

## Measures/Indicators of Cultural Competence

Domains/ Definitions	Topic Area	Measures/ Indicators	Capacity/ Structure	Process	Outcome/ Impact	Org. View point	Literature Citation
<b>VALUES AND ATTITUDES</b>	Appreciate, respect different cultures	<p>Indicate (A)= things I do frequently; (B)= things I do occasionally; (C)= Things I do rarely or never.</p> <ul style="list-style-type: none"> <li>• I recognize and accept that folk and religious beliefs may influence a family's reaction and approach to a child born with a disability or later diagnosed with a disability or special health care needs.</li> <li>• I understand that traditional approaches to disciplining children are influenced by culture.</li> <li>• I understand that families from different cultures will have different expectations of their children for acquiring toileting, dressing, feeding, and other self-help skills.</li> <li>• I accept and respect that customs and beliefs about food, its value, preparation, and use are different from culture to culture.</li> <li>• Before visiting or providing services in the home setting, I seek information on acceptable behaviors, courtesies, customs and expectations that are unique to families of specific cultures and ethnic groups served by my program or agency.</li> <li>• I seek information from family members or other key community informants, which will assist in service adaptation to respond to the needs and preferences of culturally and ethnically diverse children and families served by my program or agency.</li> <li>• I advocate for the review of my program's or agency's mission statement, goals, policies, and procedures to insure that they incorporate principles and practices that promote cultural diversity and cultural competence.</li> <li>• In group therapy or treatment situations, I discourage children from using racial and ethnic slurs by helping them understand that certain words can hurt others.</li> <li>• I screen books, movies, and other media resources for negative cultural, ethnic, or racial stereotypes before sharing them with children and their parents served by our program.</li> </ul>					Georgetown University Child Development Center-National Center for Cultural Competence (NCCC) <i>Checklist on Values and Attitudes</i> . Tawara Goode. June 1989. Revised 1993, 1996, 1999 and 2000

		<ul style="list-style-type: none"> <li>• I intervene in an appropriate manner when I observe other staff or parents within my program or agency engaging in behaviors that show cultural insensitivity or prejudice.</li> <li>• I understand and accept that family is defined differently by different cultures (e.g. extended family members, fictive kin, godparents).</li> <li>• I recognize and accept that individuals from culturally diverse backgrounds may desire varying degrees of acculturation into the dominant culture.</li> <li>• I accept and respect that male-female roles in families may vary significantly among different cultures (e.g. who makes major decisions for the family, play and social interactions expected of male and female children).</li> <li>• I understand that age and life cycle factors must be considered in interactions with individuals and families (e.g. high value placed on the decisions of elders or the role of the eldest male in families).</li> <li>• Even though my professional or moral viewpoints may differ, I accept the family/parents as the ultimate decision makers for services and supports for their children. I recognize that the meaning or value of medical treatment and health education may vary greatly among cultures.</li> <li>• I accept that religion and other beliefs may influence how families respond to illnesses, disease, and death</li> </ul>					
	Mission, vision	Mission/vision statements commit to the delivery of culturally and linguistically competent service.					Maternal and Child Health Bureau (April 30, 2000). Title V Block Grant Performance Measure. Health Resources and Services Administration. Getting Started... Planning, Implementing and Evaluating Culturally Competent Service Delivery Systems for Children with Special Health Needs and their Families," Georgetown University Child Development Center, National Center for Cultural Competence and "Policy Brief 1: Rationale for Cultural Competence in Health Care," Georgetown University Child Development Center, National Center for Cultural Competence
	Mission, vision	Self-certification that its mission statement/strategic vision support diversity and cultural competence					Abt Associates (January, 2000). Report on Recommendations for Measures of Cultural Competence for the Quality Improvement System for Managed Care. Report prepared for HCFA.
<b>CULTURAL SENSITIVITY</b>	Non verbal communication	Translate and make available signage and commonly used written patient education and other materials for members of the predominant language groups in their service area					Office of Minority Health (1999) Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda, Recommended Standards for Culturally and Linguistically Appropriate Health Care Services. Bureau of Primary Health Care. (1999). Cultural Competence: A Journey.HRSA. Health Resources and Services Administration (2000). Cultural Competence Works. Awards of Excellence

	Non verbal communication	Number of pertinent written, oral, and symbolic consumer and family materials (including consent forms, statement of rights forms, posters, signs, and audio tape recordings) provided to consumers from various racial/ethnic groups and their families that are interpreted from the appropriate cultural perspective, as measured by consumer satisfaction surveys.					Center for Mental Health Services (Nov, 1998)) Cultural Competence in Managed Care. Overall System Standards and Implementation Guidelines. Mental Health Services for Four Underserved/ Underrepresented Racial/Ethnic Groups Prepared for Substance Abuse and Mental Health Services Administration. Purchase Order No. 97MO4762401D
	Visual representation	Ensure that posters, magazines, signs are in languages of the community.					The New York State Office of Mental Health. The Research Foundation for Mental Hygiene. (September 1998) Cultural Competence Performance Measures for Managed Behavioral Healthcare Programs. In Collaboration with the Center for the Study of Issues in Public Mental Health. Funded by the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. The Bureau of Primary Health Care. (1999). Cultural Competence: A Journey. Health Resources and Services Administration, Bureau of Primary Health Care.
	Culturally sensitive encounters	Conduct assessment of patient/parent beliefs using the following checklist: <ul style="list-style-type: none"> <li>• Identification of beliefs that affect clinical care</li> <li>• Suggest alternatives to harmful home remedies</li> <li>• Explain etiology and treatment rationale for given biomedical condition</li> </ul>					Progress Notes (December 1999). A Model of Cultural Competency in Health Care. A Newsletter of the Massachusetts Chronic Disease Improvement Network. Vol.3, No.3
	Culturally sensitive clinical and non-clinical encounters	Use the following set of questions to assess folk illnesses and remedies: <ul style="list-style-type: none"> <li>• Indicate awareness of the existence of a folk illness that doctor may not know about</li> <li>• Ask whether the patient has the illness now</li> <li>• Ask what treatment the patient is receiving for the condition.</li> </ul>					Progress Notes (December 1999). A Model for Cultural Competency in Health Care. A Newsletter of the Massachusetts Chronic Disease Improvement Network. Vol.3, No.3
	Culturally sensitive clinical and non-clinical encounters	Conduct health beliefs inventory of patient to understand the patient's explanatory model for illness.					Progress Notes (December 1999). Practicing Culturally Sensitive Pediatrics. A Newsletter of the Massachusetts Chronic Disease Improvement Network. Vol.3, No.3

