

Cultural and Linguistic Competence Agency Narrative & Self Evaluation Broome County Division of Social Services

CCSI Rochester, New York

□ *“Performance Data on Universal Outcomes is necessary in these times of accountability; organization(s) must be able to demonstrate to clients, families, and payors that their services are of the highest quality and effectively work to enhance the function and well-being of those they serve.”*

Dear Colleague:

We are pleased to provide you with the Annual Narrative and Self Evaluation Tool from Coordinated Care Services, Inc. (CCSI) on behalf of Broome County Division of Social Services. The data and assessments that you provide will be essential in your work in addressing the challenges in the development and delivery of culturally and linguistically competent services. The Tool is designed to:

- ◆ *Serve as a Self Assessment and Guide* and an evaluation of Cultural and Linguistic Competence within Broome County Division of Social Services,
- ◆ *Provide Essential information* concerning your division’s structure and functioning,
- ◆ *Serve as a data collection tool* which will allow database development and division comparisons,
- ◆ *Provide you with a series of questions* that can help you continue the journey toward World Class Cultural and Linguistic Competency Performance,
- ◆ *Help identify division and programs* that can serve as models and benchmarks for Broome County Division of DSS

In many cases your existing documents may cover the required written responses; please attach and indicate that these documents provide the response. Also, you may add additional sheets as necessary. If you need a copy, please contact Lenora Reid-Rose at lreid-rose@ccsi.org or 585-613-7615

Thank you for your support of **Broome County Division of Social Services**. We look forward to working with you and your division.

All the Best,
CCSI Team

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PART I: General Information

Ia. Participant Information

1.1.1 Group Name

1.1.2 Location in building

1.1.3 List members (identify divisions represented in this group):

Ib. Primary Contact

List the individuals who will serve as communicators between CCSI and your Division. List the Primary Contact person at your division responsible for the completion of this application. This person will be contacted by CCSI if there are questions regarding the information provided in this application.

1.2.1 Name (Primary Contact)

1.2.2 Title

1.2.3 Phone # (area code) Ext.

1.2.4 Phone # (area code)

Fax #

1.2.5 Internet/e-mail

Additional Contact(s):

1.2.6 Name (Additional Contact)

1.2.7 Title

1.2.8 Phone # (area code) Ext.

1.2.9 Phone # (area code)

Fax #

1.2.10 Internet/e-mail

PART I: General Information

Ic. Board of Directors – Identity and Composition

1.3.1 Community Action Council (CAC)

Number of Board Members:

Board Appointment Term:

Number of Consumers on Board:

1.3.2 Ethnicity of the Community Action Council

European American: _____

Native American/Eskimo: _____

African American: _____

Pacific Islander: _____

Asian: _____

Latino/Hispanic: _____

Other: _____

Id. Consumer and their Involvement.

Does your Division have: a) a consumer advisory board?

1.4.1 Yes

If yes, please describe:

A) Consumer Advisory Board:

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1.4.2 No

If no, please describe how you elicit consumer feedback, regarding review of policies and procedures, review of programs and new program development, etc.

A) Consumer Feedback:

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2.1.2. Briefly describe your Organization’s mission, vision and values. (Substitute existing written material as appropriate.) If your division has a personalized mission, vision and value statement, please include.

Mission Statement

Vision Statement

Value Statement

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2.1.3 Describe the type of Services Provided by your division for DSS (briefly)

Site Location:	Program Administrator/Director:
Program Type:	Hours of Operation:
Services offered – brief description of services offered (include population of focus):	

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2.1.3 Describe the type of Services Provided by your division for DSS (briefly)

Site Location:	Program Administrator/Director:
Program Type:	Hours of Operation:
Services offered – brief description of services offered (include population of focus):	

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2.1.3 Describe the type of Services Provided by your division for DSS (briefly)

Site Location:	Program Administrator/Director:
Program Type:	Hours of Operation:
Services offered – brief description of services offered (include population of focus):	

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2.1.3 Describe the type of Services Provided by your department for DSS (briefly)

Site Location:	Program Administrator/Director:
Program Type:	Hours of Operation:
Services offered – brief description of services offered (population of focus):	

PART II: Organizational Profile

IIc. Specific Services and Staff

- 2.3.95. Total Number of Staff in your division. _____
- 2.3.96. Please attach a copy of the DSS organizational chart and identify clearly where the divisions represented in this group “fit” into the chart.
- 2.3.97. Please list the breakout of staff by ethnicity and position for each of the division represented in this group. Include the gender of your staff as a part of this analysis. Please prepare information by division.
- 2.3.98. Please list the breakout of your client population by ethnicity (if known) for each of the division in this group. Please include the gender of your client population as a part of this analysis. Please prepare by division.
- 2.3.99. Please list the breakout of your client population by program/service type and with totals.
- 2.3.100. Please complete a separate *Ethnicity at a Glance* grid for each Division that’s a part of this team.

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Please provide us with a brief description of the following positions as it relates to your division. What's the primary responsibility of these individuals? Are these decision-making positions?

Senior Management:

Upper Management:

Middle Management:

For the additional titles listed in the individual *Ethnicity at a Glance* grid, please create a list below and give a brief description of the job functions and identify for us if these positions are classified as Senior Management, Upper Management, or Middle Management.

PART III: Cultural and linguistic competency

Cultural and linguistic competence is a set of congruent behaviors, attitudes, policies and procedures that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations. A culturally and linguistically competent system of care acknowledges and incorporates --at all levels--the importance of culture and language, the cultural strengths associated with people and communities, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural and linguistic differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally and linguistically unique needs. (Bazron, Cross, Dennis & Isaacs, 1989)

Operationally defined, cultural and linguistic competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of health care; thereby producing better health outcomes (Davis, 1977). Cultural and linguistic competency emphasizes the idea of effectively operating in different cultural contexts. Cultural and linguistic competence is beyond awareness and sensitivity.

Despite all our similarities, fundamental differences among people arise from nationality, ethnicity, and culture, as well as from family background and individual experiences. These differences affect health beliefs, practices, and behavior on the part of the children and their families/client and provider, and influence the expectations that children and their families/client and providers have of each other.

The definition of cultural and linguistic competence leads to some critical assumptions and characteristics that underline the cultural and linguistic competence model. Every human being has culture. Culture includes the way we think, act, feel, and perceive the world, values, beliefs, customs, institutions of racial, ethnic, religious or social groups. The word competence implies having the capacity to function within the context of culturally integrated patterns of human behavior defined by a group.

Valuing diversity, having the capacity for cultural self-assessment; being conscious of, and respecting the “dynamics” inherent when cultures interact; institutionalizing cultural knowledge, and adapting services delivery to reflect an understanding of diversity between and within cultures have been identified as essential elements that, when in place, will contribute to a system’s ability to become culturally competent.

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Cultural and linguistic competence should be viewed as a goal towards which agencies can strive. Becoming culturally competent is a developmental process that occurs along a continuum. The levels of the continuum are:

PART IV: Cultural and linguistic competency

- Cultural Incapacity – This next position on the continuum is one at which the system or agencies do not intentionally seek to be culturally destructive but rather lack the capacity to help minority clients or communities. The system/agency remains racially biased, believes in the racial superiority of the dominant group, and assumes a paternal posture towards “lesser” races or social groups.
- Cultural Blindness – Cultural blindness is at the mid-point of the continuum. “The system and its agencies provide services with the express philosophy of being unbiased. They function with the belief that color, culture or social groups make no difference and that all people are the same.”
- Cultural Pre-competence – This term implies movement. Agencies or systems at this point of the continuum recognize their weakness in offering services to minorities and attempt to improve some aspect of their services to specific populations. They usually try experiments, hire minority staff, explore different ways to reach people of color in their service area, initiate cultural sensitivity training for their workers, recruit minorities to serve at the board of directors and advisory levels and enter into needs assessments concerning minorities.
- Culturally Competent – At this point agencies are characterized by acceptance and respect for differences, continuing self-assessment regarding culture, careful attention to the dynamics of difference, continuous expansion of cultural knowledge and resources and a variety of adaptations to service models in order to better meet the needs of minority populations.
- Cultural Proficiency – This is the most positive end of the scale and is sometimes referred to as advanced cultural and linguistic competence or proficiency. This point is characterized by holding culture in high esteem. Culturally proficient agencies seek to add to the knowledge base of culturally competent practice by conducting research, developing new therapeutic approaches based on culture, and publishing and disseminating the results of demonstration projects.
- Cultural Destructiveness – this is the most negative end of the continuum and is characterized by attitudes, policies, and practices that are destructive to cultures and consequently to the individuals within the cultures.

