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CULTURAL COMPETENCY ASSESSMENT SCALE

WITH INSTRUCTIONS

OUTPATIENT SERVICE DELIVERY AGENCY LEVEL

JUNE 2004

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I. PREFACE

The scale is applicable to an agency delivering behavioral health care in an outpatient treatment environment. Implementation of Cultural Competency (CC) by the ~~agency~~MHSOAC is expected to promote CC in all its ~~staff~~staff and Commissioners members and to create a milieu that acts to improve access and retention in treatment of persons from diverse cultural groups. An agency may be independent or, in this day of mergers and consolidations, closely tied to a Parent Organization (PO), which may in fact be responsible for many of the queried activities. In such cases, the scale is measuring the activities at both levels of the organization and assumes there are in place effective channels of communication so that each agency has access to the same information and has the same opportunity for the cultures in its service population to be represented in any committees and reflected across ~~staff~~staff and Commissioners types at the ~~agency~~MHSOAC.

The scale is pro-active in the sense that it is intended to suggest ways in which an ~~agency~~MHSOAC can become culturally competent. It can be used as an organizational self-assessment scale. CC is linked to evidence-based practices (EBP) under the premise that the level of CC of an ~~agency~~MHSOAC impacts its ability to appropriately adapt and implement an EBP. Organizations that have made accommodations to meet the needs of the cultural groups within its target and user community may find it easier to understand which facets of an EBP need special attention when it is implemented. The effectiveness of an EBP should also be measured with respect to culture-specific outcomes.

II. BASIC DEFINITIONS

Cultural Competence (CC)

The attribute of a behavioral health care organization that describes the set of congruent behaviors, attitudes, skills, policies and procedures that enable its caregivers to work effectively and efficiently in cross/multi-cultural situations at all of its organizational levels.

Cultural group

A subgroup that is from the major racial ethnic groups of African American, Hispanic, Asian American/Pacific Islander, American Indian/Alaskan Native or from a recent immigrant or refugee population. Subgroups can be identified by distinct languages (e.g., Mandarin-speaking Chinese among Asian Americans), or locales of origin (e.g., Dominicans among Hispanics);

OR

A subgroup that is identified by the ~~agency~~MHSOAC as requiring special attention since features of its "culture" limit the ability of its members to appropriately access or participate in mainstream service delivery systems. Such subgroups might include, but are not limited to, gay and lesbian communities, people with hearing impairments, rural and "mountain folk," migratory workers, etc.

Target community

The population the ~~agency~~MHSOAC designates as its intention to serve. This can cover a population area (such as a geographically or politically defined service area) or a specifically targeted population (such as persons needing a specific type of intervention, persons in a certain age group, persons speaking a specific language). If the target population is geographically dispersed, the county in which the ~~agency~~MHSOAC resides is used to represent the target community, (although, it is recognized that some potential service users may not reside in the county).

III.WHO SHOULD COMPLETE SCALE

A person knowledgeable in activities related to quality of care at the ~~agency~~MHSOAC should complete the form, e.g., in larger agencies, a senior level person in the Quality Assurance Department and in smaller agencies, a knowledgeable senior administrator, e.g., the director. If the ~~agency~~MHSOAC is a subsidiary of a Parent Organization (PO), this version of the scale is intended to be administered at the ~~agency~~MHSOAC level. The PO should use the administrative level version of this scale. Some assessments however can be made based on activities conducted by the PO, provided the ~~agency~~MHSOAC has directly benefited from these activities, e.g., forms translated by the PO are provided to the ~~agency~~MHSOAC.

IV. INSTRUCTIONS FOR EACH CRITERION SCALE ITEM

General format of instructions for each criterion

Rationale

An explanation of why an item was chosen

Definitions

Definitions are given for terms in a scale item that are not self-evident. The same terms may appear in other items, but definitions are given only the first time the term appears.

Sources of Information

Suggestions are listed for sources of information for scoring the item.

Scoring Instructions

Special instructions for service delivery agencies having only one cultural group among their service users.

Criterion assessment procedure:

CULTURAL COMPETENCY ASSESSMENT SCALE

Each criterion is assessed according to five levels of achievement. Score the item by the rank of the highest level achieved. A score of 1 indicates no activity on that criterion; a score of 5 indicates the benchmark standard. The scale is most effective when an ~~agency~~MHSOAC has regularly updated information about the cultural groups of its service users.