<p><b>COMMUNICATION</b></p>	<p>Communication styles</p>	<p>Checklist from the NCCC on Communication style. Indicate A= things I do frequently B= things I do occasionally C= Things I do rarely or never.</p> <ul style="list-style-type: none"> <li>- For children who speak languages or dialects other than English, I attempt to learn and use key words in their language so that I am better able to communicate with them during assessment, treatment or other interventions.</li> <li>- I attempt to determine any familial colloquialisms used by children and families that may affect assessment, treatment or other interventions.</li> <li>- I use visual aids, gestures, and physical prompts in my interactions with children who have limited English proficiency.</li> <li>- I use bilingual staff or trained volunteers to serve as interpreters during assessment, meetings, or other events for parents who would require this level of assistance.</li> <li>- When possible, I insure that all notices and communiqués to parents are written in their language of origin.</li> <li>- I understand that it may be necessary to use alternatives to written communications for some families, as word of mouth may be a preferred method of receiving information.</li> <li>- When interacting with parents who have limited English proficiency I always keep in mind that: (1) Limitations in English proficiency are in no way a reflection of their level of intellectual functioning; (2) Their limited ability to speak the language of the dominant culture has no bearing on their ability to communicate effectively in their language of origin; and (3) They may or may not be literate in their language of origin or English.</li> </ul>				<p>Georgetown University Child Development Center-National Center for Cultural Competence (NCCC) Checklist on Communication Styles. Goode (June, 1989;. Revised 1993, 1996, 1999 and 2000)</p>
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COMMUNICATION	Interpreter	<ul style="list-style-type: none"> <li>Yearly updated directory of trained interpreters available within 24 hours for routine situations and within one hour or less for urgent situations.</li> <li>% of bilingual staff and interpreters certified or having formally demonstrated their linguistic competence.</li> <li>% decrease in the use of interpreters as a result of increased numbers of professional staff competent in the communication styles of consumers from the ethnic/racial groups.</li> <li>Number of trainings provided to clinicians in the use of interpreters for consumers from the various racial/ethnic groups and their families.</li> <li>% of translators working with consumers from various racial/ethnic groups and families who are trained in formal interpretation techniques and supervised by culturally competent specialist.</li> </ul>				Center for Mental Health Services (Nov, 1998)) Cultural Competence in Managed Care. Overall System Standards and Implementation Guidelines. Mental Health Services for Four Underserved/ Underrepresented Racial/Ethnic Groups. Prepared for Substance Abuse and Mental Health Services Administration (SAMHSA). Purchase Order No. 97MO4762401D
	Interpreter	<p>Patient survey:</p> <ul style="list-style-type: none"> <li>How often is an interpreter present during your office visits?(never, sometimes, frequently, always, doctor speaks my language)</li> <li>If your primary language is other than English, which of the following services does your health plan offer in your primary language? <ul style="list-style-type: none"> <li>Interpreter of bilingual staff in the emergency room</li> <li>Interpreter or bilingual staff in the laboratory</li> <li>Interpreter of bilingual staff in -ray</li> <li>Interpreter or bilingual staff in EKG</li> <li>Interpreter for visits to authorized non-Plan providers</li> </ul> </li> <li>How satisfied are you with the language interpreter you receive under your health plan?</li> <li>Have you ever had to wait more than 2 days to see a plan physician for attention to a condition that you felt required immediate attention due to the unavailability of a plan provided interpreter?</li> <li>Who usually interprets during your office visit?</li> </ul>				Munoz, R.H., Sanchez, A.M. Developing Culturally Competent Systems of Care for State Mental Health Services. Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Prepared for the Substance Abuse and Mental Health Services Administration under contract No. 94MF113927
	Translated materials	Activities and material, including an updated listing of community resources, are provided in the language(s) of the population(s) being served.				Center for Mental Health Services (Nov, 1998). Cultural Competence in Managed Care. Overall System Standards and Implementation Guidelines. Order No. 97MO4762401D

	Translated materials	Allocated resources for interpretation and translation services for medical encounters and health education / promotion material					Maternal and Child Health Bureau. (April 30, 2000). Title V Block Grant Measure. Health Resources and Services Administration.
	Translated materials	<ul style="list-style-type: none"> <li>- Percent of clients who receive oral and written notices, including translated signage at key points of contact, in their primary language informing them of their right to receive no-cost interpreter services.</li> <li>- Percentage of clients with limited English proficiency (LEP) who have access to bilingual staff or interpretation services.</li> <li>- Translate and make available signage and commonly used written patient educational material and other materials for members of the predominant language groups in service areas.</li> </ul>					<p>Office of Minority Health (1999). Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda Recommended Standards for Culturally and Linguistically Appropriate Health Care Services.</p> <p>The Bureau of Primary Health Care. (1999). Cultural Competence: A Journey. Health Resources and Services Administration, Bureau of Primary Health Care.</p> <p>Health Resources and Services Administration (2000). Cultural Competence Works. Awards of Excellence.</p>
	Translated materials	<ul style="list-style-type: none"> <li>• Policies and procedures regarding the translation of patient consent forms, educational materials, and other information in formats that meet the literacy needs of patients.</li> <li>• Policies and procedures to evaluate the quality and appropriateness of interpretation and translated services.</li> <li>• Policies and procedures to periodically evaluate consumer and personnel satisfaction with interpretation and satisfaction services that are provided.</li> </ul>					National Center for Cultural Competency (Winter, 2000) Policy Brief 2: Linguistic Competence in Primary Health Care Delivery Systems: Implications for Policy Makers.
	Translated materials	Information on rights is available in languages of community					The New York State Office of Mental Health. The Research Foundation for Mental Hygiene. (September 1998) Cultural Competence Performance Measures for Managed Behavioral Healthcare Programs. In Collaboration with the Center for the Study of Issues in Public Mental Health. Funded by the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.
	Linguistically competent organization	<ul style="list-style-type: none"> <li>• Percent of racial/ethnic customers receiving linguistically competent services</li> <li>• Percentage of consumers from diverse ethnic/racial groups served in their preferred language</li> </ul>					Center for Mental Health Services (Nov, 1998) Cultural Competence in Managed Care. Overall System Standards and Implementation Guidelines. Purchase Order No. 97MO4762401D

	Linguistically competent organization	<ul style="list-style-type: none"> <li>• Language and dialects of community available at the point of first contact</li> <li>• # of trained translators and interpreters available</li> <li>• # staff proficient in languages of the community</li> </ul>					The New York State Office of Mental Health. The Research Foundation for Mental Hygiene. (September 1998) Cultural Competence Performance Measures for Managed Behavioral Healthcare Programs. In Collaboration with the Center for the Study of Issues in Public Mental Health. Funded by the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.
	Linguistically competent organization	<p>- Interpreters and bilingual staff demonstrate bilingual proficiency and receive training that includes the skills and ethics of interpreting, and knowledge in both languages of the terms and concepts relevant to clinical or non-clinical encounters.</p> <p>- Linguistically and culturally factored consumer satisfaction surveys are independently administered and include health plan dropout rates and short-term recipients.</p>					Office of Minority Health (1999). Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda Recommended Standards for Culturally and Linguistically Appropriate Health Care Services.
	Linguistically competent organization	<p>Patient Survey:</p> <p>If your primary language is other than English, which of the following services does your health plan offer in your primary language?</p> <ul style="list-style-type: none"> <li>- Health plan forms and brochures describing benefits</li> <li>- Answers by phone or in person to questions about plan benefits and procedures</li> <li>- Telephone access to doctors 24 hours a day in case of urgent need</li> <li>- Making appointments with your doctor</li> <li>- Assistance getting authorization to see a specialist</li> <li>- Identification of doctors who speak your language and/or understand your culture</li> <li>- Health education and health prevention programs in your community</li> <li>- Handling complaints about your care or treatment by the health plan</li> <li>- On-going updates on plan information</li> </ul>					Munoz, R.H., Sanchez, A.M. Developing Culturally Competent Systems of Care for State Mental Health Services. Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Prepared for the Substance Abuse and Mental Health Services Administration under contract No. 94MF113927
	Linguistically competent organization	Percentage of consumers from diverse ethnic/racial groups served in their preferred language.					Center for Mental Health Services (Nov, 1998). Purchase Order No. 97MO4762401D

	Linguistically competent organization	<p>Items from Patient Satisfaction Survey Tool:</p> <ul style="list-style-type: none"> <li>-How well can you communicate with your doctor in English?</li> <li>-How often is an interpreter present during your office visits</li> <li>-Who usually interprets during your office visit?</li> <li>-If your primary language is other than English, which of the following services does your health plan offer in your primary language?</li> <li>-How satisfied are you with the language interpreting you receive under your health plan?</li> <li>-How understandable are the written communications you receive from your health plan?</li> <li>-Are the instructions for using the drug prescribed for you which are on the labels of the pill bottles written in your native language?</li> <li>-Does the pharmacist explain the instructions for taking prescriptions to you in your native language?</li> </ul>					Tirado, M. (January, 1996). Tools for Monitoring Cultural Competence in Health Care. Latino Coalition for a Health California. San Francisco, CA
	Linguistically competent organization	<ul style="list-style-type: none"> <li>- Policies and procedures are in place regarding the translation of patient consent forms, educational materials and other information in formats that meet the literacy needs of the patient</li> <li>- Policies and procedures are in place to evaluation the quality and appropriateness of interpretation and translation services</li> <li>- Policies and resources are in place to support community outreach initiatives to persons with limited English proficiency.</li> <li>- Policies and procedures are in place to periodically review the current and emergent demographic trends for the geographic area served in order to determine interpretation and translation services.</li> </ul>					Maternal and Child Health Bureau (1990) State Children with Special Health Care Needs Title V Directory Workshop: Improving State Services for Culturally Diverse Populations.
	Linguistically competent organization	Comprehensive management strategy to address culturally and linguistically appropriate services, including strategic goals, plans, policies, procedures, and designated staff responsible for implementation.					Office of Minority Health (1999) Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda Recommended Standards for Culturally and Linguistically Appropriate Health Care Services.
	Linguistically competent organization	Availability of cultural competent policies in different languages.					The New York State Office of Mental Health. The Research Foundation for Mental Hygiene. (Sept. 1998) Cultural Competence Performance Measures for Managed Behavioral Healthcare Programs. Funded by SAMHSA, CMHS
	Linguistically competent organization	Policies and resources to support ongoing pre-service, inservice and professional development in the area of cultural and linguistic competence					Maternal and Child Health Bureau (April 30, 2000). Title V Block Grant Measure. Department of Health and Human Services.