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As is evident from this continuum, no matter how proficient an agency may become, there will always be room for growth. It is a process in which the agency/system of care can measure its progress according to the agency's achievement of specific developmental tasks. As the tasks are defined, the agency/system will be guided toward progressively more culturally competent services. First, it is important for an agency to internally assess its level of cultural and linguistic competence.

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INSTRUCTIONS:

In order to facilitate the development, implementation and monitoring of culturally competent service delivery for staff and clients of Broome County Division of Social Services (BCDSS), please complete the following self-evaluation tool. The information ascertained will be very useful in assisting BCDSS to determine its level of cultural and linguistic competence and steps that are necessary to move forward.

I. NEEDS ASSESSMENT (Check Yes Or No)

Needs Assessment refer to a “baseline of information profiling cultural groups within the population of focus – adults, children, youth, their families and their communities”. To provide culturally and linguistically competent services, the provider of these services need to have a comprehensive knowledge about the cultural groups served so that it is able to fully examine the extent to which its services reach and engage the population of focus. Information collected should reflect the population size of different cultural groups within the service area, their demographic characteristics, socio-economic status, language requirements and literacy levels. In addition, the cultural and service preference needs of the groups served need to be known in order to plan and develop culturally competent service approaches.

- | | | | |
|------|--|---------------------------------------|--|
| 20.0 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence of adults, children, and youths– culture; race; ethnicity; age; gender; religion; spirituality; English proficiency; preferred language; literacy level; education; place of birth; length of stay in Broome County; migration/immigration status; employment status; income; prior service use; current service use; medical history (including psychiatric diagnoses); use of complimentary/alternative/holistic/indigenous practices; sexual orientation; gender identity; refugee status; income/poverty; non-English speaking languages and dialect; service use patterns; types of complimentary services required, e.g., religious leaders; geography (urban, suburban, rural) |
| 20.1 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence of Local Community profile – race; ethnicity; age; gender; education; poverty level; income; employment; religion; languages other than English spoken by predominant cultural groups; public health indicators of health status; refugee status, and immigration status |
| 20.2 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence of Regional profile – race; ethnicity; age; gender; education; poverty level; income; employment; religion; languages other than English spoken by predominant cultural groups; public health indicators of health status; refugee and immigration status |
| 20.3 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that all staff that have (initial contact with adults, children, youth and their family) are culturally and linguistically competent |

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- | | | | |
|------|--|---------------------------------------|--|
| 20.4 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that adults, children, youth and their families/(consumers) are screened for other forms of disability during any intake process |
| 20.5 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that the Divisions and or the organization has “contact” information on all religious, spiritual, administrative entity, or civic administrative entity reflective of current and potential service users. |
| 20.6 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that the Divisions and or the organization profiles the social resources for the cultural groups in the County (e.g., houses of worship; civic administrative entities; community leaders; food banks) |
| 20.7 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that at any initial screening and intake the consumer’s (adults, children, youth and their family’s) educational level is assessed |
| 20.8 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that at any initial screening and intake the adults, children, youth and their family’s language proficiency is assessed |
| 20.9 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that at any initial screening and intake the adults, children, youth and their family’s reading level skills are assessed |
| 30.0 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that the adults, children, youth and their families are afforded help in completing forms and applications |
| 30.1 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that the Divisions and or the organization can profile its potential service user community in terms of population characteristics critical to understanding cultures and service use |
| 30.2 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that the Divisions and or the organization conducted or participated in a needs assessment utilizing providers in communities of different racial ethnic groups (African American, Latino, Native American, Asian, Pacific Islanders) as respondents |
| 30.3 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that the Divisions and or the organization conducted or participated in a needs assessment utilizing citizens of different racial ethnic groups (African American, Latino, Native American, Asian, Pacific Islanders) as respondents |
| 30.4 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that the Divisions and or the organization conducted or participated in a needs assessment utilizing immigrants culture as respondents |

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30.5 YES NO Evidence that the Divisions and or the organization has contacts in:
 (1) communities of different racial ethnic groups (African American, Latino, Native American, Asian, Pacific Islanders);
 (2) communities with individuals of refugee status; and
 (3) other cultural groups –
 (4) please list the other groups you are referencing,

 who can give you reliable information regarding community opinions about diverse and important issues

30.6 YES NO Evidence that your Division and or the organization has performed a resource assessment with the culturally and linguistically diverse groups in your service area

30.7 YES NO Evidence that the Divisions and or the organization periodically reviews current and emergent demographic trends to:
 a) Determine whether community partners are representative of the diverse populations in the state or geographic locale
 b) Identify new collaborators and potential opportunities for community engagement
 Please circle what applies.

Now, please rate your overall experience with your Needs Assessment program ¹.

★ Benchmark	Substantial	Significant	Partial	Minimal	Non-Compliance
1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1

SCORE 1: BENCHMARK LEVEL OF PERFORMANCE/EXCEPTIONAL PERFORMANCE: THE ORGANIZATION EXCEEDS ALL MAJOR PROVISIONS OF STANDARD AND INTENT

SCORE 2: SUBSTANTIAL COMPLIANCE: THE ORGANIZATION CONSISTENTLY MEETS ALL MAJOR PROVISIONS OF THE STANDARD AND INTENT.

SCORE 3: SIGNIFICANT COMPLIANCE: THE ORGANIZATION MEETS MOST OF THE PROVISIONS OF THE STANDARD AND INTENT.

SCORE 4: PARTIAL COMPLIANCE: THE ORGANIZATION MEETS SOME PROVISIONS OF THE STANDARD AND INTENT.

SCORE 5: MINIMAL COMPLIANCE: THE ORGANIZATION MEETS FEW PROVISIONS OF THE STANDARD AND INTENT.

SCORE 6: NON COMPLIANCE: THE ORGANIZATION DOES NOT MEET THE PROVISIONS OF THE STANDARD AND INTENT.

II. INFORMATION EXCHANGE (Check Yes Or No)

Information Exchange refers to the extent to which the organization receives information about the cultural and linguistic characteristics of the community. It also includes how information in areas such as prevention, stigma reduction, service plan, benefits and rights of adults, children and their families is shared with the community. It also includes how information regarding the organization, its philosophies is shared with the community. The information shared with the community needs to respect cultural values, should reflect the literacy levels of the community and be made available in different formats. In addition, the information needs to be disseminated to different cultural groups in places where they are likely to see it, such as shops, schools, social centers, places of worship, and other meeting places in the community. Another feature of information exchange is that it recognizes natural helpers and alternative community resources as part of the informal network of providers that may exist for certain cultural groups. These alternative/complementary services need to be identified and ideally would be included in a comprehensive resource directory.

- | | | | |
|------|--|---------------------------------------|--|
| 40.0 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence of Prevention (early detection) – education of community via networking, etc. |
| 40.1 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that information is available that respects cultural values. |
| 40.2 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that information respects literacy levels |
| 40.3 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that information is available at key locations in the community |
| 40.4 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that educational material is available in languages other than English |
| 40.5 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that information is available in languages of the community |
| 40.6 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that information to reduce stigma is culturally relevant (different languages, literacy levels, information adapted to satisfy the cultural nuances of the population served) |
| 40.7 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that information about consumers rights: <ul style="list-style-type: none"> a) is available in different languages, b) that it reflects literacy levels, c) respects cultural values, and d) is in different formats Please circle the responses that applies |

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- | | | | |
|------|--|---------------------------------------|--|
| 40.8 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence of communication with informal networks |
| 40.9 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence of community input |
| 50.0 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that culturally informed individuals working with adults, children and their families are supervised by culturally competent staff |
| 50.1 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that all vital/pertinent forms are translated into languages other than English (vital pertinent forms include applications, consumer bill of right, consent/release forms, confidentiality statements, Health Insurance Privacy Protection Act (HIPPA) forms, letters containing important information regarding participation in a program, notices pertaining to the reduction, denial or termination of services or benefits, and/or notices pertaining to the right to appeal such actions or that require a response from beneficiaries) |
| 50.2 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that educational and training materials related to culture and mental health and other related human services are available for the different cultures of adults, children, youth and their families being served |
| 50.3 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that all pertinent materials and forms, especially consent and statements of rights, provided to adults, children, youth and their families, are interpreted from the appropriate cultural perspective, as measured by satisfaction surveys |
| 50.4 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that where reading materials, instructions or information is essential, that appropriate assistance is offered to ensure that the adults, children, youth and their families understand what is being communicated |
| 50.5 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that legal documents are understandable to individuals with Limited English Proficiency (LEP) |
| 50.6 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that legal and key documents are understandable to individuals with Limited Reading Skills (LRS) |