CULTURAL COMPETENCY ASSESSMENT SCALE

CRITERION 1.
~~AGENCY~~MHSOAC'S COMMITMENT TO CULTURAL COMPETENCE

~~Agency~~MHSOAC (or its parent organization (PO)) has a management level person responsible for CC and:

- **A dedicated budget for CC activities**
- **A CC plan**
- **Procedures for updating the CC plan**

1	2	3	4	5
~~Agency~~MHSOAC (or PO) has not yet made cultural competence part of its mission	~~Agency~~MHSOAC (or PO) has made accountability for CC part of at least one management level person's activities	In addition to (2), ~~agency~~MHSOAC (or PO) has only one of the following: dedicated budget for CC activities; a written CC plan with objectives, strategies, and implementation timetable	~~Agency~~MHSOAC (or PO) has both a dedicated budget and a written CC plan with objectives, strategies, and implementation timetable	In addition to (4), ~~agency~~MHSOAC (or PO) requires periodic review and updates of its written CC plan

Rationale: A management level person who has primary responsibility for CC within the structure of the organization ensures that CC will be addressed. Without a dedicated budget for CC, only limited activities can be conducted. A written plan concretizes the ~~agency~~MHSOAC's commitment to CC. Review and updating ensures that the feedback loop has been closed and that corrective actions have been taken, as well as ensures responsiveness to changing characteristics of the target population.

Definitions: **Cultural Competence (CC):** The attribute of a behavioral health care organization that describes the set of congruent behaviors, attitudes, skills, policies and procedures that enable its caregivers to work effectively and efficiently in cross/multi-cultural situations at all of its organizational levels.

~~**Parent Organization:** Centralized authority that encompasses multiple service provider agencies and assumes many administrative functions on behalf of the network of member organizations~~**Mental Health Services Oversight and Accountability Commission (MHSOAC):** Provide vision and leadership, in collaboration with clients, their family members, and underserved communities, to ensure Californians understand mental health is essential to overall health. Hold public mental health systems accountable. Provide oversight for eliminating disparities; promote wellness, recovery and resiliency; and ensure positive outcomes for individuals living with serious mental illness and their families.

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Accountability for CC: Responsibility for documenting how CC is part of the ~~agency~~MHSOAC's activities
Management level person: An ~~agency~~MHSOAC person who can effectuate change either by the authority given to the position they hold by the ~~agency~~MHSOAC director or executive board or who has direct line communication with ~~agency~~MHSOAC decision makers.
Dedicated budget: Funds needed for conducting CC activities are available, although not necessarily explicitly identified as a budget line item.
Objectives: Statements of what is to be achieved with respect to CC.
Strategies: Specific steps for achieving the named objectives
Implementation timetable: When steps are to be implemented and completed.
Periodic review and updates: A requirement stating how often the plan is to be reviewed and updated.

Sources of Information:
Job titles, job descriptions and organizational chart;

CULTURAL COMPETENCY ASSESSMENT SCALE

Query CC designee or obtain information from an identified management level person. Copy of the written plan. It might be contained in ~~agency~~MHSOAC plan or Quality Assurance/Quality Improvement (QA/QI) plan, but it should be distinctly identifiable;

Review copy of the written plan. It might be contained in ~~agency~~MHSOAC plan or Quality Assurance/Quality Improvement (QA/QI) plan, but it should be distinctly identifiable.

CULTURAL COMPETENCY ASSESSMENT SCALE

CRITERION 2.

Measuring the Mental Health Services Oversight and Accountability Commissions' (MHSOAC) Effectiveness with Underserved Communities

How are you measuring your effectiveness with underserved communities?

~~**ASSESSMENT OF SERVICE NEEDS**~~

Is race and ethnicity data collected?

What are your race/ethnicity categories?

- *What other population demographics are measured (LGBTQ, etc)?*
- *How does data collected reflect county/regional demographics*
- *How are you using data to inform design, planning and implementation of services?*
- *Do you have staff and Commissioners trained to analyze the data?*
- *What have you done to address disparities evident in your data?*

The above items may be incorporated in to a 5-point rating scale or we can develop a scale based on the question.~~Agency~~MHSOAC ~~obtains current data on its service users and its target community that enable identification of their cultures and language needs~~

1	2	3	4	5
MHSOAC~~Agency~~MHSOAC does not obtain current data on its service users nor on its target community that would enable identification of cultures or languages needs	MHSOAC~~Agency~~MHSOAC obtains current data on its service users that allows their cultures and their language needs to be identified	In addition to (2), ~~agency~~MHSOAC has identified prevalent cultural groups of its service users	In addition to (3), ~~agency~~MHSOAC has identified language needs among prevalent cultural groups of its service users	In addition to (4), ~~agency~~MHSOAC has identified prevalent cultural groups of the target community

Rationale: Particular data items need to be collected for all clients in a consistent manner so that they can be aggregated to assess the cultures and language needs of the population being served by the ~~agency~~MHSOAC. Information on the target community allows the ~~agency~~MHSOAC to tailor its outreach and services to the needs of its cultural groups.

Definitions:

Target community: The population the ~~agency~~MHSOAC designates as its intention to serve. This can cover a geographic area or a specifically targeted population. In the latter case, if the target population is geographically dispersed, the county in which the ~~agency~~MHSOAC resides is used to represent the target community, (although, it is recognized that some potential service users may not reside in the county).