	Linguistically competent organization	Complies with current law s/regulations regarding interpreter services as measured by whether provider meets requirements or in a weighted average of compliance ratings for items				Abt Associates (January, 2000). Report on Recommendations for Measures of Cultural Competence for the Quality Improvement System for Managed Care. Report prepared for HCFA
	Linguistically competent organization	Consumer education information respects cultures, reflects literacy levels and is in different formats				The New York State Office of Mental Health. The Research Foundation for Mental Hygiene. (September, 1998) Cultural Competence Performance Measures for Managed Behavioral Healthcare Programs.
	Linguistic capacity of provider	Conduct audit of provider network which includes the following components: <ul style="list-style-type: none"> <li>• Languages and dialects of community available at points of first contact</li> <li>• # trained translators and interpreters available</li> <li>• # clinicians and staff proficient in languages of the community</li> </ul>				The New York State Office of Mental Health. The Research Foundation for Mental Hygiene. (September, 1998). Cultural Competence Performance Measures for Managed Behavioral Healthcare Programs.
	Linguistic capacity of provider	Policies to support community outreach to persons with limited English proficiency				National Center for Cultural Competency (Winter, 2000) Policy Brief 2: Linguistic Competence in Primary Health Care Delivery Systems: Implications for Policy Makers.
	Linguistic capacity of provider	Use of language fluency examinations to determine the level of competence of clinicians and interpreters to provide comprehensive clinical and preventive care				Center for Mental Health Services (Nov, 1998). Purchase Order No. 97MO4762401D
	Linguistic capacity of provider	Procedures to periodically review the current and emergent demographic trends for the geographic area served in order to determine interpretation and translation service needs				National Center for Cultural Competency (Winter, 2000) Policy Brief 2: Linguistic Competence in Primary Health Care Delivery Systems: Implications for Policy Makers.
	Language ability, oral and written of consumer	Consumer reading, writing levels of primary language and dialects recorded.				The New York State Office of Mental Health. The Research Foundation for Mental Hygiene. (Septembe,1998). Cultural Competence Performance Measures for Managed Behavioral Healthcare Programs.
	Provide information, education	Resource materials are accessible to the diverse population served				<i>Getting Started. Planning, Implementing and Evaluating Culturally Competent Service Delivery Systems for Children with Special Health Needs and their Families and Policy Brief 1: Rationale for Cultural Competence in Health Care.</i> Georgetown University Child Development Center, National Center for Cultural Competence

	Provide information, education	Information is available that: - Respects cultural values - Is in different formats - Is in the languages of the community.  Material is reviewed by local key informants.  Information is disseminated to provider network.  - Organization has the capacity to disseminate information on health care plan benefits in languages of community. - Organization has the capacity to disseminate information and explanation of rights to enrollees.					The New York State Office of Mental Health. The Research Foundation for Mental Hygiene. (September 1998). Cultural Competence Performance Measures for Managed Behavioral Healthcare Programs.
	Administration and staff should be able to translate, cultural brokering	Promote and support the attitudes, behaviors, knowledge, and skills necessary for staff to work respectfully and effectively with patients and each other in a culturally diverse work environment.					Office of Minority Health (1999) Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda Recommended Standards for Culturally and Linguistically Appropriate Health Care Services.
<b>POLICIES AND PROCEDURES</b>	Choice of health plan network	Contract continuation and renewal with health plan is contingent upon successful achievement of performance targets which demonstrate effective service, equitable access and comparability of benefits for populations of racial/ethnic groups					Center for Mental Health Services (Nov, 1998). Purchase Order No. 97MO4762401D
	Choice of providers, provider network	Health plan contracts with, and utilizes local racial/ethnic community-based organizations and independent practitioners in its network and includes them in the provider's network or panel.					Center for Mental Health Services (Nov, 1998). Purchase Order No. 97MO4762401D
	Choice of providers, provider network	Self-certification regarding specific requirements(e.g., designation as an AA/EEO employer, job descriptions include requirements for cultural competence, performance evaluations measure and reward culturally competent behaviors)					Abt Associates (January, 2000). Report on Recommendations for Measures of Cultural Competence for the Quality Improvement System for Managed Care. Report prepared for HCFA.
	Grievance and conflict resolution	Organization has structures and procedures to address cross cultural ethical and legal conflicts in health care delivery and complaints or grievances by patients and staff about unfair, culturally insensitive or discriminatory treatment, or difficulty in accessing services, or denial of services					Office of Minority Health (1999) Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda Recommended Standards for Culturally and Linguistically Appropriate Health Care Services.

	Grievance and conflict resolution	There are feedback mechanisms in place that track # grievances and complaints and # incidents.					The New York State Office of Mental Health. The Research Foundation for Mental Hygiene. (September 1998) Cultural Competence Performance Measures for Managed Behavioral Healthcare Programs. In Collaboration with the Center for the Study of Issues in Public Mental Health. Funded by the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.
	Grievance and conflict resolution	Patient complaints and grievances (e.g., differences in the per capital number of complaints or grievances filed by members of each patient group)					Abt Associates (January, 2000). Report on Recommendations for Measures of Cultural Competence for the Quality Improvement System for Managed Care. Report prepared for HCFA
	Grievance and conflict resolution	<p>- Racial/ethnic consumer awareness of and participation in Health Plan benefits, appeals procedures, and ombudspersons, as demonstrated by the comparability of the rate of grievances and complaints.</p> <p>- The percentage of complaints and grievances of individual practitioners is tracked and factored into performance evaluations.</p>					Center for Mental Health Services (Nov, 1998) Cultural Competence in Managed Care. Overall System Standards and Implementation Guidelines. Mental Health Services for Four Underserved/ Underrepresented Racial/Ethnic Groups Prepared for Substance Abuse and Mental Health Services Administration. Purchase Order No. 97MO4762401D
	Policy development	Incorporation of cultural values and priorities in services planning/implementation/evaluation activities.					Nelkin, V.S. I (1994) To Improve access to Care and Quality of Life for all Children with Special Healthcare Needs and Their Families.
	Policy development	<p>Provider Survey:</p> <p>As a matter of formal policy, does you agency: (no policy, considering policy, currently writing formal policy, policy in place)</p> <ul style="list-style-type: none"> <li>- Use culture-specific assessment instruments for diagnosis</li> <li>- Use culture-specific treatment approaches</li> <li>- Envision community empowerment as a treatment goal</li> <li>- Review case practices on a regular basis to determine relevancy to client of color</li> <li>- Provide or facilitate transportation</li> <li>- Allow access after regular business hours</li> <li>- Specifically consider culture in services plans</li> <li>- Take referrals from non-traditional sources</li> </ul>					Mason (1995) Cultural Competence Self Assessment Questionnaire: A Manual for Users. Multicultural Initiative Project, Portland Sate University, Research and Training Center on Family Support and Children's Mental Health