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- 50.7 **YES** **NO** Evidence that the Division and or the organization partners with the following groups to plan, deliver, and evaluate services and supports:
- a) culturally and linguistically diverse individuals from the community
 - b) stakeholders having an interest in delivery of services to the underserved, underrepresented, socially and economically disadvantaged
 - c) natural, informal support and helping networks within diverse communities
 - d) local, regional and national organizations that provide technical assistance on cultural and linguistic competence (e.g. ethnic-specific organizations, centers of excellence, research and training centers, and advocacy organizations)
- Please circle what currently applies

Now, please rate your overall experience with your Information Exchange program below ¹:

★ Benchmark	Substantial	Significant	Partial	Minimal	Non-Compliance
1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1

SCORE 1: BENCHMARK LEVEL OF PERFORMANCE/EXCEPTIONAL PERFORMANCE: THE ORGANIZATION EXCEEDS ALL MAJOR PROVISIONS OF STANDARD AND INTENT

SCORE 2: SUBSTANTIAL COMPLIANCE: THE ORGANIZATION CONSISTENTLY MEETS ALL MAJOR PROVISIONS OF THE STANDARD AND INTENT.

SCORE 3: SIGNIFICANT COMPLIANCE: THE ORGANIZATION MEETS MOST OF THE PROVISIONS OF THE STANDARD AND INTENT.

SCORE 4: PARTIAL COMPLIANCE: THE ORGANIZATION MEETS SOME PROVISIONS OF THE STANDARD AND INTENT.

SCORE 5: MINIMAL COMPLIANCE: THE ORGANIZATION MEETS FEW PROVISIONS OF THE STANDARD AND INTENT.

SCORE 6: NON COMPLIANCE: THE ORGANIZATION DOES NOT MEET THE PROVISIONS OF THE STANDARD AND INTENT.

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III. SERVICES (Check Yes Or No)

Services refer to all activities offered and performed. These activities include, but are not limited to, access to services, comprehensive assessment, development and implementation of service plans, transition planning, and self-help, self-empowerment. Services delivered must be culturally relevant and appropriate. The client’s cultural nuances must be taken into consideration. It must incorporate the concepts of recovery and resiliency. A process for developing culturally competent services that are offered equitably to all cultural groups needs to be in place. Services provided must be adapted to meet the needs of different cultures, for example offering in the preferred language for those who are non-English speaking.

- | | | | |
|------|--|---------------------------------------|--|
| 60.0 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that screening and/or intake/ first contact process (includes application process and agency activity) includes a cultural assessment relating to age, gender, sexual orientation, spirituality and relational roles (poverty and discrimination) and are addressed for both adults, children, youth and their families |
| 60.1 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that commonly used written consumer educational material and other materials for adults, children, youth and their families of the predominant language groups, other than English, within the service population have been translated and made available |
| 60.2 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that educational and training materials related to culture and mental health and other related human services are available for the different cultural groups of adults, children, youth and the families being served |
| 60.3 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that interpreters and bilingual staff are bilingually-proficient and have received training that includes the skills and ethics of interpreting and knowledge in both languages of the terms and concepts relevant to the services being offered, for example, clinical and non-clinical encounters. (Note: Family or friends are not considered adequate substitutes because they usually lack these qualities.) |
| 60.4 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that telephone instructions concerning the agency are available at all times (“24/7”) in languages of all predominant cultural groups of the service area |
| 60.5 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that language assistance is available at the first point of contact with the Division/team/organization for persons with Limited English Proficiency (LEP) |
| 60.6 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that language assistance service is available within one hour at the time of first contact for all who request it |
| 60.7 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that language barrier assistance is immediately shared and offered to adults, children, youth and their families. |

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- | | | | |
|------|--|---------------------------------------|--|
| 60.8 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that the organization has on staff (or through contracts) bilingual staff of the predominant cultural groups of the community |
| 60.9 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that all persons who are used as interpreters, including bilingual staff, have been assessed for the competence of language assistance with topics that have mental health and other related human services content |
| 70.0 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that the Divisions and or the organization description is available in the languages of the predominant cultural groups served |
| 70.1 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that information on rights, including the right to receive language assistance, and grievance procedures, is available in the languages of the predominant cultural groups of the County and users of services |
| 70.2 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that the consumer's preferred spoken language, and self-identified race and ethnicity, are included in the organization's management information system, as well as any records (individual adults, children, youth and their families) used by the staff |
| 70.3 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that oral and written policies, including translated signage at key points of contact, is made available to adults, children, youth and their families in their preferred language, informing them of their right to receive no-cost interpreter services |
| 70.4 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that culturally proficient interpreters and informants serve as paraprofessional members of the adult, child, youth and family team |
| 70.5 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that adult, child, youth and family's choice, in the use of alternative treatment methods, is supported and, when possible, included in the service plan |
| 70.6 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that the service plan (the service being provided) incorporates community-based natural support is encouraged e.g., religious leaders, spiritualist, natural healers, family members, neighbors, etc. |
| 70.7 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that culturally relevant consumer education regarding the system is encouraged |
| 70.8 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that community feedback mechanisms are in place |
| 70.9 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that consumer access is monitored |

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80.0	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Evidence that quality of life of adults, children, youth, families is measurably improved
80.1	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Evidence that evaluation of appropriateness of assessment measures occurs, for example, employability and safety assessment.
80.2	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Evidence that the most effective evidence based practices/practice-based evidence/community defined evidence are being sought (including preventive support)
80.3	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Evidence that there is creative, individualized, innovative access to treatment that is reflective in the service plan
80.4	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Evidence that services can be offered to non-English speaking adults, children, youth and their families
80.5	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Evidence that the consumer is allowed to self-determine his or her own identity
80.6	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Evidence that the consumer receives the opportunity to elaborate on the meaning he or she ascribes to the self-determined identity
80.7	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Evidence that environments are culturally inviting and comfortable for adults, children, youth and their families, other family members and significant others (e.g., decor, ambiance) as measured by consumer surveys
80.8	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Evidence that the environment reflects sensitivity to cultural groups
80.9	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Evidence that the cultural factors in the assessment process relating to age, gender, sexual orientation and relational roles are addressed for adults, children, youth and their families.
90.0	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Evidence that assessment tools (for example, employability and safety assessment tools) utilized by direct care staff are culturally competent, reliable and validated for use with consumers from different cultural groups especially consumers from different cultural groups especially consumers of color
90.1	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Evidence that assessment identify: <ul style="list-style-type: none"> a) beliefs and practices; b) family organizations and relational roles (traditional and non-traditional); c) the impact of ethnically related stressors such as poverty and discriminations; d) beliefs related to health; e) attribution of conditions; f) spirituality; g) previous attempts of help-seeking.

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Please circle the ones that apply.