Obtains current data: ~~agency~~MHSOAC either collects its own data, or receives data from its parent organization, in a regular and timely manner

Service users: Persons actively enrolled and actually receiving services in any given year

Data to identify cultures: In addition to race and ethnicity, this could include religion, country of origin, educational attainment, and employment status

Data to identify language needs: At a minimum this should be the preferred language but can also include place of birth and level of English proficiency

Prevalent cultural group of service users: A cultural group that annually accounts for 5% or more of service users of an ~~agency~~MHSOAC.

Language needs: special accommodation such as interpreters and translated material to ensure that the person's civil rights are being respected and clear recognition of culture-specific meanings attributed to terms describing mental illness.

Prevalent cultural groups of target community: Use the following as a guideline for selecting cultural groups with the greatest representation in the target community: a cultural group that accounts for 5% or more of the population of a target community, or if less than 5% then contains at least 1000 individuals.

Sources of Information:

CULTURAL COMPETENCY ASSESSMENT SCALE

These data should either be routinely collected during intake, admission or clinical/social assessment for all individuals served by the ~~agency~~MHSOAC. Look at MIS data elements if ~~agency~~MHSOAC has an MIS or check intake forms.
CC management level person may obtain these data from the parent organization, from census data or surveys from universities or local businesses, or develop estimates from information given by key informants from the community.

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WORKSHEET FOR CRITERION 2:
Cultural Groups of Service Users/Language Needs of Service Users and Cultures of Target Community

Name of Cultural Group Country(ies) of Origin Language	**Estimated percent of service users**	**Estimated language needs***	**Estimated percent of target community**	**Comments**

* Proportion of cultural group requiring English language assistance

EXAMPLE

Hispanic Dominican Republic Spanish	7%	25%	15%	Includes large # of undocumented immigrants

CULTURAL COMPETENCY ASSESSMENT SCALE

CRITERION 3.
CULTURAL INPUT INTO ~~AGENCY~~MHSOAC ACTIVITIES

MHSOAC~~Agency~~MHSOAC ~~(or its PO)~~ has a CC Committee or other group that addresses cultural issues and has participation from cultural groups of the target community

1	2	3	4	5
MHSOAC~~Agency~~MHSOAC ~~(or PO)~~ does not have a CC Committee or other group that addresses cultural issues	MHSOAC~~Agency~~MHSOAC ~~(or PO)~~ does not have a CC Committee but addresses CC issues in other of its committees, boards or advisory groups	MHSOAC~~Agency~~MHSOAC ~~(or PO)~~ has established a free-standing CC Committee	The CC Committee includes two representatives from the most prevalent cultural group of the target community who attend at least 50% of yearly meetings	In addition to (4), the CC Committee includes at least one representative from the 2nd most prevalent cultural group of the target community who attends at least 50% of yearly meetings

Rationale: Cultural input into ~~agency~~MHSOAC activities is expected to come from a CC Committee. A committee dedicated to CC will enhance the likelihood that activities appropriate to the culture are introduced and carried out. The committee can go under many names (Examples: Multicultural Committee, Diversity Committee, Planning Committee, Consumer Advisory Board) and members may not be individually identified.

CC input may be obtained as part of the functions of existing boards, advisory groups and committees

Input is sought from representatives of the most prevalent cultural group of the target community. These may be ~~agency~~MHSOAC ~~staff~~staff and Commissioners, consumers, family members or community leaders. Having more than one representative from a cultural group makes active participation more likely. While these representatives may not be official members or even the same individuals at each meeting, there must be 2 from the most prevalent culture at half the meetings held in a year.

Input from additional cultural groups is desirable, and recognizing difficulties in soliciting committee members, one representative is sought to begin the process.

Definition: **Free-standing CC Committee**: A committee that is not a subcommittee or ad-hoc committee but has its own mission and membership, meets regularly and is dedicated to addressing culture-related issues

Sources of Information:

Organizational chart, minutes of meetings
Membership rosters, attendance records, minutes of meetings

Scoring Instructions:

If there is only one cultural group among service users, highest score will be 4.
If score is "1," score Criterion 4 as "0" and skip to Criterion 5.