		<ul style="list-style-type: none"> <li>- Translate agency materials into languages that reflect the linguistic diversity in your service area</li> <li>- Solicit input from groups of color with respect to physical plant location and interior design</li> </ul>					
	Policy development	<ul style="list-style-type: none"> <li>- Does your organization have policies, training standards, etc. that are used to promote culturally competent system of care for ethnically diverse adults with serious mental illness?</li> <li>- What, if any, mechanism do you have for ensuring that policies are carried out?</li> </ul>					Munoz, R.H., Sanchez, A.M. Developing Culturally Competent Systems of Care for State Mental Health Services. CMHS/SAMHSA.
	Policy development	<p>Program self-assessment survey on policies and procedures:</p> <p><i>In diagnosis and assessment, how is the client's culture taken into account?</i></p> <ul style="list-style-type: none"> <li>- We rarely or never discuss this option, so far as I know</li> <li>- We sometimes discuss this option, and might change at some point</li> <li>- No special instruments or guidelines are used, but workers are instructed to take culture into account</li> <li>- When needed, workers or teams may use special instruments or guidelines that address cultural concerns</li> <li>- We have a series of assessment questions addressing culture and asked of all clients.</li> </ul> <p><i>In treating clients, how is culture taken into account?</i></p> <p><i>How does the program decor reflect the cultural heritage of clients and families using the facility</i></p> <ul style="list-style-type: none"> <li>- Music in waiting room, eating or drop-in areas, program activity spaces, etc.</li> <li>- Foods or beverages served or sold</li> <li>- Wall maps, posters, photos or other art work of places or people or objects familiar to clients (includes individuals admired by the clients' communities)</li> <li>- Reading matter in the waiting room or client reading area in the first language of non-English speakers or popular within clients' communities</li> </ul>					Weiss, C. I., & Minsky, S. (1994). Program self-assessment survey for cultural competence: A manual. New Jersey Division of Mental Health and Hospitals.

		<ul style="list-style-type: none"> <li>- Notices and place signs in the first language of the non-English speakers</li> <li>A bulletin board with news items and other material of cultural interest, e.g., local events or media broadcasts</li> <li><i>How and when do program staff learn about: clients' cultures and their service needs and barriers to treatment; their beliefs, customs and norms, as well as diversity within the groups; and their helping resources ?</i></li> <li>- During in-service training held on-site at least once a year</li> <li>- Through a connection with a nearby academic setting, informing the program of learning opportunities and resources</li> <li>- From a program plan, report or other document</li> <li>- By collecting information about persons who use or need the program</li> <li>- Through a dialogue with members of local communities</li> <li>- From a library of books and other resource - During orientation for new staff</li> <li>- From a bulleting board announcing upcoming conferences; TV shows</li> <li>- From guest speakers</li> <li>- Through collaboration with outside researchers, clinicians, or others</li> <li><i>How does the program help to prepare staff?</i></li> <li>- These staff receive career counseling, and leave from work as needed, to aim for higher positions (e.g., skill building, test taking, pursuing postings)</li> <li>- Promotional opportunities are announced in general staff meetings or on a circular bulleting board seen by all staff</li> <li>- Orientation include an affirmative action unit that tells new staff where to get more information and how to lodge a complaint</li> <li>- Job requirements do not bar paraprofessionals from positions where they could perform well</li> <li>- The program has an affirmative action bulletin board, or section of a bulletin board, that addresses discrimination in hiring or promotions</li> </ul>					
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	Planning and governance	Demonstration of a cultural competence system evaluation.					Mason (1995). Cultural Competence Self Assessment Questionnaire: A Manual for Users. Multicultural Initiative Project, Portland Sate Univ. Research and Training Center on Family Support and Children's Mental Health.
	Planning and governance	<ul style="list-style-type: none"> <li>- Presence of a Cultural Competence Plan and defined steps for its integration at every level of organizational planning. Presence, within the Cultural Competence Plan, of related policy/procedure changes.</li> <li>- Demonstration of staff and consumer awareness and acceptance of the Cultural Competence Plan.</li> <li>- Presence of culturally-informed policies of practitioner behavior and performance-based demonstrations of implementation.</li> <li>- Composition of the governing board, advisory committee, other policy-making and influencing groups, and consumers served reflects service area demographics</li> <li>- Health plan enrollee cultures are represented on the governing board (Data source: bios of board members)</li> </ul>					Center for Mental Health Services (Nov, 1998). Purchase Order No. 97MO4762401D
	Adequate financing	Access to traditional healers is covered by the health plan's benefit package.					Center for Mental Health Services (Nov, 1998). Purchase Order No. 97MO4762401D
	Staff hiring, recruitment	<ul style="list-style-type: none"> <li>- # of multilingual/multicultural staff</li> <li>- ratio by culture of staff to clients</li> </ul>					The Lewin Group (1996) Draft Performance Indicator Worksheet. Title IV. Prepared for HRSA.
	Staff hiring, recruitment	<p>Provider survey:</p> <p>Are there people of color on the staff of your agency?</p> <p>Are there people of color represented in: (none, a few, some, many)</p> <ul style="list-style-type: none"> <li>- Administrative positions</li> <li>- Direct service positions</li> <li>- Administrative support positions</li> <li>- Operational support positions</li> <li>- Board positions</li> <li>- Agency consultants</li> <li>- Case consultants</li> <li>- Sub-contractors</li> </ul>					Mason (1995) Cultural Competence Self Assessment Questionnaire: A Manual for Users. Multicultural Initiative Project, Portland Sate University, Research and Training Center on Family Support and Children's Mental Health.

		<p>Does your agency: (none, a few, some, many)</p> <ul style="list-style-type: none"> <li>- Hire natural helpers or other non-credentialed people of color as paraprofessionals</li> <li>- Hire practicum students or interns of color</li> <li>- Out-station staff in communities of color</li> <li>- Hire bilingual staff</li> </ul> <p>Does your agency emphasize active recruitment of people of color?</p> <p>How well has your agency been able to retain people of color on staff?</p>					
	Staff hiring, recruitment	Develop and implement a strategy to recruit, retain and promote qualified, diverse and culturally competent administrative, clinical, and support staff that are trained and qualified to address the needs of the racial and ethnic communities being served.					Office of Minority Health (1999) Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda Recommended Standards for Culturally and Linguistically Appropriate Health Care Services.
	Staff hiring, recruitment	<ul style="list-style-type: none"> <li>- Presence of a plan for recruitment, retention and promotion of staff of racial/ethnic backgrounds representative of the target population served.</li> <li>- Recruitment, retention, and career development plan for racial/ethnic and other culturally competent mental health professionals.</li> <li>-Proportionality of racial/ethnic staffing to the needs of diverse racial/ethnic populations.</li> <li>-Human Resource Development Plan is inclusive of recruitment, retention and development of staff at all levels to enhance and ensure quality culturally competent services to consumers from the four groups and their communities.</li> </ul>					Center for Mental Health Services (Nov, 1998). Purchase Order No. 97MO4762401D
	Incentive systems	<ul style="list-style-type: none"> <li>-Development of rewards and incentives (e.g., salary, promotion, bonuses) for cultural competence performance as well as sanctions for cultural destructive practices.</li> <li>-Cultural competence is an integral part of the employee-provider performance evaluation system, and provider organization performance system.</li> <li>-Demonstration of staff knowledge and skills regarding group values, traditions, expression of illness, cultural competence principles (e.g., credentialing and performance based testing)</li> </ul>					Center for Mental Health Services (Nov, 1998) Cultural Competence in Managed Care. Overall System Standards and Implementation Guidelines. . Purchase Order No. 97MO4762401D

	Incentive systems	Job responsibilities and performance measures for staff and contracted providers include criteria (knowledge, skills, etc.) related to cultural and linguistic competence and cross-cultural communication.					Maternal and Child Health Bureau (1990) State Children with Special Health Care Needs Title V Directory Workshop: Improving State Services for Culturally Diverse Populations.
<b>TRAINING AND STAFF DEVELOPMENT</b>	Training and professional development	Cultural competence training is part of the credentialing process for case managers.					Center for Mental Health Services (Nov, 1998)) Cultural Competence in Managed Care. Purchase Order No. 97MO4762401D
	Training and professional development	Budgetary expenditures each year are allocated to professional development related to cultural competence.					Getting Started... Planning, Implementing and Evaluating Culturally Competent Service Delivery Systems for Children with Special Health Needs and their Families," Georgetown University Child Development Center, National Center for Cultural Competence and "Policy Brief 1: Rationale for Cultural Competence in Health Care," Georgetown University Child Development Center, National Center for Cultural Competence
	Training and professional development	Indicate the degree to which the elements have been incorporated using a scale of 0 (not met) to 3 (completely met): (1) A written cultural competence plan for your training program emphasizes your commitment to delivering a culturally competent training experience to your staff;  (2) Cultural and linguistic competency policies are incorporated into program administration (e.g., recruitment plan; policies);  (3) Cultural and linguistic competence knowledge and skills building are included in the didactic portion of your training experience; and  (4) Cultural and linguistic competence knowledge and skill building are included in the practicum/field/clinical experience					Maternal and Child Health Bureau (2000) MCHB Performance Measures Detail Sheet Number 21. Developed by The Lewin Group.
	Training and professional development	Require and arrange for ongoing education and training for administrative, clinical, and support staff in culturally and linguistically competent service delivery.					Office of Minority Health (1999) Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda Recommended Standards for Culturally and Linguistically Appropriate Health Care Services.
	Training and professional development	- % administrative staff with cultural competence training - % of administrative staff attending ongoing cultural competence training - Ongoing cultural competence training completed					The NY State Office of Mental Health. The Research Foundation for Mental Hygiene. (September 1998) Cultural Competence Performance Measures for Managed Behavioral Healthcare Programs. In Collaboration with the Center for the Study of Issues in Public Mental Health. Funded by the SAMHSA