Please add additional elements in any assessment used that is not mentioned here:

- 90.2 **YES** **NO** Evidence that adults, children, youth and their families are asked:
- a) why are they here for services;
 - b) what are their expectations of the agency,
 - c) what were their previous efforts to obtain and use help,
 - d) what were the outcomes of previous encounters with the Division and or the organization
- Please circle the one that apply
- 90.3 **YES** **NO** Evidence that the consumer is asked to identify the criteria they use to determine when their situation is improved
- 90.4 **YES** **NO** Evidence that consumers (adults, children, youth and their families) are asked to identify criteria they use to determine when their condition is improved, i.e., adults, children and their family are given the opportunity to verbalize their own measures of “feeling better” (does not mean accomplishing goals and objectives in the plan of care.)
- 90.5 **YES** **NO** Evidence that adults, children, youth and their families are asked to identify community resources that can be used to help resolve the presenting situation
- 90.6 **YES** **NO** Evidence that adults, children, youth and their families are asked to identify family resources, if any, are available to help resolve the presenting situation
- 90.7 **YES** **NO** Evidence that any services available have been adapted specifically for the cultural groups served by your Division and or organization
- 90.8 **YES** **NO** Evidence that services and supports have been designed to meet the needs of the culturally and linguistically diverse groups, for example:
- a) family driven
 - b) strength-based
 - c) community based
 - d) flexible times/service hours/ or appointments
 - e) language access services
 - f) culturally-based advocacy
 - g) use of cultural brokers
 - h) culture-specific assessments
 - i) interventions and treatments
 - j) participatory action research/focus groups

Please circle the ones that apply and add additional ones being used and not

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mentioned:

- | | | | |
|-------|--|---------------------------------------|--|
| 90.9 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | <p>Evidence that a culture-specific service is provided to adults, children, youth and their families. Please list the services you currently provide that would satisfy this requirement:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| 100.0 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | <p>Evidence that any interventions available have been adapted or designed specifically for the cultural groups served by your Division and or organization</p> |
| 100.1 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | <p>Evidence that a culture-specific intervention is provided to adults, children, youth and their families of a cultural group, for example, self-help groups specifically designed to meet the needs of individuals receiving more than one service from BCDSS</p> |
| 100.2 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | <p>Evidence that information regarding transportation is included in the consumer rights information or in any information provided to the consumers</p> |
| 100.3 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | <p>Evidence that the service plan (the service being provided) and planned actions (any Division and or organization generated activities or individual plans developed between adults, children, youth and their families and providers of care) for adults, children, youth and their families incorporate consumer-driven goals and objectives that are functionally defined and oriented towards measurable recovery and self-sustaining outcomes.</p> |
| 100.4 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | <p>Evidence that the service plans (service being provided) and planned actions (any plan developed between adults, children, youth and their families and BCDSS) for the consumer reflects awareness of the needs of the entire family.</p> |
| 100.5 | <input type="checkbox"/> YES | <input type="checkbox"/>
NO | <p>Evidence that the service plan (service being provided) for adults, children, youth and their families are developed so that interventions are culturally appropriate.</p> |
| 100.6 | <input type="checkbox"/> YES | <input type="checkbox"/>
NO | <p>Evidence that case/care managers, service coordinators, social workers and direct care givers are knowledgeable about the adults, children, youth and their families community, its resources and natural supports</p> |
| 100.7 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | <p>Evidence that transition planning (separation from agency activities) for adults, children and their families involves the adults, children, youth and their families</p> |

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- | | | | |
|-------|--|---------------------------------------|--|
| 100.8 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that transition planning for adults, children, youth and their families includes the identification for personal, familial, community, and other support systems' strengths to help them improve and maintain healthy lifestyles |
| 100.9 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that consumer rights and confidentiality are reviewed with adults, children, youth and their families. |
| 110.0 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that adults, children, youth and their families, input is shared with clinicians/service providers and guides the design of services and supports. |
| 110.1 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that individuals with culturally different or unique communication styles are triaged to settings that have the capacity to communicate with them effectively |
| 110.2 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that the effectiveness of outreach is monitored for diversity impact |
| 110.3 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that transportation assistance is available for persons who have access problems to the location where services are provided |
| 110.4 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that confidentiality requirements, by incorporating the values of adults, children, youth and their families, including family decisions about services, do not serve as a barrier to care |
| 110.5 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that culturally-defined and socioeconomic needs relevant to the condition and stressors of adults, children, youth and their families are addressed when appropriate |
| 110.6 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that the program attracts consumers from different cultural groups especially consumers from different cultural groups especially consumers of color by having a presence in the community and being involved in community events |
| 110.7 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that individuals expressing interest in a program are given individual attention to discuss their needs |
| 110.8 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that the division involves adults, children, youth and their families who have been successful in programs to outreach to others needing services |
| 110.9 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that the service plan (service being provided) and planned actions for adults, children, youth and their families are supervised directly by a culturally competent staff |
| 120.0 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that the service plan (service being provided) and planned actions |

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incorporate the family's cultural strengths

- | | | | |
|-------|--|---------------------------------------|--|
| 120.1 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that the service plan (service being provided) and planned actions incorporate informal supports, if desired by the adults, child, youth and family |
| 120.2 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that the service plan (service being provided) and planned actions meet the adults, child, youth and family's physical and social needs (for example, housing, transportation, education services) |
| 120.3 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that the service plan(service being provided) for the adults, child, youth and family is provided to them in their preferred language |
| 120.4 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that body language compatible with that of the adult, child, youth and family's culture is acknowledged and used when necessary (for example, eye contact, distance between speakers, hand shaking, how the family is addressed by first name or last name etc.) in the planning and delivery of services |
| 120.5 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that traditional and complimentary resources, for example spiritual and religious healers, are incorporated |
| 120.6 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that natural support systems, community organizations, racial/ethnic/immigrant self-help organizations, and interagency resources are incorporated, except when clinically and/or culturally contraindicated |
| 120.7 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that the mental health needs of adults, children, youth and their families within the context of the entire family is addressed and coordinated |
| 120.8 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that service plan (service being provided) includes and addresses cultural beliefs and attitudes about health and mental health, as well as education about preventive approaches |
| 120.9 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that adult, children, youth and their families involvement is included in the service plan (service being provided), in its development and agreement (please explain if not applicable) |
| 130.0 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that if authorized by the consumer and their families, that contact with and utilization of racial/ethnic community organizations is included in the service plan |
| 130.1 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that services review is conducted within the context of the value system of consumers from different cultural groups especially consumers from the four federally identified cultural groups – African American, American Indian, Asian Pacific Islander and Hispanic/Latino and their families(e.g. egalitarian, participatory, family-focused, spirituality) and address issues specific to their life experience (e.g. racism, discrimination, violence, gender role |

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conflicts, trauma, and life transitions) is addressed

- | | | | |
|-------|--|---------------------------------------|--|
| 130.2 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | <p>Evidence that the service plan (service being provided) is based on knowledge and skills derived from culturally competent planned actions to include concepts of recovery and resiliency that also consider cultural norms, values (e.g. spirituality, community, family), and critical life experiences (e.g. racism and discrimination)</p> |
| 130.3 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | <p>Evidence that when appropriate, culturally defined and socio-economic needs relevant to the consumer's condition and stressors are addressed</p> |
| 130.4 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | <p>Evidence that creative or innovative options and interventions for consumers from the four groups – African American, Hispanic, Native American, and Asian Pacific Islanders - who, for whatever reason, have been labeled historically as non-compliant to instructions/treatment are developed</p> |
| 130.6 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | <p>Evidence that broad based culturally competent educational programs that explain the situations and presenting challenges being addressed/treated, treatment methods, concepts of recovery, sustainability, prevention, and self-help approaches in communication styles understandable to children, youth and their families is included in the planning process</p> |
| 130.7 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | <p>Evidence that services provided to the consumers are performed or guided by culturally competent staff</p> |
| 130.8 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | <p>Evidence that assignment of staff is based on a match between staff skills, including cultural and linguistic competency, and the consumer's and their family's service request, cultural and linguistic needs</p> |
| 130.9 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | <p>Evidence that the optimal utilization of the racial/ethnic workforce includes affording staff a variety of experiences including service to consumers other than consumers from similar background</p> |
| 140.0 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | <p>Evidence that educational materials, relating to traumas relevant for adults, children, youth and their families, include war, trauma, violence, migration, unique aspects of cultural survival and maintenance, socioeconomic status, political unrest, racism, discrimination and culturally-based belief system</p> |
| 140.1 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | <p>Evidence that steps are taken to address linkages to services offered by other systems, the next level of care or transitions into the community</p> |
| 140.2 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | <p>Evidence that continuing education for staff include factors which define cultural differences between and among different racial and ethnic, migrant, and refugee populations, including differences related to history, traditions, values, belief systems, acculturation, assimilation, migration patterns, reasons</p> |

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for immigration and migration, and dialect and language fluency. Please circle the ones you currently address.