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CRITERION 4.
INTEGRATION OF CC COMMITTEE OR OTHER GROUP WITH RESPONSIBILITY FOR CC WITHIN ~~AGENCY~~MHSOAC

CC Committee or other group with responsibility for CC is integrated within ~~agency~~MHSOAC evidenced by the following activities:

- **Reviews services/ programs with respect to CC issues at the ~~agency~~MHSOAC**
- **Reports to ~~Quality Assurance/Quality Improvement program~~Evaluation and Services Committees of the ~~agency~~MHSOAC ~~/ PO~~**
- **Participates in planning and implementation of services at the ~~agency~~MHSOAC**
- **Directly transmits recommendations to executive level of ~~agency~~MHSOAC ~~/ PO~~**

1	2	3	4	5
CC Committee or other group performs no activities of integration	CC Committee or other group performs 1 of the 4 activities of integration	CC Committee or other group performs 2 of the 4 activities of integration	CC Committee or other group performs 3 of the 4 activities of integration	CC Committee or other group performs all 4 of the activities of integration

Rationale: The extent to which the functions of the CC Committee are reported and used in the ~~agency~~MHSOAC provides a measure of the likelihood of change with respect to CC. In this criterion, 4 key committee functions are expected to take place, but they may be introduced at different stages in the ~~agency~~MHSOAC's implementation of cultural competence. These functions are service planning and implementation, services review, quality assurance and recommendations reaching the highest level of leadership

Definition: **Executive Level:** The highest level of leadership of an organization as for example the Chief Executive Officer or Clinical Director.

Sources of Information:
Organizational bylaws, minutes of meetings, annual reports of QA/QI department
MHSOAC Committee Charters, Committee Satisfaction Surveys (needed does not exist)

CULTURAL COMPETENCY ASSESSMENT SCALE

CRITERION 5.
CC ~~STAFF~~STAFF AND COMMISSIONERS: TRAINING ACTIVITIES

~~Agency~~MHSOAC ~~(or PO)~~ offers to ~~staff~~staff and Commissioners educational activities in which cultural issues are addressed and requires ~~staff~~staff and Commissioners to have an adequate amount of specific training on CC
(May be divided into two part One for Staff and Commissioners and One for Commissioners)

1	2	3	4	5
~~Agency~~MHSOAC (or PO) does not offer educational activities in which cultural issues are addressed nor provide specific training on CC to ~~staff~~staff and Commissioners	~~Agency~~MHSOAC (or PO) offers educational activities in which cultural issues are addressed	In addition to (2), ~~agency~~MHSOAC (or PO) requires all ~~direct service/ clinical staff~~staff and Commissioners and Commissioners to receive at least 3 hours of CC specific training during year	In addition to (3), ~~agency~~MHSOAC (or PO) requires that administrative ~~staff~~staff and Commissioners receive at least 3 hours of CC specific training during year	In addition to (4), ~~agency~~MHSOAC (or PO) requires all ~~direct service / clinical staff~~staff and Commissioners and Commissiners receive 6 hours or more of CC specific training during year

Rationale: Training and educating ~~staff~~staff and Commissioners in CC enhances the likelihood of the delivery of culturally competent services in culturally competent environments. Ideally, educational activities should be available to all ~~staff~~staff and Commissioners, and training should take place every year and be available to if not required of ~~staff~~staff and Commissioners at all levels in the organization. Professional educational activities, when offered, should address cultural issues since special considerations may be required for cultural groups. This should be an explicit requirement of all guest speakers and course curricula. It is most crucial that all ~~staff~~staff and Commissioners members who have face-to-face contact with ~~and provide direct clinical care to agency~~MHSOAC clients receive CC training. The 3 hours indicated must be focused on CC issues. It is crucial that administrative staff also be knowledgeable about CC issues

Definitions:

Offers: ~~Agency~~MHSOAC either directly provides or makes available through an outside source and makes adjustments for ~~staff~~staff and Commissioners to attend (time allowance and ~~staff~~staff and Commissioners coverage, travel allowances and fees when needed)

Educational activities: These include continuing medical/professional education courses, grand rounds, guest lectures.

CC Training: ~~Agency~~MHSOAC-wide coordinated activity where ~~staff~~staff and Commissioners members receive practical information on features of the cultures of its service users that are expected to improve the service delivery process, including identification of disorders and varying responses to treatment protocols.

Direct service/clinical ~~staff~~staff and Commissioners: ~~Staff~~Staff and Commissioners who provide clinical and support services (e.g., doctors, nurses, counselors, social workers, case managers).

Administrative ~~staff~~staff and Commissioners: ~~Staff~~Staff and Commissioners who hold decision making and leadership roles but do not necessarily have direct contact with clients of the ~~agency~~MHSOAC.

Sources of Information:

Records of ~~staff~~staff and Commissioners education activities held during the year.
Attendance logs, curricula and records of ~~staff~~staff and Commissioners trainings for the year.