	Training and professional development	<ul style="list-style-type: none"> <li>- Development of specific job descriptions of staff who work with patients of diverse cultural groups.</li> <li>- Percentage/number of staff receiving initial and ongoing cultural competence training.</li> </ul>					Maternal and Child Health Bureau (1990) State Children with Special Health Care Needs Title V Directory Workshop: Improving State Services for Culturally Diverse Populations.
	Training and professional development	<p>The following are indicators of culturally competent human resource planning by a health plan:</p> <ul style="list-style-type: none"> <li>-Percentage of consumers from diverse ethnic/racial groups served by, or under the supervision of, culturally competent bilingual/bicultural Mental Health Specialists.</li> <li>- Percentage of staff receiving at least five hours of training annually in cultural competence awareness.</li> </ul>					Center for Mental Health Services (Nov, 1998) Cultural Competence in Managed Care. Overall System Standards and Implementation Guidelines. Purchase Order No. 97MO4762401D
	Training and professional development	<ul style="list-style-type: none"> <li>-Self-certifies that it provides cultural competence training for selected staff</li> <li>- Demonstrates effectiveness of cultural competence training by measuring pre/post knowledge of participants</li> <li>- Demonstrates effectiveness of cultural competence training by measuring its impact on clinician/patient interactions and satisfaction and/or clinical outcomes</li> </ul>					Abt Associates (January, 2000). Report on Recommendations for Measures of Cultural Competence for the Quality Improvement System for Managed Care. Report prepared for HCFA
	Training and professional development	<p>Provider Survey:</p> <ul style="list-style-type: none"> <li>- Does your agency prepare new staff to work with people of color? (not at all, barely, fairly well, very well)</li> <li>- Does your agency provide training that helps staff work with people of color? (not at all, barely, fairly well, very well)</li> </ul>					Mason (1995) Cultural Competence Self Assessment Questionnaire: A Manual for Users. Multicultural Initiative Project, Portland State Univ. Research and Training Center on Family Support & Children's Mental Health.
	New staff orientations	# of new employee obtaining at least eight hours of cultural training per year					Texas Department of Health. Journey Towards Cultural Competency: Lessons Learned. National Maternal and Child Health Resource Center on Cultural Competency. Prepared for the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. DHHS.
	Bilingual training	Percent of interpreters and bilingual staff that demonstrate bilingual proficiency and receive training that includes the skills and ethics of interpreting, and knowledge in both languages of the terms and concepts relevant to clinical or non-clinical encounters.					Office of Minority Health (1999) Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda Recommended Standards for Culturally and Linguistically Appropriate Health Care Services.

	Assessment of the knowledge and skills/ attitudes of the provider.	<p>Items from the Provider Self-Assessment Survey</p> <ul style="list-style-type: none"> <li>• Knowledge that some specific diseases are more common in 1 particular ethnic or racial group compared to another.</li> <li>• Which of the following types of clients do you find most challenging to care for? (English speaking patients with symptomatic acute conditions, non-English speaking patients with symptomatic acute conditions, English speaking patients with symptomatic chronic conditions, etc)</li> <li>• How do you test the quality of the interpretation when using an interpreter with a non-English speaking patient?</li> <li>• On the average, how frequently do you meet with people who interpret for you to discuss communications with your patients?</li> <li>• Where available family members should be utilized to ensure more candid responses to the provider's questions?</li> <li>• Where a provider's knowledge of the patient's language is limited, he or she should avoid trying to converse with the non-English speaking patient.</li> <li>• Knowledge of potential differential reactions to medication by race/ethnicity of client</li> </ul>				Tirado, M. (January, 1996). Tools for Monitoring Cultural Competence in Health Care. Latino Coalition for a Health California. San Francisco, CA
	Assessment of the knowledge and skills/ attitudes of the provider.	<ul style="list-style-type: none"> <li>- Periodic review is conducted of the cultural competence of the provider network</li> <li>- Existence of provider network review procedures in the cultural competent plan</li> </ul>				The New York State Office of Mental Health. The Research Foundation for Mental Hygiene. (September 1998) Cultural Competence Performance Measures for Managed Behavioral Healthcare Programs. In Collaboration with the Center for the Study of Issues in Public Mental Health. Funded by the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.
	Assessment of the knowledge and skills/ attitudes of the provider.	<p>Establishment and evaluation of a credentialing process for racial/ethnic Mental Health Specialists.</p> <p>Checklist to assess cultural competence of provider:</p> <ul style="list-style-type: none"> <li>- Demonstrate attitudes that indicate a respect for the consumer's immigration, migration, colonization, and acculturation experiences.</li> <li>- Demonstrate attitudes that indicate a respect for the diverse heritages, cultures, and experiences of consumers from the four groups.</li> <li>- Demonstrate attitudes that indicate a willingness to work with culturally, ethnically, and racially diverse populations.-</li> </ul>				Center for Mental Health Services (Nov, 1998) Cultural Competence in Managed Care. Overall System Standards and Implementation Guidelines. Purchase Order No. 97MO4762401D

	Assessment of the knowledge and skills/ attitudes of the provider.	<ul style="list-style-type: none"> <li>- Employee evaluation examines completed cultural competence training</li> <li>- Employee evaluation examines attended ongoing cultural competence training</li> <li>- Employee evaluation examines violated cultural competence principles</li> </ul>					The New York State Office of Mental Health. The Research Foundation for Mental Hygiene. (September, 1998) Cultural Competence Performance Measures for Managed Behavioral Healthcare Programs.
	Cultural knowledge	Demonstration of staff knowledge and skills regarding group values, traditions, expression of illness, cultural competence principles.					Center for Mental Health Services (Nov, 1998). Purchase Order No. 97MO4762401D
	Knowledge of community needs	Provider shall demonstrate ongoing assessment of health and behavioral needs of racial/ethnic groups and their communities.					Center for Mental Health Services (Nov, 1998) Order No. 97MO4762401D
	Provider preparation	Percentage/number of staff receiving initial and ongoing cultural competence training.					Center for Mental Health Services (Nov, 1998). Purchase Order No. 97MO4762401D
<b>FACILITY CHARACTERISTICS, CAPACITY, AND INFRASTRUCTURE</b>	Available and accessible services	<ul style="list-style-type: none"> <li>- Transportation available from residential areas to cultural competent provider</li> <li>- Flexibility to conduct home visits and community outreach</li> <li>- Culturally competent services available evenings and weekends</li> </ul>					The New York State Office of Mental Health. The Research Foundation for Mental Hygiene. (September 1998) Cultural Competence Performance Measures for Managed Behavioral Healthcare Programs. In Collaboration with the Center for the Study of Issues in Public Mental Health. Funded by the SAMHSA.
	Available and accessible services	<ul style="list-style-type: none"> <li>· Proportionality of access to, and length of service of, the full range of treatment services offered should be comparable to overall service recipients for access to specific levels and types of services.</li> <li>· Percent of consumers from ethnic/racial groups receiving blended, coordinated or wrap-around services is comparable to overall service population.</li> <li>· Rate and timeliness of response to telephone calls by consumers from racial/ethnic groups.</li> </ul>					Office of Minority Health (1999) Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda Recommended Standards for Culturally and Linguistically Appropriate Health Care Services.