- | | | | |
|-------|--|---------------------------------------|---|
| 140.3 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that continuing education for staff include how class, ethnicity, social status, and racism influence behavior, attitudes, values, belief systems, and mental health of consumers and their families from different cultural groups, especially of color |
| 140.4 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that mechanisms are in place to increase the knowledge of staff, how and in what forms they obtain new information, and experiences with existing services |
| 140.5 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that organization has documented processes to be used, before the development of prevention, education, and outreach programs, how to assess and plan to apply information and knowledge about risk factors associated with children, adults, youth and their families from cultural groups served |
| 140.6 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that prevention, education, and outreach approaches include specific services for at-risk consumers and their families |
| 140.7 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that children, youth and their families from different cultural groups, especially families of color, are provided with education and information about the available service benefits in the community and how to access them |
| 140.8 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that prevention, education, and outreach approaches consider the family and community systems in which the primary consumer lives |
| 140.9 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that prevention, education, and outreach plans and methods include linkages with religious organizations in the community, and training of members of the faith community to assist in educating adults, children, youth and their families about mental health |
| 150.0 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence that the Division and or the organization offers programs to educate professionals and consumers about how consumers from the different cultural groups can be more responsible for their own health and preventing illness |
| 150.1 | <input type="checkbox"/>
YES | <input type="checkbox"/>
NO | Evidence of an updated listing of community resources that may be beneficial in providing prevention, education, and outreach services to consumer and their families from the cultural groups served especially those from the four federally |

APPENDIX A.1 – Year 2010 Agency Narrative & Self Evaluation

identified racial/ethnic groups.

- 150.2 YES NO Evidence that the organization is committing sufficient resources (both human and financial) to achieve stated goals of the consumer and their family
- 150.3 YES NO Evidence that the adults, children, youths and their families, (or legal guardian) who has participated in supporting the consumer’s plan of care is involved in transition planning.
- 150.4 YES NO Evidence that the organization has the capacity to survey current research findings and determine their implications for policy making and the use of evidence-based practices in the design and delivery of services and supports for culturally and linguistically diverse groups
- 150.5 YES NO Evidence that the organization has on file all the cultural groups living in the service area
- 150.6 YES NO Evidence that staff is aware of the cultural groups living in the service area
- 150.7 YES NO Evidence that staff has received training regarding the cultural nuances of the different groups in the county

Now, please rate your overall experience with your Services program below ¹:

★ Benchmark	Substantial	Significant	Partial	Minimal	Non-Compliance
1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1

SCORE 1: BENCHMARK LEVEL OF PERFORMANCE/EXCEPTIONAL PERFORMANCE: THE ORGANIZATION EXCEEDS ALL MAJOR PROVISIONS OF STANDARD AND INTENT

SCORE 2: SUBSTANTIAL COMPLIANCE: THE ORGANIZATION CONSISTENTLY MEETS ALL MAJOR PROVISIONS OF THE STANDARD AND INTENT.

SCORE 3: SIGNIFICANT COMPLIANCE: THE ORGANIZATION MEETS MOST OF THE PROVISIONS OF THE STANDARD AND INTENT.

SCORE 4: PARTIAL COMPLIANCE: THE ORGANIZATION MEETS SOME PROVISIONS OF THE STANDARD AND INTENT.

SCORE 5: MINIMAL COMPLIANCE: THE ORGANIZATION MEETS FEW PROVISIONS OF THE STANDARD AND INTENT.

SCORE 6: NON COMPLIANCE: THE ORGANIZATION DOES NOT MEET THE PROVISIONS OF THE STANDARD AND INTENT.

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IV. HUMAN RESOURCES (Check Yes Or No)

Human Resources refer to the management of all employees at all levels of an organization. Staff at all levels must have cultural and linguistic competence training, and such training should be mandated. It is important that training is on-going and continuously updated as new information becomes available or new cultural groups move into the geographic locale and seek services.

- 170.1 **YES** **NO** Evidence that the division and organization incorporates awareness, knowledge, and skills in cultural and linguistic competence into position descriptions for all staff.
- 170.2 **YES** **NO** Evidence that consumers and their family's cultures are represented on organizational staff at all levels of the organization
- 170.3 **YES** **NO** Evidence that organization recruits and hires culturally and linguistically competent staff
- 170.4 **YES** **NO** Evidence that employee orientation material or training material include the organization's policy on cultural and linguistic competence
- 170.5 **YES** **NO** Evidence that all new employees must attend an orientation training session regarding the organization's approach to cultural and linguistic competence
- 170.6 **YES** **NO** Evidence that culturally competent training materials have been developed
- 170.7 **YES** **NO** Evidence that culturally competent training materials have been disseminated
- 170.8 **YES** **NO** Evidence that administrative/management staff has received training in cultural and linguistic competence
- 170.9 **YES** **NO** Evidence that administrative/management staff has representatives of consumers' cultures and languages
- 180.1 **YES** **NO** Evidence of communication with informal networks
- 180.2 **YES** **NO** Evidence that the division and organization has procedures for recruiting new staff who have previous experience with particular cultural groups
- 180.3 **YES** **NO** Evidence that cultural and linguistic competence is an integral part of employee supervision
- 180.4 **YES** **NO** Evidence that the division and organization incorporates awareness, knowledge, and skills in cultural and linguistic competence into performance appraisals for all staff

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- 180.5 **YES** **NO** Evidence of efforts to retain employees of color
- 180.6 **YES** **NO** Evidence of efforts to recruit and retain culturally competent staff
- 180.7 **YES** **NO** Evidence that the division and organization has procedures for recruiting new staff with bilingual skills
- 180.8 **YES** **NO** Evidence of ongoing staff training in cultural and linguistic competence
- 180.9 **YES** **NO** Evidence that all employees are mandated to attend cultural and linguistic competence training
- 190.0 **YES** **NO** Evidence that attendance logs are kept, assessed on a regular basis, at least quarterly, and indicate that at least eight (8) hours of training and education specific to cultural and linguistic competence have been received by all staff each year
- 190.1 **YES** **NO** Evidence that employee's performance evaluation examines completed cultural and linguistic competence training
- 190.2 **YES** **NO** Evidence of mandated training for interpreters
- 190.3 **YES** **NO** Evidence of training sessions for direct care staff in the use of interpreters
- 190.4 **YES** **NO** Evidence that cultural and linguistic competence is an integral part of staff orientation
- 190.5 **YES** **NO** Evidence that cultural and linguistic competence training is an on-going practice including methods of evaluation, feedback and accountability
- 190.6 **YES** **NO** Evidence that culture/race/ethnicity are incorporated into all continuing professional education and other training sessions available to clinical and other professional staff
- 190.7 **YES** **NO** Evidence that there is cultural and linguistic competence training in fiscal management

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- 190.8 **YES** **NO** Evidence that the division and organization's allocation of fiscal resources is sufficient to meet the unique needs and preferences of culturally and linguistically diverse populations:
- a) System's planning (e.g. need and asset assessments, interagency collaboration, blended funding, system-wide vision, philosophy, and policy)
 - b) the delivery of interventions, services and supports
 - c) the collection and analysis of data categories that are useful and reflect the actual diversity among cultural and linguistic groups in the service area
 - d) program monitoring, quality assurance, and evaluation
 - e) annual consumer satisfaction survey
- Please circle what applies
- 190.9 **YES** **NO** Evidence that the division and organization facilitates employment and exchange of goods and services within local communities
- 200.1 **YES** **NO** Evidence that supervisory staff is trained in cultural and linguistic competence skills and knowledge
- 200.2 **YES** **NO** Evidence that the organization provides orientation training, mentoring, and other supports for all volunteers to ensure understanding and acceptance of values, principles, and practices governing cultural and linguistic competence
- 200.3 **YES** **NO** Evidence that the division and organization provides pre-service and in-service training and professional development activities for all staff and governing board members to ensure understanding and acceptance of values, principles, and practices governing cultural and linguistic competence (including families, children, youth, and peer professionals, etc.)
- 200.4 **YES** **NO** Evidence to retain employees from cultural groups served, especially immigrant and refugee groups
- 200.5 **YES** **NO** Evidence of efforts to recruit employees from the cultural groups served, especially immigrant and refugee groups

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Now, please rate your overall experience with your Human Resources program below ¹:

★ Benchmark	Substantial	Significant	Partial	Minimal	Non-Compliance
1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1

SCORE 1: BENCHMARK LEVEL OF PERFORMANCE/EXCEPTIONAL PERFORMANCE: THE ORGANIZATION EXCEEDS ALL MAJOR PROVISIONS OF STANDARD AND INTENT

SCORE 2: SUBSTANTIAL COMPLIANCE: THE ORGANIZATION CONSISTENTLY MEETS ALL MAJOR PROVISIONS OF THE STANDARD AND INTENT.