CULTURAL COMPETENCY ASSESSMENT SCALE

CRITERION 6A. (6A, B and C will be merged into one question)
CC ~~STAFF~~STAFF AND COMMISSIONERS: RECRUITMENT, HIRING AND RETENTION OF ~~STAFF~~STAFF AND COMMISSIONERS FROM/ OR EXPERIENCED WITH THE MOST PREVALENT CULTURAL GROUP OF SERVICE USERS

> **~~Agency~~MHSOAC is committed to hiring and retaining CC ~~staff~~staff and Commissioners who are from or who have had experience working with the most prevalent cultural group of its service users**

CRITERION 6B.
CC ~~STAFF~~STAFF AND COMMISSIONERS: RECRUITMENT, HIRING AND RETENTION OF ~~STAFF~~STAFF AND COMMISSIONERS FROM/ OR EXPERIENCED WITH THE 2nd MOST PREVALENT CULTURAL GROUP OF SERVICE USERS

CRITERION 6C.
CC ~~STAFF~~STAFF AND COMMISSIONERS: RECRUITMENT, HIRING AND RETENTION OF ~~STAFF~~STAFF AND COMMISSIONERS FROM/ OR EXPERIENCED WITH THE 3rd MOST PREVALENT CULTURAL GROUP OF SERVICE USERS

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CULTURAL COMPETENCY ASSESSMENT SCALE

	1	2	3	4	5
6A	~~Agency~~MHSOAC has neither hired nor has documented goals to recruit, hire and retain direct service / clinical, supervisory and administrative-level ~~staff~~staff and Commissioners who are from or have had experience working with the most prevalent cultural group of its service users	~~Agency~~MHSOAC has a documented goal to recruit, hire and retain direct service / clinical, supervisory and administrative-level ~~staff~~staff and Commissioners who are from or have had experience working with the most prevalent cultural group of its service users	~~Agency~~MHSOAC has hired ~~staff~~staff and Commissioners members who are from or have experience working with the most prevalent cultural group of its service users at one of the following ~~staff~~staff and Commissioners levels: • Direct service / clinical • Supervisory • Administrative	~~Agency~~MHSOAC has hired ~~staff~~staff and Commissioners members who are from or have experience working with the most prevalent cultural group of its service users at two of the levels	~~Agency~~MHSOAC has hired ~~staff~~staff and Commissioners members who are from or have experience working with the most prevalent cultural group of its service users at all three levels
6B	~~Agency~~MHSOAC has neither hired nor has documented goals to recruit, hire and retain direct service / clinical, supervisory and administrative-level ~~staff~~staff and Commissioners who are from or have had experience working with the 2nd most prevalent cultural group of its service users	~~Agency~~MHSOAC has a documented goal to recruit, hire and retain direct service / clinical, supervisory and administrative-level ~~staff~~staff and Commissioners who are from or have had experience working with the 2nd most prevalent cultural group of its service users	~~Agency~~MHSOAC has hired ~~staff~~staff and Commissioners members who are from or have experience working with the 2nd most prevalent cultural group of its service users at one of the following ~~staff~~staff and Commissioners levels: • Direct service / clinical • Supervisory • Administrative	~~Agency~~MHSOAC has hired ~~staff~~staff and Commissioners members who are from or have experience working with the 2nd most prevalent cultural group of its service users at two of the levels	~~Agency~~MHSOAC has hired ~~staff~~staff and Commissioners members who are from or have experience working with the 2nd most prevalent cultural group of its service users at all three levels
6C	~~Agency~~MHSOAC has neither hired nor has documented goals to recruit, hire and retain direct service / clinical, supervisory and administrative-level ~~staff~~staff and Commissioners who are from or have had experience working with the 3rd most prevalent cultural group of its service users	~~Agency~~MHSOAC has a documented goal to recruit, hire and retain direct service / clinical, supervisory and administrative-level ~~staff~~staff and Commissioners who are from or have had experience working with the 3rd most prevalent cultural group of its service users	~~Agency~~MHSOAC has hired ~~staff~~staff and Commissioners members who are from or have experience working with the 3rd most prevalent cultural group of its service users at one of the following ~~staff~~staff and Commissioners levels: • Direct service / clinical • Supervisory • Administrative	~~Agency~~MHSOAC has hired ~~staff~~staff and Commissioners members who are from or have experience working with the 3rd most prevalent cultural group of its service users at two of the levels	~~Agency~~MHSOAC has hired ~~staff~~staff and Commissioners members who are from or have experience working with the 3rd most prevalent cultural group of its service users at all three levels

CULTURAL COMPETENCY ASSESSMENT SCALE

CRITERIA 6A, 6B, & 6C continued

Rationale: Having direct service, supervisory and administrative ~~staff~~staff and Commissioners with relevant experience with the most prevalent cultural groups enhances the likelihood of the acceptability and use of CC practices. Hiring and retaining professional ~~staff~~staff and Commissioners members who are from the cultures of service users provides positive role models for clients of the ~~agency~~MHSOAC and affords additional opportunities to increase knowledge about the cultures. A word of caution: It has been noted that being from a culture does not necessarily make an individual culturally competent. While persons from the culture are most likely to be knowledgeable of relevant cultural issues and their implications for service delivery to the cultural group, CC training or relevant experiences is still required.