	Physical environment, materials, and resources	<p>Checklist from the NCCC on Physical Environment.</p> <p>Indicate A= things I do frequently B= things I do occasionally C= Things I do rarely or never.</p> <ul style="list-style-type: none"> <li>· I display pictures, posters and other materials which reflect the cultures and ethnic backgrounds of children and families served by my program or agency.</li> <li>· I insure that magazines, brochures, and other printed materials in reception areas are of interest to and reflect the different cultures of children and families served by my program or agency.</li> <li>· When using videos, films or other media resources for health education, treatment or other interventions, I insure that they reflect the cultures of children and families served by my program or agency.</li> <li>· When using food during an assessment, I insure that meals provided include foods that are unique to the cultural and ethnic backgrounds of children and families served by my program or agency.</li> <li>· I insure that toys and other play accessories in reception areas and those which are used during assessment are representative of the various cultural and ethnic groups within the local community and the society in general.</li> </ul>					Georgetown University Child Development Center-National Center for Cultural Competence (NCCC) Checklist on Physical Environment. Tawara Goode. June 1989. Revised 1993, 1996, 1999 and 2000
	Physical environment, materials, and resources	Develop institutional structures and procedures to address cross-cultural ethical and legal conflicts in health care delivery and complaints or grievances by patients and staff about unfair culturally insensitive or discriminatory treatment, or difficulty in accessing or denial of services					Office of Minority Health (1999) Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda Recommended Standards for Culturally and Linguistically Appropriate Health Care Services.
	Information system	Maintenance of timely and accurate consumer data which provides for tracking across age and race ethnicity.					Center for Mental Health Services (Nov, 1998). Purchase Order No. 97MO4762401D
	Information system	<ul style="list-style-type: none"> <li>- Tracking of access and utilization rates for populations of the different racial/ethnic groups in comparison to the overall service population.</li> <li>- Clients' primary spoken language and self-identified race/ethnicity are included in the health care organization's management information system as well as any patient records used by provider staff.</li> <li>- Having a variety of methods to collect and utilize accurate demographic, cultural, epidemiological and clinical outcome data for racial and ethnic groups in service area and become</li> </ul>					Office of Minority Health (1999) Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda Recommended Standards for Culturally and Linguistically Appropriate Health Care Services.

		<p>informed about the ethnic/cultural needs, resources and assets of the surrounding community</p> <p>-Timely and accurate consumer data which provides for tracking across age and race/ethnicity.</p>					
	Information system	Inclusion of cultural competence elements in management information systems.					The New York State Office of Mental Health. The Research Foundation for Mental Hygiene. (September 1998) Cultural Competence Performance Measures for Managed Behavioral Healthcare Programs. In Collaboration with the Center for the Study of Issues in Public Mental Health. Funded by the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.
<b>INTERVENTIONS AND TREATMENT MODEL FEATURES</b>	Diagnosis, care planning, referral and treatment	<p>- Psychosocial evaluation conducted by qualified practitioners trained in ethnic-specific biological, physiological, cultural, socioeconomic and psychological variables</p> <p>- Psychological evaluation is provided that is based on the use of culturally and linguistically competent literature and other specialized approaches.</p> <p>- Decrease in misdiagnosis and inadequate treatment plans resulting from failure to communicate effectively with consumers from various racial and ethnic groups.</p>					Center for Mental Health Services (Nov, 1998). Purchase Order No. 97MO4762401D
	Diagnosis care planning, referral and treatment	<p>Provider Survey: (not at all, seldom, sometimes, often)</p> <p>- Do you use treatment interventions that have been developed for populations of color?</p> <p>- Do your treatment plans contain a cultural perspective that acknowledges different value systems of people of color?</p> <p>- Do you use ethnographic interviewing as a technique to gather more accurate information?</p> <p>- Are you familiar with the limitations of mainstream diagnostic tools as applied to people of color?</p>					Mason (1995) Cultural Competence Self Assessment Questionnaire: A Manual for Users. Multicultural Initiative Project, Portland State University, Research and Training Center on Family Support and Children's Mental Health.
	Diagnosis, care planning, referral and treatment	Client assessment are conducted in client's primary language					Cultural Competence Works. January 10, 2000 Awards Ceremony. Description of SouthCove Community Health Center

	Diagnosis, care planning, referral and treatment	<ul style="list-style-type: none"> <li>- The ratio of the black infant mortality rate to the white infant mortality rate</li> <li>- Deaths of infants and children aged 0 through 24 years enumerated by age, subgroup, race and ethnicity.</li> </ul>					Maternal and Child Health Bureau (April 30, 2000). Title V Outcome Measure
	Diagnosis, care planning, referral and treatment	<ul style="list-style-type: none"> <li>- Percent of enrollees who report they were unable to obtain referral to a clinician of preferred background (either from survey of enrollees or from administrative records) overall or by demographic group.</li> <li>- Compliance with regimens, follow-up visits (e.g., differences in percentage of patients with apparent con-compliance based on chart reviews or missed out-patient appointments)</li> <li>-Disease staging (i.e., statistically significant and material differences among groups of enrollees in state at first treatment/diagnosis)</li> <li>-Pharmaceutical records (e.g., the rates of reported errors by providers in prescribing medication to different patient groups)</li> </ul>					Abt Associates (January, 2000). Report on Recommendations for Measures of Cultural Competence for the Quality Improvement System for Managed Care. Report prepared for HCFA.
	Culturally competent services	# of services types adapted to different cultures					The New York State Office of Mental Health. The Research Foundation for Mental Hygiene. (September 1998) Cultural Competence Performance Measures for Managed Behavioral Healthcare Programs. In Collaboration with the Center for the Study of Issues in Public Mental Health
	Culturally competent service	<p>Indicators of a culturally competent treatment service:</p> <ul style="list-style-type: none"> <li>- Consumer and family satisfaction with treatment services.</li> <li>- Inclusion of culturally specific activities and domains of daily living (e.g., housing, access to primary health care, family role, behavioral/developmental, vocational/ educational/employment) in treatment services. Benchmark: Comparable to overall population served and significant improvement in at least one domain of function for more than 75% of consumers.</li> <li>- Rates of symptom relapse and recidivism into restrictive level of care or other restrictive placements. Benchmark: Comparable to overall population served and significant reductions over time.</li> <li>- Rates of medication side effects, adverse incidents, and utilization of latest pharmacological interventions. Benchmark: Comparable to overall population served and reduction of medication side effects and adverse incidents.</li> </ul>					Center for Mental Health Services (Nov, 1998) Purchase Order No. 97MO4762401D

		<ul style="list-style-type: none"> <li>-Rates of adverse occurrences during treatment (e.g., suicide, homicide, self-injury, accidents, physical and sexual abuse) within comparable age groups.</li> <li>-Demonstrated incorporation of value of cultural identity, including ethnicity (subgroup membership and mixed origin) and other relevant factors in treatment services.</li> </ul>					
	Cultural competence and quality of care	<p>Indicators of quality of care provided by health plan:</p> <ul style="list-style-type: none"> <li>- Proportional representation of consumers from various racial/ethnic groups, providers, and community members on the quality improvement team.</li> <li>- Occurrence of quality studies focusing on the use of best practice in resolution of deficiencies in the care of consumers from racial/ethnic groups.</li> <li>- Linguistically and culturally factored consumer satisfaction surveys which are independently administered and include Health Plan drop-outs and short term recipients.</li> <li>-Regular reporting of racial/ethnic specific quality assurance data to the governing entity, including appeals and grievances.</li> <li>- Rates of drop-out, grievances, restrictive care, unusual occurrences, and adverse events for consumers from racial/ethnic groups.</li> </ul>					Center for Mental Health Services (Nov, 1998). Purchase Order No. 97MO4762401D
	Culturally competent health benefit design	<p>Indicators of culturally competent benefit design by health plan:</p> <ul style="list-style-type: none"> <li>- Culturally competent eligibility and level of care criteria are formally established.</li> <li>- Eligibility determinations and service planning are performed by, or under the supervision of linguistically and culturally competent bilingual/bicultural specialists.</li> <li>- Consumers from the various racial/ethnic groups receive direct services provided by or from culturally competent bilingual/ bicultural personnel, or by personnel supervised by culturally competent bilingual/bicultural racial/ethnic specialists.</li> <li>-Consumers receive consumer-friendly bilingual materials on Health Plan benefits.</li> <li>- Percent of covered consumers who know benefits and how to access them.</li> <li>- The organization has a written policy and a demonstrated practice linking families to advocacy and education groups.</li> </ul>					Center for Mental Health Services (Nov, 1998). Purchase Order No. 97MO4762401D