SCORE 3: SIGNIFICANT COMPLIANCE: THE ORGANIZATION MEETS MOST OF THE PROVISIONS OF THE STANDARD AND INTENT.

SCORE 4: PARTIAL COMPLIANCE: THE ORGANIZATION MEETS SOME PROVISIONS OF THE STANDARD AND INTENT.

SCORE 5: MINIMAL COMPLIANCE: THE ORGANIZATION MEETS FEW PROVISIONS OF THE STANDARD AND INTENT.

SCORE 6: NON COMPLIANCE: THE ORGANIZATION DOES NOT MEET THE PROVISIONS OF THE STANDARD AND INTENT.

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V. POLICIES/PLAN (Check Yes Or No)

Policies/Plans require that organizational policies adhere to principles of cultural and linguistic competence. Mechanisms that require that specific tasks and procedures be conducted need to be in place to lead to culturally competent organizational behaviors. Adherence to these requirements needs to be assessed, and information systems may need to be enhanced to allow for this monitoring. A critical component for any organization is to have in place a comprehensive plan for carrying out cultural and linguistic competence-related activities and monitoring adherence to the principles of cultural and linguistic competence. This can be a stand-alone plan or incorporated into the organization's strategic plan.

- 300.0 YES NO Evidence that cultural and linguistic competence is reflected in policies/plans.
- 300.1 YES NO Evidence that cultural and linguistic competence plan is distributed to all staff members
- 300.2 YES NO Evidence that the implementation strategy of the organization's cultural and linguistic plan has been shared with all staff members
- 300.3 YES NO Evidence that cultural and linguistic competence policies exist in languages of non-English speaking adults, children, youth and their families
- 300.4 YES NO Evidence of a Cultural Competence Committee /or other group dedicated to cultural and linguistic competence that will ensure that activities appropriate to the consumer's culture and language are introduced and carried out.
- 300.5 YES NO Evidence that the governing board of the organization include members of the cultural groups served
- 300.6 YES NO Evidence of meetings of Cultural Competence Committee
- 300.7 YES NO Evidence of cultures of consumers and their families are represented on the cultural competence committee
- 300.8 YES NO Evidence of the existence of a cultural and linguistic competence plan
- 300.9 YES NO Evidence of monitoring of cultural and linguistic competence plan
- 400.0 YES NO Evidence of implementation of the cultural and linguistic competence plan

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- 400.1 YES NO Evidence of periodic review of cultural and linguistic competence plans and initiatives
- 400.2 YES NO Evidence of inclusion of cultural and linguistic competence elements in Management Information System
- 400.3 YES NO Evidence that there is a person or position with overall responsibility for cultural and linguistic competence
- 400.4 YES NO Evidence that the person or position with overall responsibilities for cultural and linguistic competence is at the executive management or leadership level of the organization
- 400.5 YES NO Evidence that the Quality Assurance/Quality Improvement Division (QA/QI) coordinates with the above-mentioned person/position
- 400.6 YES NO Evidence that the QA/QI programs continuously monitor cultural and linguistic competence activities as a part of their routine function
- 400.7 YES NO Evidence that QA/QI programs evaluate performance based on cultural and linguistic competence performance measures
- 400.8 YES NO Evidence that the Cultural Competence Committee reports directly to the leadership level of the organization
- 400.9 YES NO Evidence of organization's involvement in cultural and linguistic competence activities
- 410.0 YES NO Evidence that feedback mechanisms are in place to facilitate necessary budgetary adjustments
- 410.1 YES NO Evidence that the agency/organization has clearly written, consistently implemented and effective policies/and or guidelines to incorporate *cultural competence* into the allocation of fiscal resources that address the needs of culturally and linguistically diverse groups
- 410.2 YES NO Evidence that the agency/organization has clearly written, consistently implemented and effective policies/and or guidelines to incorporate *linguistic competence* into the allocation of fiscal resources that address the needs of culturally and linguistically diverse groups
- 410.3 YES NO Evidence that the agency/organization has clearly written, consistently implemented and effective policies/and or guidelines to support collaboration and community engagement within diverse communities

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- 410.4 YES NO Evidence that the organization has a comprehensive management strategy to address culturally and linguistically appropriate services, including strategic goals, plans, policies, procedures and designated staff responsible for implementation
- 410.5 YES NO Evidence that there are structures and procedures in place to address cross-cultural ethical and legal conflicts in human service delivery and complaints or grievances by **consumers and their families** about unfair, culturally insensitive or discriminating treatment or difficulty in accessing services, or denial of services
- 410.6 YES NO Evidence that there are structures and procedures in place to address cross-cultural ethical and legal conflicts in human service delivery and complaints or grievances by **staff** about unfair, culturally insensitive or discriminating treatment or difficulty in accessing services, or denial of services
- 410.7 YES NO Evidence that there is a distinct budgetary provision for cultural and linguistic competence activities (monies must be distinct from the training budget or earmarked with the training budget, and distinct from the salary of the person(s) responsible for cultural and linguistic competence)
- 410.8 YES NO Evidence that the Cultural Competence Committee has a service/program review function; documentation of the committee's activities must indicate:
a) review of service initiatives with respect to their impact on the consumers and their families from the cultural groups and
b) recommendations for enhancement to services or new initiatives
If YES, that you have a Cultural Competence Committee please indicate the service review function it engages in.
- 410.9 YES NO Evidence that the organization has developed Population-Specific multicultural and linguistic competency checklist
- 410.10 YES NO Evidence that all new organization plans incorporate cultural and linguistic competence elements
- 420.0 YES NO Evidence that division and organization has clearly written, consistently implemented and effective policies and/or guidelines to incorporate *cultural competence* into **all** service functions
- 420.1 YES NO Evidence that division and organization has clearly written, consistently implemented and effective policies and/or guidelines to incorporate *linguistic competence* into **all** service functions
- 420.2 YES NO Evidence that division and organization has clearly written, consistently implemented and effective policies and/or guidelines to incorporate *cultural competence* into human resources and staff development

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- 420.3 YES NO Evidence that division and organization has clearly written, consistently implemented and effective policies and/or guidelines to incorporate *linguistic competence* into human resources and staff development
- 420.4 YES NO Evidence that the CC Plan has concrete objectives
- 420.5 YES NO Evidence that there is a timetable for achieving the objectives of the CC plan
- 420.6 YES NO Evidence that there is a management level person who has responsibility and is accountable for the achievement of the objectives of the CC Plan
- 420.7 YES NO Evidence that the CC Committee reviews services/programs with respect to CC concerns at the organization
- 420.8 YES NO Evidence that the CC Committee reports to Quality Assurance Improvement Team of the organization
- 420.9 YES NO Evidence that the CC Committee participates in planning and implementation of services at the organization
- 430.0 YES NO Evidence that the CC Committee directly transmits recommendations to executive level of the organization
- 430.1 YES NO Evidence that educational and training materials and/or classes is available for adults, children, youth and families from different cultures of the community
- 430.2 YES NO Evidence that the organization can profile its users on population characteristics that are important to specific cultures and critical to the care process
- 430.3 YES NO Evidence that the organization can profile the social resources in the community e.g. houses of worship, civic administrative entities, of its potential service users who belong to multicultural groups
- 430.4 YES NO Evidence that the organization can profile its potential service user community in terms of population characteristics critical to understanding cultures
- 4430.5 YES NO Evidence that language assistance is available for persons with Limited English Proficiency at all points of contact
- 430.6 YES NO Evidence that the organization have caregiver staff members who speak languages other than English

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- 430.7 YES NO Evidence that management includes “minorities” in decision-making capacities
- 430.8 YES NO Evidence that staff is reflective of the client demographic being served
- 430.9 YES NO Evidence that the division and organization incorporates specific requirements and/or measurable objectives for cultural and linguistic competence into contracts (for example, the vendor communities)

Now, please rate your overall experience with your Policies/Plan program below ¹:

★ Benchmark	Substantial	Significant	Partial	Minimal	Non-Compliance
1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1

SCORE 1: BENCHMARK LEVEL OF PERFORMANCE/EXCEPTIONAL PERFORMANCE: THE ORGANIZATION EXCEEDS ALL MAJOR PROVISIONS OF STANDARD AND INTENT

SCORE 2: SUBSTANTIAL COMPLIANCE: THE ORGANIZATION CONSISTENTLY MEETS ALL MAJOR PROVISIONS OF THE STANDARD AND INTENT.