Definitions: **Goals to recruit, hire and retain:** ~~Agency~~MHSOAC has documented (written) objectives regarding the desirability of having ~~staff~~staff and Commissioners who are from and/or who have previous experience working with the most prevalent cultural groups of service users
From the cultural group: Individuals who self-identify as members of and participate in the cultural activities of the prevalent cultural groups served by the ~~agency~~MHSOAC
Supervisory ~~staff~~staff and Commissioners: Direct service ~~staff~~staff and Commissioners who are in decision-making positions and have overall responsibility for other direct service ~~staff~~staff and Commissioners

Sources of Information:
Mission statement; CC plan;
Personnel files should indicate whether new direct care/clinical, supervisory and administrative employees are from and/or have had work experience specific to the prevalent cultures of service users

Repeat for 2nd most prevalent and 3rd most prevalent cultural groups as appropriate

Scoring Instructions:
If there is only one cultural group among service users, 6B and 6C are scored "0" and skip to Criterion 7.
If there are two cultural groups score 6C "0" and skip to Criterion 7.

CULTURAL COMPETENCY ASSESSMENT SCALE

CRITERION 7.
LANGUAGE CAPACITY: INTERPRETERS

~~Agency~~MHSOAC (or PO) accommodates persons who have limited English proficiency (LEP) by using interpreter services or bilingual staff at Commission, Committee and Community Forum meetings. (Review each meeting separately)

1	2	3	4	5
~~Agency~~MHSOAC ~~(or PO)~~ does not provide interpreter services or bilingual ~~staff~~staff and Commissioners for service users from prevalent cultural groups in the target community with LEP	~~Agency~~MHSOAC ~~(or PO)~~ provides interpreter services at point of first contact for persons from the target community with LEP	~~Agency~~MHSOAC ~~(or PO)~~ provides interpreter services or bilingual ~~staff~~staff and Commissioners ~~at points of direct service~~ for the most prevalent cultural group of service users with members with LEP	In addition to (3), ~~agency~~MHSOAC ~~(or PO)~~ provides interpreter services or bilingual ~~staff~~staff and Commissioners ~~at points of direct service~~ for the 2nd most prevalent cultural group of service users with members with LEP	In addition to (4), ~~agency~~MHSOAC ~~(or PO)~~ provides interpreter services or bilingual ~~staff~~staff and Commissioners ~~at points of direct service~~ for the 3rd most prevalent cultural group of service users with members with LEP

Rationale: It is critical that the language needs of persons with limited English proficiency come to the attention of the ~~agency~~MHSOAC at the earliest possible time to ensure that the ~~agency~~MHSOAC can schedule and provide needed services. Once a person becomes a service user, interpreters are required at direct care delivery points. Ideally interpreters are formally trained and certified or are bilingual ~~staff~~staff and Commissioners members who have received CC training.

~~Agency~~MHSOAC must be capable of responding to initial inquiries about services in as many languages as possible and at minimum the languages of the predominant cultural groups of the target community. The point of first contact is recognized as a most critical juncture in identifying persons in need of services and linking them with appropriate care.

Once a person has been admitted to a program or otherwise agreed to receive the services offered by the ~~agency~~MHSOAC, language issues must continue to be addressed. This applies to the most prevalent cultural group whose members speak a language other than English and among whom many members have LEP

Definitions:

English proficiency: Level at which a person can understand English and respond in English to explain their behavioral healthcare problems, express their treatment preferences and understand the treatment plan.

Limited English proficiency (LEP): A diminished level of English language skills that calls into question the person's ability to understand and respond to issues related to their treatment.

Interpreters: Individuals with specific language skills and knowledge of health care terminology who are trained to communicate effectively with persons with limited proficiency with the English language

Interpreter services: Methods in place to assist persons with limited English proficiency. This includes telephone interpreter services ("language lines"), interpreters obtained from a central listing maintained by ~~agency~~MHSOAC or other source, trained volunteers from target community with identified language skills.

Bilingual ~~staff~~staff and Commissioners: ~~Staff~~Staff and Commissioners members who have language capacity in both English and the specific non-English languages used by cultural groups in the target community.

Point of first contact: Initial telephone inquiry (switchboard operator or automated telephone menu) or first visit to ~~agency~~MHSOAC (receptionist/intake interviewer).

Point of direct service: Contact after the initial intake / point of first contact where a service is intended to treat a specified disorder.