	Culturally competent treatment plan	There is evidence in the Treatment Plan that proposed psychotherapeutic modalities address specific cultural issues and are conducted with specific cultural values.					Center for Mental Health Services (Nov, 1998). Purchase Order No. 97MO4762401D
	Culturally competent care	Culturally Competent care: - - Conducts home visits for special outreach - - Sponsors a community health fair - Works with local organizations and community leaders					Maternal and Child Health Bureau (1990) State Children with Special Health Care Needs Title V Directory Workshop: Improving State Services for Culturally Diverse Populations.
	Input into treatment decision and service quality	- Use of culturally appropriate community resources (e.g., family, clans, etc) in the development of treatment plans. - Use of culturally informed individuals, including family members when appropriate, by clinicians serving consumers from various racial/ethnic groups. - The Treatment Plan reflects both consumer and family involvement in its development and agreement. The degree of family involvement depends on the wishes of the consumer. - The Treatment Plan was developed with a culturally competent clinician or consultation from such a clinician - Consumer and family involvement and investment in the development of, and agreement with, the Care Plan. - Culturally defined needs addressed in the care plans of consumers from various racial/ethnic groups. - Leadership by racial/ethnic Mental Health Specialists in the care planning process for consumers from various racial/ethnic groups.					Center for Mental Health Services (Nov, 1998). Purchase Order No. 97MO4762401D
	Input into treatment decision and service quality	- Involves culturally diverse groups in the planning process - Conducts focus groups concerning the needs of cultural groups - Uses medicines according to cultural belief and ethnopharmacology					Maternal and Child Health Bureau (1990-1991). Improving State Services for Culturally Diverse Populations: MCHB's Division of Services for Children with Special Health Needs Activities
	Use of traditional healers and healing methods	- Integration of "natural supports" (i.e., family members, religious and spiritual resources, traditional healers, churches, etc.) in the treatment care plan. - Inclusion of traditional healers in the Care Plan for consumers or family from the various racial/ethnic groups, except when contraindicated. - Provider utilizes indigenous healing practices and the role of belief systems (religion and spirituality) in the treatment of consumers from underserved/ underrepresented groups.					Center for Mental Health Services (Nov, 1998). Purchase Order No. 97MO4762401D
	Use of traditional healers and healing methods	- # natural helpers - alternative community resources included in health plan resource directory - # of referrals to culturally competent services by health plan					The New York State Office of Mental Health. The Research Foundation for Mental Hygiene. (September 1998) Center for Mental Health Services.

	Use of traditional healers and healing methods	Percent of consumers receiving services by traditional healers.					Office of Minority Health (1999) Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda Recommended Standards for Culturally and Linguistically Appropriate Health Care Services. The Bureau of Primary Health Care. (1999). Cultural Competence: A Journey. Health Resources and Services Administration, Bureau of Primary Health Care.
	Use of traditional healers and healing methods	Provides and documents awareness training in “non-traditional, alternative, and complementary health practices which providers may encounter in their clinical practice, and to consider these in the context of cultural beliefs and values.					Abt Associates (January, 2000). Report on Recommendations for Measures of Cultural Competence for the Quality Improvement System for Managed Care. Report prepared for HCFA.
	Use of interdisciplinary teams	Coordination of services and case management at the community level that is appropriate for diverse populations.					Maternal and Child Health Bureau (1990) State Children with Special Health Care Needs Title V Directory Workshop: Improving State Services for Culturally Diverse Populations.
	Use of interdisciplinary teams	Self-certifies that it has developed and implemented policies and procedures to support cross-disciplinary practice among “traditional” clinicians (e.g., doctors, nurses, therapists, etc.) and with caregivers from other backgrounds (e.g., acupuncturists, chiropractors, traditional healers, etc.)  Provides and documents clinician training on interdisciplinary collaboration, includes training specific to caregivers commonly serving clients					Abt Associates (January, 2000). Report on Recommendations for Measures of Cultural Competence for the Quality Improvement System for Managed Care. Report prepared for HCFA.
<b>FAMILY AND COMMUNITY PARTICIPATION</b>	Family centered care	Method to assure representation of different perspectives in a community-based strategic planning process such as the inclusion of:  - consumers and consumer groups  - ethnic, racial, and/or cultural minority groups  - pediatric / adolescent health care providers  - non-profit agencies  - insurance/business representatives  - legislators  - religious groups  - school district officials					Johns Hopkins University (1995) Child Health Systems Primary Care Assessment: Community Self-Assessment Guide. Child Adolescent Policy Center at JHU. Prepared for MCHB

	Family centered care	Community and family members of diverse cultures are involved in all partnerships and collaborations of the system.					Maternal and Child Health Bureau (1990) State Children with Special Health Care Needs Title V Directory Workshop: Improving State Services for Culturally Diverse Populations.
	Family centered care	<p>Patient Survey:</p> <ul style="list-style-type: none"> <li>- Do members of your family or friends play a role in your making health decisions?</li> <li>- Does your doctor ask you about family members' or friends' roles in your health-related decisions and actions?</li> <li>- If you have told you doctor that your family or friends play a role in your health related decisions and actions, how often does he or she make an effort to communicate with that person or persons?</li> <li>-When you are discussing serious conditions or therapies, how often does your doctor have other adult family members in the room with you taking part in your discussions?</li> </ul>					Munoz, R.H., Sanchez, A.M. Developing Culturally Competent Systems of Care for State Mental Health Services. Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Prepared for the Substance Abuse and Mental Health Services Administration under contract No. 94MF113927
	Community and consumer participation	<p>Program self-assessment survey on policies and procedures:</p> <p>Which of the groups below, reflecting clients' cultures, does the program contact from time to time? (These contacts could serve some or all of the following purposes: referral exchanges, staff or board recruitment and training, public information or education, client or community advocacy, etc.</p> <ul style="list-style-type: none"> <li>- Folk healers or practitioners</li> <li>- Clergy and their congregations</li> <li>- Media (radio, TV, newspapers, magazines) and media staff or personalities</li> <li>- Civil/human rights organizations, advocacy groups, tribal or cultural organizations or other groups which work for systems change</li> <li>- Business leaders</li> <li>- Service providers</li> <li>- Special programs for minority education or minority studies</li> <li>- Other</li> </ul>					Weiss, C. I., & Minsky, S. (1994). Program self-assessment survey for cultural competence: A manual. New Jersey Division of Mental Health and Hospitals.

	Community and consumer participation	<ul style="list-style-type: none"> <li>- Extent of family/consumer representation on coordinating council for families, professionals, educators</li> <li>- Extent of family participation in community needs assessment, planning, implementation and evaluation of a system of care</li> <li>- Extent to which systems utilize family members as providers of care coordination and peer counseling.</li> </ul> <p>Degree to which families participate in key decision-making activities. (Checklist)</p> <ul style="list-style-type: none"> <li>- Family participation on advisory committees or task forces;</li> <li>- Hiring of family members to serve as consultants to providers/programs; and</li> <li>- Inclusion of family members in planning, implementation and evaluation of program activities.</li> </ul> <p>-Including extended family members in family/provider meetings and conferences</p> <ul style="list-style-type: none"> <li>- Participation by culturally diverse families in local and State policy and planning groups, and on project advisory boards.</li> </ul>				Maternal and Child Health Bureau (1995) Systems Indicator: Development of Community Performance Measures. A Preliminary Strategy for Assessing Community Systems of Care for Women, Children and Adolescents.
	Community and consumer participation	Utilize family members as speakers				Johns Hopkins University (1995) Child Health Systems Primary Care Assessment: Community Self-Assessment Guide.
	Community and consumer participation	<ul style="list-style-type: none"> <li>- # of meetings with family, AMI groups, advocate participation (Data source: attendance records)</li> <li>- Family, advocate, participants represent cultures of the community (Data source: attendance records)</li> <li>- Family satisfaction with meetings (Data source: participant evaluation form)</li> <li>- # of meeting with consumer participation (Data source: attendance records)</li> <li>- Consumers participants represent cultures of the community (Data source: attendance records)</li> <li>- Consumer satisfaction with meetings (Data source: participant evaluation form)</li> <li>- # of meetings with community leaders, key informant (i.e., politicians, law enforcement, business, clergy) participation</li> </ul>				The New York State Office of Mental Health. The Research Foundation for Mental Hygiene. (September 1998) Cultural Competence Performance Measures for Managed Behavioral Healthcare Programs. In Collaboration with the Center for the Study of Issues in Public Mental Health. Funded by the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.
	Community and consumer participation	Utilize formal mechanisms for community and consumer involvement in the design and execution of service delivery, including planning, policy making, operations, evaluation, training and, as appropriate, treatment planning.				Office of Minority Health (1999) Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda

	Family focus, family-oriented, recognition of the uniqueness of the role of the family	<p>Degree to which:</p> <ul style="list-style-type: none"> <li>- Include parents on advisory group</li> <li>- Developed parent advisory committees</li> <li>- Hired parents as staff</li> <li>- Conducted focus group with families</li> <li>- Include parents as partners in policymaking</li> <li>- Include parents as partners in planning and implementation</li> <li>- Family participation in development of training curriculum</li> <li>- Provide input through family advisory group</li> <li>- Incorporate review by families of training materials</li> <li>- Parents consult and assist in developing materials</li> </ul>					Nelkin, V.S. (1994) Implementing the Surgeon General's Action Agenda. Survey of SPRANS Grantees. Prepared for the Maternal and Child Health Bureau.
	Coalition-building	<ul style="list-style-type: none"> <li>- Developed a family resource network</li> <li>- Developed a parent-to-parent network which includes the following elements: (1) Provide financial support to families to facilitate parent-to-parent program; (2) Disseminate information through parent resource centers; (3) Provide mentors for "new" parents entering the system; and (4) Developed a parent support telephone network</li> </ul>					Nelkin, V.S. (1994) Implementing the Surgeon General's Action Agenda. Survey of SPRANS Grantees. Prepared for the Maternal and Child Health Bureau.
	Coalition-building	<ul style="list-style-type: none"> <li>- Education and training linkages are made with faith-based organizations in the community.</li> <li>- The organization coordinates education and outreach activities with community cultural organizations.</li> </ul>					Center for Mental Health Services (Nov, 1998). Purchase Order No. 97MO4762401D
	Coalition-building	Developing interstate coalitions to promote continuity in care, and to deal with eligibility, identification and tracking and case management issues.					Maternal and Child Health Bureau (1990) State Children with Special Health Care Needs Title V Directory Workshop: Improving State Services for Culturally Diverse Populations.
	Community outreach	Publicly reports on community involvement (e.g., community benefits reporting model). External reviewer evaluates level of community involvement					Abt Associates (January, 2000). Report on Recommendations for Measures of Cultural Competence for the Quality Improvement System for Managed Care. Report prepared for HCFA.

<b>MONITORING, EVALUATION AND RESEARCH</b>	Consumer/Member satisfaction and feedback	Satisfaction rates due to communication styles and linguistically competent services to racial/ethnic consumers.				Center for Mental Health Services (Nov, 1998). Purchase Order No. 97MO4762401D
	Consumer/Member satisfaction and feedback	<ul style="list-style-type: none"> <li>- Assesses patient satisfaction and clinician satisfaction with access to alternative health practices</li> <li>- Assesses patient and clinician satisfaction with access to team-based care including participation of caregivers from diverse communities.</li> <li>- % of consumers satisfied with cultural competence as measured by:               <ol style="list-style-type: none"> <li>(1) Did they allow you to communicate in your preferred language?</li> <li>(2) Were they respectful of your health beliefs and practices?</li> <li>(3) Do you have a preference regarding the demographic characteristics of your clinician?</li> <li>(4) Were you able to choose a clinician that had these characteristics?</li> </ol> </li> </ul>				Abt Associates (January, 2000). Report on Recommendations for Measures of Cultural Competence for the Quality Improvement System for Managed Care. Report prepared for HCFA.
	Community needs assessment	<p>Organization has the capacity to conduct community profiles and provide services that reflect percentage of the following that characterize target population:</p> <p>% cultures, % age and % gender, % religions, % refugees and immigrants, % income distribution, % unemployed, %languages spoken and read ,% non-English speaking,% 4<sup>th</sup> grade reading levels; types alternative/ complementary services</p>				The New York State Office of Mental Health. The Research Foundation for Mental Hygiene. (September 1998) Cultural Competence Performance Measures for Managed Behavioral Healthcare Programs. In Collaboration with the Center for the Study of Issues in Public Mental Health
	Community needs assessment	<ul style="list-style-type: none"> <li>- The Managed Care Mental Health Plan assesses the existence of racial/ethnic groups in the population being served, assesses the needs and risk factors associated with those populations, and takes these factors into consideration in prevention, education, and outreach activities.</li> <li>- The Managed Care Mental Health Plan maintains a list of cultural community organizations and documents the utilization of these organizations to assist in education and outreach</li> </ul>				Center for Mental Health Services (Nov, 1998). Purchase Order No. 97MO4762401D
	Community needs assessment	<ul style="list-style-type: none"> <li>- Self-certifies that is obtains community input regarding needs</li> <li>- Self-certifies that is obtains community input via specific mechanisms (e.g., surveys, focus groups, public meetings, advisory committees)</li> <li>- Self-certifies that specific information is provided (e.g., demographics on race/ethnicity/gender/age/language/religion /sexual orientation)</li> <li>- Collects information on patients' racial and ethnic self-identification and primary language.</li> <li>- Analyzes utilization of services and outcomes to identify disparities among groups and uses this information to improve performance.</li> </ul>				Abt Associates (January, 2000). Report on Recommendations for Measures of Cultural Competence for the Quality Improvement System for Managed Care. Report prepared for HCFA.

	Community needs assessment	<p>Provider Survey on Knowledge of Communities: (not at all, barely, fairly well, very well)</p> <ul style="list-style-type: none"> <li>- How well are you able to describe the communities of color in your service area?</li> <li>- List the cultural groups of color who reside in your service area and how much of the overall population this represents.</li> <li>- Are you able to describe within-group differences?</li> <li>- How well are you able to describe the strengths of the groups of color in your service area?</li> <li>- How well are you able to describe the social problems of the groups of color in your service area?</li> <li>- Do you know the prevailing beliefs, customs, norms and values of the groups of color in your service area?</li> <li>- Do you know the greeting protocol within communities of color?</li> </ul>				Mason (1995) Cultural Competence Self Assessment Questionnaire: A Manual for Users. Multicultural Initiative Project, Portland State University, Research and Training Center on Family Support and Children's Mental Health.
	Organizational Assessment	<ul style="list-style-type: none"> <li>- Percent of staff saying provider is not competent to care for some group.</li> <li>- Average percent of enrollees in groups for whom staff members say provider does not provide competent care.</li> </ul>				Abt Associates (January, 2000). Report on Recommendations for Measures of Cultural Competence for the Quality Improvement System for Managed Care. Report prepared for HCFA.
	Organizational Assessment	<ul style="list-style-type: none"> <li>- Conduct of ongoing organizational self-assessments of cultural and linguistic competence, and integration measures of access, satisfaction, quality, and outcomes into other organizational internal audits and performance improvement programs.</li> <li>- Prepare an annual progress report documenting the organization's progress with implementing cultural competence standards, including information on programs, staffing, and resources.</li> </ul>				Office of Minority Health (1999) Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda Recommended Standards for Culturally and Linguistically Appropriate Health Care Services.
	Evaluation of services	Measure of program retention and drop out rates through: rates of service use, reason-specific no-show rates, reason-specific drop-out rates				The New York State Office of Mental Health. The Research Foundation for Mental Hygiene. (September 1998)
	Evaluation of provider	Percentage of complaints/grievances of individual practitioners is tracked and factored into performance evaluations.				Office of Minority Health (1999). Assuring Cultural Competence in Health Care