SCORE 3: SIGNIFICANT COMPLIANCE: THE ORGANIZATION MEETS MOST OF THE PROVISIONS OF THE STANDARD AND INTENT.

SCORE 4: PARTIAL COMPLIANCE: THE ORGANIZATION MEETS SOME PROVISIONS OF THE STANDARD AND INTENT.

SCORE 5: MINIMAL COMPLIANCE: THE ORGANIZATION MEETS FEW PROVISIONS OF THE STANDARD AND INTENT.

SCORE 6: NON COMPLIANCE: THE ORGANIZATION DOES NOT MEET THE PROVISIONS OF THE STANDARD AND INTENT.

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VI. OUTCOMES REGARDING CULTURAL AND LINGUISTIC COMPETENCY(Check Yes Or No)

For individual consumers, the goal of achieving desirable outcomes will be evidenced by the positive change, improved social functioning, recovery and self-empowerment. Outcomes for any one cultural group should be consistent with the outcomes for the entire population served by the organization. Particular attention needs to be paid to measures such as high dropout or no-show rates etc as potentially indicative of that services may not be culturally and linguistically competent.

- 500.0 **YES** **NO** Evidence of adult, child, youth and family satisfaction surveys

- 500.1 **YES** **NO** Evidence that outcome data is analyzed and summarized for specific cultural groups within programs/organization (at a minimum by race /ethnicity, gender, and age, preferred language)

- 500.2 **YES** **NO** Evidence that data review include consumers and their families (who currently advice the organization) and culturally competent staff (includes direct care staff) experienced in the delivery of human services

- 500.3 **YES** **NO** Evidence that plan of care (any plan developed between consumers and their families and staff) are culturally competent

- 500.4 **YES** **NO** Evidence that program level data on cultural user groups is used to evaluate the cultural and linguistic competence of the programs

- 500,5 **YES** **NO** Evidence that the organization collects the following as it relates to staff:
 - a) staff satisfaction with employment,
 - b) grievances/complaints
 - c) retention rates of “minority” employees;
 - d) employee attrition;
 - e) staff disciplinary actions;
 - f) is the data broken out by race/ethnicity, gender and age?Please circle the items currently being collected by your agency and identify any additional items it collects and analyze.

- 500.6 **YES** **NO** Evidence that staff satisfaction survey is conducted annually

- 500.7 **YES** **NO** Evidence that staff satisfaction survey is anonymous

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- 500.8 YES NO Evidence that staff satisfaction survey addresses cultural concerns as it relates to the working environment
- 500.9 YES NO Evidence that results of staff satisfaction survey is shared with all staff members and reviewed with the Cultural Competence Committee.
- 510.0 YES NO Evidence that results of the staff satisfaction survey is reviewed by the Quality Assurance/Quality Improvement team
- 510.1 YES NO Evidence that the Quality Assurance/Quality Improvement team include consumers from different cultural groups especially consumers of color and culturally competent staff
- 510.2 YES NO Evidence that the program level outcome data on cultural user groups is transmitted to:
a) the QA/QI division/team/Staff
b) executive management/leadership
c) cultural and linguistic competence designated person
d) Cultural Competence Committee for program evaluation
Please circle the ones that currently apply
- 510.3 YES NO Evidence that if gaps in services are discovered (the review of data) in the quality of services delivered, corrective actions and other monitoring processes are identified, implemented, evaluated to assure compliance and quality. *(You will be asked to provide specifics and policy delineating these processes.)*
- 510.4 YES NO Evidence that consumer satisfaction is conducted:
a) in personal,
b) written or
c) telephone surveys (when telephone surveys are used it should be performed by an “outside” objective organization and consumers and their family’s anonymity should be protected)
Please circle the ones that currently apply
- 510.5 YES NO Evidence that consumer and family satisfaction surveys are a key feature of program evaluation
- 510.6 YES NO Evidence that the relationship between the number of applications and the number of “eligibility” is evaluated
- 510.7 YES NO Evidence of utilization patterns – types of formal services used by the different cultural groups

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510.8 **YES** **NO** Evidence of program retention as evidenced by:
a) no-show rates
b) drop-put rates

510.9 **YES** **NO** Evidence that grievances and complaints have been analyzed for cultural impact (at a minimum data should be analyzed by race/ethnicity, gender and age)

520.0 **YES** **NO** Evidence that the agency/organization collects and analyzes data according to different cultural groups:
a) race
b) ethnicity
c) tribal/clan affiliation
d) language
e) age
f) gender
g) sexual orientation
h) geographic locale
i) religion
j) immigration
k) refugee status
l) socioeconomic status
m) literacy levels
n) other factors affection mental health status of communities such as violence and trauma

Please circle all the elements you currently collect.

List additional elements not mentioned:

520.1 **YES** **NO** Evidence that the agency/organization use the data described in # 500.8 to identify and or modify goals and objectives to eliminate racial and ethnic disparities among adults, children and youth having difficulties and present for help (for example, social-emotional and behavioral disorders or mental illness)

520.2 **YES** **NO** Evidence that the organization evaluates and monitors the quality of interventions, services, and supports (e.g. through use of family and youth satisfaction surveys, focus groups, comparative analysis, policy teams that include families and youth)

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Now, please rate your overall experience with your Outcomes Regarding your Cultural and linguistic competency program below¹:

★ Benchmark	Substantial	Significant	Partial	Minimal	Non-Compliance
1	2	3	4	5	6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1

SCORE 1 BENCHMARK LEVEL OF PERFORMANCE: THE ORGANIZATION EXCEEDS ALL MAJOR PROVISIONS OF STANDARD AND INTENT

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SCORE 6 NON COMPLIANCE: THE ORGANIZATION DOES NOT MEET THE PROVISIONS OF THE STANDARD AND INTENT.

PART IV: Ongoing Initiatives

What were your division's goals and objectives for 2010 regarding cultural and linguistic competence?

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Please summarize your divisions 2009 cultural and linguistic competence activities/achievements.

Please describe any changes that occurred in the last year as a result of information received regarding a consumer's (clients, co-workers, customers) culture.

Please attach a copy of your division's or organization's Cultural and linguistic competence Plan.

PART V: Limited English Proficiency Accommodations

All providers of services must ensure that services are provided in a culturally and linguistically competent manner to all consumers and their families, including those with limited English proficiency (LEP), limited reading skills (LRS), and from diverse cultural and ethnic backgrounds. *The Office of Civil Rights (OCR) Policy Guidance defines a “Limited English Proficiency” (LEP) person as an individual who “cannot speak, read, write, or understand the English language at a level that permits them to interact effectively with health care providers and social service agencies.”*

Please describe your Division’s program that permits/ensures limited English proficiency (LEP) and limited reading skills (LRS) person is given adequate information, is able to understand the services and benefits available, is able to receive those services for which he or she is eligible and is able to interact and communicate effectively with staff and volunteers at your organization. Use the following four elements in your response:

1) Assessment

2) Policy

3) Training of staff

4) Monitoring and oversight.

Reference Material

DATA/EVIDENCE SOURCES

Much of the evidence required can be validated using the data elements from a management information system (MIS). Some are already in place within your organizations (documentation required for billing and quality assurance); other sources of information will require new and sometimes innovative ways to collect and record this information, as well as a simple addition of new data items. An MIS (that includes culture-specific data elements related to the target population) can provide information on access by examining the cultural profiles of the population in treatment, service use by examining utilization rates and service outcomes by examining no-show rates.

Other information will need to come from survey checklists that rely on direct observations of service environments, paper records, or other agency printed materials, including policies and plans for CC activities (Dana, 1998a, 1999b). Very often consumer satisfaction is measured directly through surveys that, in and of themselves, are culturally sensitive. One needs to pay particular attention on how these surveys are administered. However, since such surveys do not always accurately capture satisfaction, lists of grievances/complaints an agency has received or incidents reported may supplement or be even more accurate satisfaction indicators. CC policies/plans related to human resources can be ascertained from aggregated staff statistics, job description, personnel records, and aggregated performance evaluations.