Sources of Information:

Community Forum, Commission, and Committee meeting c~~C~~ontracts with interpreter services/interpreters, personnel records, phone company "language lines" (identify if there is evidence of if notice is given that translation is available if needed)

Scoring Instructions:

If there is only one cultural group among service users, highest score will be 3.(Re-write)
If there are two cultural groups among service users, highest score will be 4. (re-write)

CULTURAL COMPETENCY ASSESSMENT SCALE

CRITERION 8. (Changes needed)
LANGUAGE CAPACITY: BILINGUAL ~~STAFF~~STAFF AND COMMISSIONERS
~~Agency~~MHSOAC has ~~staff~~staff and Commissioners who speak the language of the most prevalent cultural group of service users with members who have LEP

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1	2	3	4	5
~~Agency~~MHSOAC has neither hired nor has documented goals to recruit, hire and retain ~~staff~~staff and Commissioners who speak the language of the most prevalent cultural group of service users with members who have LEP	~~Agency~~MHSOAC has a documented goal to recruit, hire and retain direct service / clinical and supervisory ~~staff~~staff and Commissioners who speak the language of the most prevalent cultural group of service users with members who have LEP	~~Agency~~MHSOAC has hired one direct service / clinical ~~staff~~staff and Commissioners member who speaks the language of the most prevalent cultural group of service users with members who have LEP	~~Agency~~MHSOAC has hired a second ~~staff~~staff and Commissioners member who speaks the language of the most prevalent cultural group of service users who have LEP at one of the following ~~staff~~staff and Commissioners levels: • Direct service / clinical • Supervisory • Administrative	~~Agency~~MHSOAC has hired a third ~~staff~~staff and Commissioners member who speaks the language of the most prevalent cultural group of service users who have LEP at one of the following ~~staff~~staff and Commissioners levels: • Direct service / clinical • Supervisory • Administrative

Rationale: Persons with limited English proficiency may not be able to communicate their mental health needs to direct service ~~staff~~staff and Commissioners without appropriate interpreter services. Having knowledgeable ~~staff~~staff and Commissioners members who can work directly with persons with language needs is ideal – and likely to be cost effective as well.

Definitions: **Language capacity: ~~staff~~staff and Commissioners**: Ability to read and speak the language of a cultural group and have proficiency with terms likely to be encountered in the treatment setting (e.g., medical terms and illness concepts) and who use appropriately respectful forms of address.
Goals to recruit, hire and retain: ~~Agency~~MHSOAC has documented objectives regarding the desirability of having ~~staff~~staff and Commissioners members who speak the language of the most prevalent cultural groups of service users with members who have LEP and has outlined strategies for fulfilling the objectives.

Sources of Information:
Mission statement; CC Plan; Personnel files

CULTURAL COMPETENCY ASSESSMENT SCALE

CRITERION 9.
LANGUAGE CAPACITY: KEY FORMS

~~Agency~~MHSOAC has translated versions of key documents and forms in the language of the most prevalent cultural groups of its service users (use the 15-20 Statewide threshold languages as a baseline)

1	2	3	4	5
~~Agency~~MHSOAC does not have translated versions of key documents and forms in the language of the most prevalent cultural group of its service users	~~Agency~~MHSOAC has two of the following four key documents and forms translated into the language of the most prevalent cultural group of its service users with LEP • Consent to treat • Release of information • Medication information • Rights and grievance procedures	~~Agency~~MHSOAC has all four key documents and forms translated into the language of the most prevalent cultural group of its service users with LEP	~~Agency~~MHSOAC has two of the four key documents and forms translated into the language of the 2nd most prevalent cultural group of its service users with LEP	~~Agency~~MHSOAC has all four of the key forms translated into the language of the 2nd most prevalent cultural group of its service users with LEP

Rationale: Legal documents and critical care information must be understandable to persons with limited English proficiency to ensure that such information is provided equally to all service users.

Definition: **Key documents and forms**: These include: consent to treat (which may be incorporated in insurance documents and billing information), release of information (including HIPAA), medication information (especially instructions and dangerous side effects), and rights and grievance procedures (which are often posted in a prominent place rather than distributed).

Sources of information:
Forms should be available for perusal.

Scoring Instructions:
If there is only one cultural group among service users, highest score will be 3.

CULTURAL COMPETENCY ASSESSMENT SCALE

CRITERION 10.
LANGUAGE CAPACITY: SERVICE DESCRIPTIONS AND EDUCATIONAL MATERIALS

~~Agency~~MHSOAC accommodates persons with LEP by translating service descriptions and accommodates persons with limited reading skills (LRS) by providing service descriptions or educational materials in formats they can understand.

