to children and families that are in crisis at the place the crisis is occurring. Being able to respond immediately when the crisis is occurring and where the family is having the crisis, the program will eliminate unnecessary visits to the hospital emergency room which can further traumatize the child.

Poverty Initiatives

Looking at the recent needs assessment completed by the Health Department District 10 which represents Crawford, Missaukee and Wexford Counties and also information received from Grand Traverse and Leelanau Counties, we are predominately a white population base at 96.7% with a small population base of black at .5%-.9% and Hispanic population base of 1.9%-2.7%. Because we are predominately in a rural area, we should increase initiatives focusing on poverty and housing conditions since many counties we represent and in the surrounding area have a lower per capita income below poverty level. These high numbers of people living in poverty and elevated jobless rates are examples of some of the factors that negatively impact communities. We have also indicated as evidence the 2009 Grand Traverse County Housing

Needs Assessment which directly attributes the health and safety of many people we serve through NLCMHA to lack of affordable, safe housing.

With the development of the NLCMHA Integrated Healthcare Clinic, we have been able to address the needs of many consumers that are living below poverty to help them focus on their healthcare. In serving the whole person, we recognize that a person's overall wellness includes both physical health and mental health. With limited incomes for many people we serve, the Integrated Health Clinic offers "one-stop shopping" for healthcare. These services include: coordination of medications and other appointments; family members can also attend and have an appointment with nurse practitioner; there is a teamwork approach with registered nurse and care managers on prevention and coordination of services needed; there are opportunities for one-on-one education and/or in a group to learn about managing illness; there are specialty assessments available on-site including nutrition, foot care, blood pressure, medication monitoring, as well as cholesterol, triglycerides, blood sugar, substance use screening and treatment. The Integrated Health Clinic offers classes on smoking cessation, coloring classes to reduce stress, yoga, and Whole Health Action Management (WHAM).

In each of our office locations, or at the Clubhouses in Traverse City and Cadillac or Drop-in Center in Houghton Lake, we offer a program called "Community Connects." These programs offer opportunities to discuss health and safety in the home, food safety, budgeting, designing home improvements on a budget, and connections with resources in the community. Through collaboration with the Michigan State Extension program, nutritionists have been scheduled for a series of six, two-hour cooking classes with the NLCMHA Integrated Health Clinic, Traverse House Clubhouse and Club Cadillac. Because many of the people attending these classes have limited incomes and medical concerns, such as diabetes, the classes have provided nutritious meals, healthy snacks, tips for eating out, and skill-building on how to shop on a limited budget for grocery items for preparation at home.

Finally, our region devotes considerable energy and resources (primarily volunteer, in-kind) to the understanding of the culture of poverty and to the reduction of poverty. We have staff represented at the housing Continuum of Care committees, which support the development of low income housing in our six-county area. We have several consumers serving on the Consumer Advisory Council who have also participated in eviction diversion programs through the counties to provide resources to many that face housing challenges. We also participate in the Super Saturday events held at the local school districts which provide assistance in free tax preparation, housing, budget, winterization and connections to community resources. We have participated in the poverty simulations held at the Northwestern Michigan College which teach community members about the experiences of living with poverty as it impacts family, school, judicial system, transportation, food, housing and daily living for families. The culture of poverty is a relevant issue for our System Of Care. Of children and youth being served by NLCMHA, 82% come from households making less than \$20,000 a year, and 61% come from households with less than \$10,000 a year. The counties served have a strong faith-based presence and in

most Community Collaboratives, there is a faith-based membership. We have participated in many programs held at local churches in our six-county area that provide free school supplies, haircuts, eye examinations, food, clothing and mental health resources. Within all six counties, faith based activities provide significant services and supports to many persons served by NLCMHA.

As mentioned previously, ours is a predominately a white population; we recognize the need to further develop partnerships with our Native American and Hispanic communities and for the System Of Care to increase its cultural and linguistic competence. One thing we learned from our discussions is that we share the desire to ensure better outcomes and that we can make this happen together. The distribution of the Native American and Hispanic populations is uneven across the six counties. Over 75% of the Native Americans reside in two counties, one of which includes the federal reservation of the Grand Traverse Band of Ottawa and Chippewa Indians. Here, Native Americans make up 3.7% of the county population. Similarly, over 68% of the Hispanics reside in these two counties, making up 3.6% and 1.8% of those two counties' populations. We have been involved in conference planning with the Grand Traverse Band of Ottawa and Chippewa Indians. Several members of the behavioral health team have attended the co-occurring conferences we have sponsored for the past twenty one years.

In recent years, a number of Ukrainian immigrants have settled within the boundaries of two elementary schools. Although a very small proportion of the six-county populations, these newly arrived families do have mental health needs and our system of care in that county must be responsive to their cultural and to their linguistic needs, including translators and English as a Second Language.

It should also be mentioned that while our counties do not have a large percentage of non-English speaking people that there are people in which English is not their primary language (including some with no English speaking ability). It is stated in our Guide to Behavioral Health Services, published by the Northern Michigan Regional Entity, that: "If you are a person who does not speak English as your primary language and/or has a limited ability to read, speak or understand English, you may be eligible to receive language assistance. If you are a person who is deaf or hard of hearing, you can use the Michigan Relay Center (MRC) to reach the CMH or PIHP. Please call 7-1-1 and ask MRC to connect you to the number you are trying to reach. This service is available all the time. If you prefer to use a TTY, please contact your Customer Services staff at 1-800-337-8598." In the circumstances for families or consumers that have a TDD-TTY system in their homes, one can automatically connect with NLCMHA services using the Michigan Relay Center via 711. We also contract with interpreters, both individual and organizational, to ensure necessary support to access and participation in services. This capacity is communicated in the Accessibility and Accommodation Policy. The Customer Services brochure (which is available electronically on our website and in printed copy) includes the statement that Customer Services "are available to answer questions, providing information, assisting with accommodation needs, including arranging for free oral interpretive services for

the hearing impaired or persons with Limited English Proficiency.” Sign Language interpreters are available at no cost to you. If you do not speak English, contact the Customer Services Office at (231) 876-3247 (Crawford, Missaukee, Roscommon, Wexford) or (231) 933-4907 (Grand Traverse, Leelanau) or toll free (800) 337-8598 so that arrangements can be made for an interpreter for you.