What follows are suggestions of data sources that will allow your organization to comply with most of the requirements necessary for the delivery of culturally competent services. This is no way a suggestion that all these indicators need to be in place; but this will provide a wide array of elements that will help you in your “journey” to providing quality services. From 2000 site reviews, it was obvious that all provider agencies had a cadre of these elements already in place (some needing some minor additions):

- Descriptive information on consumers and the services required
- Management information systems that contain client and service descriptions relevant to CC
- Case and clinical records
- Referral and follow-up procedures/records.

Examination of an organization’s adherence to CC principles:

- Checklists
- Meeting schedules, attendance records, biographies of board members and participant evaluation forms completed by meeting attendees.

Assessments of consumer and family satisfaction with CC activities:

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- Consumer and family satisfaction surveys
- Complaints, grievances, suggestions box
- Incident reports.

Personnel information related to CC:

- Job descriptions, personnel records, performance evaluations.

Information on CC services and organizational connection with alternative/complementary providers and other systems:

- Resource directory, rate schedules
- Inter-agency/inter-system documents.

Additionally, needs assessment activities will require information to characterize the cultural composition of the target and user populations, as well as to document the CC resources available in a given geographic area. These include:

- U.S. census data
- Center for Governmental Research
- Finger Lakes Health Systems Agency – Hispanic Health Study
- Previous studies on composition and economic conditions of the area, e.g., by researchers in a nearby university, by business, as part of market research, as part of federal/state/local research grants, as part of environmental impact statements required for construction
- Neighborhood surveys, e.g., school systems, chambers of commerce, local news organizations, political parties, social services organizations, charities and
- Key informants, e.g., school officials, law enforcement personnel, officials of neighborhood civic and religious groups, business owners, elected officials, hospital officials, etc.

What are some primary data sources?

Data Items in the MIS for Assessing CC: For the purpose of completing the Self-Evaluation Analysis, MIS will refer to the system that manages data about the users of services and the services they receive. The following data elements may already be available in your MIS or they can be easily added to the data collection media (forms, screens).

Data on the participants or the recipients of services are of prime importance to both the service providers and administrators of services. In the process of collecting data, one should always remember and be sensitive to the fact that collecting data, even on sociodemographic variables, is an intrusive process that affects the consumers as well as their families. The degree of intrusiveness experienced by families is dependent on a number of factors, including cultural heritage, social customs, and expectations of outcome.

Consumers and their families participate in the intake interview and data-collection process because they view their participation as serving a legitimate process – that is, in return for providing the requested data, they will receive needed services. Given that initial interviews are used not only to gather factual sociodemographic data and to

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determine the nature of the services sought, but also to establish a working relationship with the consumers and their families, the information provided is contextually grounded and jointly constructed by the families and the interviewer. That is, the consumer/families are strongly influenced by the interviewer and, at the same time, the interview is strongly influenced by the consumer and his/her family.

Consumer Characteristics: In most cases, only the generic item is listed, and other categories may need to be developed to reflect the composition of the community being served.

- Culture/race
- Languages and dialects spoken
- English spoken (y/n)
- Literate (y/n): (literacy is defined as: a literate person can, with understanding, both read and write a short simple statement on his/her everyday life. A person who cannot is illiterate; hence, a person capable of reading and writing only figures and his/her own name is not literate). A fourth grade reading level is considered reasonable standard.
- Education (last grade completed may be a surrogate measure for literacy)
- Age (age at last birthday, date of birth or as a last resort, estimate of age)
- Refugee/immigrant/migrant status (U.S. citizen, permanent resident, other; country of origin; how long in the U.S. or local community)
- Employment status (employed full-time, part-time, not employed – looking for work, Armed Forces; not in the labor force (student, homemaker, retiree, disabled, child, other), how long in this status)
- Address (zip code)
- Poverty (e.g., family income and family composition may serve as an approximation of income)
- Types of mental health services used in the past
- Types of alternative/complementary services used in the past
- Sexual orientation

- Types of services: Codes may be used to identify specific services that have been introduced or adapted to meet the cultural needs of the client/customer population, e.g., Chinese family therapy, services delivered in the community and services that include family members.
- Delivery of services: Date, location of services (at provider location in the community), time of day, time spent, persons present including family members and translator/interpreter, language(s) used, CC screens and assessment instruments used.
- Referral to CC services and follow-up: CC agency referred to, date, consumer engaged (y/n). To obtain these data, follow-up would be required, and the results would need to be entered into the MIS
- Continuity of Services: Type of appointment missed, with whom and reason.

There are other automated systems that an organization may have that contain data useful in the assessment of CC. Some are:

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- Personnel systems: items on employee characteristics related to culture/race, languages and dialects spoken, matched to these same items in the consumer data file. Additional data items may record personnel participation in CC training and service on CC committees and boards
- Incidents, grievances, and complaint systems: the rate at which incidents occur for a cultural group can be assessed if data collected in these reports are linked to consumer data that includes cultural information.

CC Checklist:

Many measures of CC that have been recommended will ascertain the organization's adherence to CC principles through visual inspection of documents, the physical environment, record entries, the written CC plan, signs placed in rooms, or meeting attendance lists. Some of the items to be examined to determine whether CC principles are being followed include:

- Needs assessment reports: cultural profile reports about the target community, lists of consumers and users of services, reports on alternative and complementary resources in the target area.
- Organizational policies: biographies of governing board members to ascertain inclusion of cultural representatives, overall organization CC plan with an implementation timetable translated into the language(s), if applicable, with distribution to staff, review procedures for monitoring the CC plan; periodic review of the policy statement that all new policies be culturally competent; schedules and attendance records of ongoing meetings relevant to CC; mechanisms for identifying natural helpers and alternative community resources; availability and distribution of a plan resource directory listing a comprehensive provider network that includes natural helpers and alternative community resources
- Plan contents: types of CC services offered; family education groups; transportation schedules and bus stop locations; mobile-based CC services for outreach, crisis intervention, screening; CC services available during evening and weekend hours; location(s) where services are provided; availability of translators/interpreters; information on rights and confidentiality provided in the language(s) of the community
- Instruments used by provider: availability and evidence of the use of CC screening, intake and assessment instruments
- Service environment: signs, posters, magazines in the language(s) and reflecting the cultures of the community, lounges, child-care facilities available for family members
- CC courses and training materials: provision of initial and ongoing CC courses for all staff; training in mental health issues for interpreters/translators; training for clinicians in the use of interpreters/translators
- Human resources policies: evidence that CC is considered in recruitment practices and job descriptions; initial and ongoing CC training that is mandated; CC training materials are developed/acquired, distributed to and used by the organization; staff of different cultural groups serve on boards and CC committee; employee evaluation, promotion and salary increases take into consideration attendance and completion of CC training and adherence to CC principles

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- Community information exchange: materials about the consumers disabilities/services offered by the organization designed to reduce stigma and to educate consumers and information on the services offered in different formats, reviewed by local key informants, and available at appropriate literacy levels in the language(s) of the community; distribution of these materials to the staff, consumers and to the community at key locations
- Communication/joint activities with alternative/complementary service providers: documentation that joint activities are conducted.

Consumer and Family Satisfaction Surveys

Participation of consumers and family members is essential for the planning, delivery and evaluation of services that are culturally competent. The means used to elicit this information requires sensitivity and skill and needs to recognize that level of satisfaction with services received may be different for the consumers and for the families. The survey methods and instruments used must recognize the norms of the cultural/racial groups being served. The following are some recommendations:

- Services: satisfaction with services that are available; hours of services; services received; care giver; translators or interpreters; assistance in completing forms; meetings with family and/or with desired community member or advocate
- Information: CC information (educational materials) on the disability being presented for treatment and on rights and benefits, satisfaction with materials, satisfaction with discussion(s) with staff member(s) and on topics covered in materials.
- Environment: satisfied/comfortable with environment
- Continuity: reason(s) for appointments not kept, for dropping out
- Satisfaction/evaluation of meetings: participant's satisfaction/evaluation survey of participants in any meeting concerning CC or related issues on content, time and place of meeting.

The information gained can then be utilized for self-improvement on an organizational level, as well as for the assessment of CC.

Adopted from Cultural Competence Performance Measures for Managed Behavioral Healthcare Programs, Sponsored by the Substance Abuse and Mental Health Administration, Center for Mental Health Services