(include under educational materials possible discussion of diversity of materials also,images images and perceptions)

1	2	3	4	5
~~Agency~~MHSOAC does not accommodate persons with LEP or LRS	~~Agency~~MHSOAC provides service descriptions in English formats for persons with LRS	In addition to (2), ~~agency~~MHSOAC provides service descriptions in language of most prevalent cultural group of target community with members with LEP	In addition to (3), ~~agency~~MHSOAC provides service descriptions in language formats for persons with LRS from the most prevalent cultural group of the target community that has persons with LEP and LRS	In addition to (4), ~~agency~~MHSOAC provides educational materials in English formats for persons with LRS

Rationale: Using different formats and media for descriptions of available services and for educational materials ensures that literacy level is not a barrier to accessing services.
Service-related materials translated into the most prevalent non-English language will be especially helpful to overcome treatment barriers for service users and family members

Definitions: **Limited reading skills:** While difficult to measure consistently, in general textual materials must be understandable to persons reading at a 6th grade level. Other formats may make material more understandable to service users and family members not fully comfortable with the English language at that level.
Formats: Print media using illustrations, diagrams, large print; video or film media with an avoidance of technical terms and jargon.
Educational materials: Books, newspapers, magazines, journals, pamphlets, posters, and videos, intended to provide up-to-date information to service users, family members and the target population about particular illnesses and treatment options

Sources of Information:
Service description materials; educational materials

CULTURAL COMPETENCY ASSESSMENT SCALE

CRITERION 11.
ASSESSMENT AND ADAPTATION OF SERVICES (adapt to reviewing and approving plans)
~~Agency~~MHSOAC ~~(or PO)~~ reviews and adapts or introduces services suitable to the most prevalent cultural groups of service users

1	2	3	4	5
~~Agency~~MHSOAC ~~(or PO)~~ has no procedure for reviewing services nor has it adapted or introduced services suitable for the most prevalent cultural groups of service users	~~Agency~~MHSOAC ~~(or its PO)~~ has procedures for reviewing services for their suitability for the most prevalent cultural groups of service users	In addition to (2), ~~agency~~MHSOAC ~~(or PO)~~ has adapted or introduced a service suitable to the most prevalent cultural group of its service users	In addition to (3), ~~agency~~MHSOAC ~~(or PO)~~ has adapted or introduced a second service suitable to any of the prevalent cultural groups of service users	In addition to (4), ~~agency~~MHSOAC ~~(or PO)~~ has adapted or introduced a third service suitable to any of the prevalent cultural groups of service users

Rationale: A comprehensive CC-based assessment of services may result in the adaptation of existing services and the introduction of new services to better serve members of the most prevalent cultural groups.

Definitions: **Adapting/introducing services**: Modifications related to the provision of care (variously called services, interventions, programs and practices) based on culture-specific assessments of existing services. This may include review of such issues as retention and dropout rates and consumer satisfaction. Examples: group therapy sessions with individuals with a common language or other culturally significant characteristic, focusing on issues related to a common cultural heritage (e.g. acculturation, racial discrimination). Another example is making accommodations for extended family members during the provision of a therapy session. An example of a newly introduced service could be group therapy for Latina women who view Spanish language soap operas and clinicians use the content to elicit reactions and insights relevant to mental health issues.
Suitable for cultural groups: Features of particular services that are understood by and acceptable to members of the most prevalent cultural group, and that promote adherence to programmatic guidelines and improve engagement and retention.
Second service: Can be a second service for the most prevalent cultural group or a service for another prevalent cultural group.
Third service: Can be a third service for the most prevalent cultural group or a service for another prevalent cultural group.

Sources of Information:
Organizational bylaws, minutes of meetings of QA/QI or CC committee
Service description materials

Scoring sheet for Cultural Competency Assessment Scale

CC CRITERION	SCORE (1–5)	COMMENTS e.g., Points of ambiguity that would change score
1. ~~AGENCY~~MHSOAC'S COMMITMENT TO CULTURAL COMPETENCE		
2. ASSESSMENT OF SERVICE NEEDS		
3. CULTURAL INPUT INTO ~~AGENCY~~MHSOAC ACTIVITIES		
4. INTEGRATION OF CC COMMITTEE OR OTHER GROUP WITHIN ORGANIZATION		
5. CC ~~STAFF~~STAFF AND COMMISSIONERS: TRAINING ACTIVITIES		
6A. CC ~~STAFF~~STAFF AND COMMISSIONERS: RECRUITMENT, HIRING AND RETENTION STRATEGIES FOR MOST PREVALENT CULTURAL GROUP		
6B. CC ~~STAFF~~STAFF AND COMMISSIONERS: RECRUITMENT, HIRING AND RETENTION STRATEGIES FOR 2ND MOST PREVALENT CULTURAL GROUP		
6C. CC ~~STAFF~~STAFF AND COMMISSIONERS: RECRUITMENT, HIRING AND RETENTION STRATEGIES FOR 3RD MOST PREVALENT CULTURAL GROUP		
7. LANGUAGE CAPACITY: INTERPRETERS		
8. LANGUAGE CAPACITY: BILINGUAL ~~STAFF~~STAFF AND COMMISSIONERS		
9. LANGUAGE CAPACITY: KEY FORMS		
10. LANGUAGE CAPACITY: SERVICE DESCRIPTIONS AND EDUCATIONAL MATERIALS		
11. ASSESSMENT AND ADAPTATION OF SERVICES		
TOTAL SCORE		