

Agency Cultural Competence Plan Format

What is cultural competence?

Cultural competence is the ongoing practice of gathering and utilizing knowledge, information, and data from and about individuals and their families, communities, and groups. That information is integrated and transformed into specific clinical practices, standards and skills, service approaches, techniques and marketing strategies, and evidence-based initiatives that match the service population, and serves to increase the quality and appropriateness of mental health care (Davis, 1997). "Competency" refers to the ability of staff to acknowledge and understand the influence of cultural histories (including oppressive histories), life experiences, language differences, beliefs, values, formal and informal help-seeking pathways, and traditional healing practices on an individual's recovery.

In addition, competency should reflect an acknowledgment that recovery is individual and unique. It includes the adaptation of approaches and interventions that are based on, and targeted to, the individual(s) being served. However, as opposed to memorizing information about groups and making assumptions, culturally competent staff maintain an "asking stance", remaining curious, and in partnership, asking consumers about who they are and seeking what approach works best for them. Cultural competence is staying open-minded, as well as applying methods and initiating services that are culturally congruent. The goal is to assist consumers in their acceptance and understanding of the benefits of mental health services and treatment.

Cultural Competence Plan Outline

I. Sustaining The Effort

- What agency-wide administrative actions exist and will take place to increase accountability and responsibility in implementing a cultural competence plan?
- Cultural competence planning should focus on cultural considerations in service design and delivery, establishment of community based networks, and inclusion of natural supports and methods to help assure an efficacious cultural fit.
- A cultural competence plan should include strategies designed to address cultural factors that are reflected within the daily activities of treatment. Overall, the plan should include methods to ensure that cultural information is collected at intake, is updated throughout the engagement process, and is then utilized to develop and enhance services and their delivery.
- The plan should incorporate methods to address access to services, service adaptations, community networking, and assurances that language assistance, sensory deficits, and literacy needs are met (e.g., through use of interpreters, literacy assessment).
- If a program has management level staff responsible for cultural competence, those staff may be a resource.
- A systematic method for incorporating consumer input into program operation and service delivery is necessary to ensure that treatment design reflects consumer preferences and needs.
- Approaches to incorporating consumer input may include, but are not limited to, having a consumer representative on the program's advisory board or governing body, and/or the use of satisfaction surveys, focus groups, consumer meetings, and consumer committees.
- Agencies and programs should acknowledge and respond to consumer complaints, and institute changes or corrective action when warranted.

II. Use Demographic Information

- A. Describe demographics of individuals served by the program
 - Cultural considerations include, but are not limited to: ethnicity, race, age, gender identity, primary language, English proficiency, sexual orientation, immigration status, acculturation factors, spiritual beliefs and practices, physical abilities and

limitations, family roles, community networks, limited literacy, employment, and/or socioeconomic factors.

- Other considerations may include criminal justice involvement, co-morbidity, physiology, and/or level of education.
 - Information can be obtained through the use of comprehensive intake assessment tools, culturally tailored engagement strategies, and ongoing documentation of culturally relevant information from consumers.
 - Tools and resources to assist in plan development:
 - Maintaining the "Asking Stance" guidelines
 - DSM-IV Appendix I: Cultural Formulations and Glossary of Culture-Bound Syndromes
 - Cultural considerations and guiding questions
 - Community specific information sources, e.g., census data
 - Culturally and Linguistically Appropriate Services Standards (CLAS standards 4 – 7)
 - Cultural competence fact sheets
 - SAHLSA (Short Assessment of Health Literacy for Spanish-speaking Adults)
 - REALM (Rapid Estimate of Adult Literacy in Medicine_ English version)
 - Test of Functional Health Literacy in Adults (English & Spanish versions, as well as a short version for screening)
 - Surgeon General's Report: Mental Health: Culture, Race and Ethnicity, (DHHS, 2001)
 - Review and update information annually
- B. Describe Community Composition and Demographics:
- Cultural make-up:
 - Geographic location, ethnic and racial groups present, languages spoken, age cohorts and ranges, spiritual affiliations, sexual orientation, socioeconomic factors, community and family roles.
 - Existing resources:
 - Type(s) and availability of housing, employment options and opportunities, educational opportunities, language assistance (e.g., translators and interpreter services), health clinics/medical centers, community centers, and other community-based organizations that would have the potential for collaboration
 - Examples of resources could include immigration assistance services, culture specific service agencies, women's resources, disability specific services, healthcare providers, parent support programs, substance abuse services, and LGBT (lesbian/gay/bisexual/transgender) support resources and service organizations
- C. **Needs Identification**
- Based upon community cultural, racial, and ethnic composition, evaluate (and document) whether agency's existing location and physical appearance are respectful and representative of its community members and their culture.
 - Contrast and compare who is currently served to the population(s) present in the community. Identify gaps in available community resources and apparent service needs, based upon who is being served, and elicit feedback from consumers and families utilizing the services.
 - Consider stigma and its influence on the community to include unique cultural responses to people with mental illness.
 - Document whether services effectively reach community members that are currently in the most serious need of mental health services, and list specific plans for targeted outreach and engagement.

D. Treatment Planning

Appropriate treatment planning should include a thorough detailed history and assessment of current functioning that reflects the consumer's unique background, strengths, needs, and choices. Service plans should be developed through a process of shared decision-making between the consumer and the clinician.

Areas of focus should include, but are not limited to; psychiatric problems and history, history of trauma, medical problems, physiology, substance use and abuse, alcohol consumption, vocation and education, cultural factors, literacy levels, English proficiency and potential language barriers, family and support network, housing, and risk factors (e.g., suicidal ideation, criminal justice status, orders of protection, low health literacy, comorbidity, etc.).

A. Describe processes to Utilize Cultural Information Throughout the Relationship.

- Plan to use cultural assessment information when determining initial and ongoing services, and goal setting. Develop processes to ensure that cultural information is included in case discussions with clear determination of who will be responsible for initiating the discussion, as well as, where and when the discussion will occur for each consumer. (For example, daily, weekly, or monthly planning meetings)
- Plan to learn more about the culture of the consumer and his/her family to effectively work within the individual desires and family structure that would support recovery over time.
- Cultural considerations, consumer choices, and community integration should be integral factors in the development of the service plan.
- Work to incorporate assistance from natural healers and community resource networks where and when indicated by the consumer.

E. Look for Trends

- Examine and use data to document trends and disparities related to culture, age, gender, language, race, and ethnicity. (For example, utilize census data for county and community assessment, as well as agency service data.)
- Monitor and look for behavioral and physical/medical changes that could be associated with medication(s) (psychopharmacology), treatment adherence (compliance), efficacy, side-effects, and/or adverse drug reactions.
- Based upon trends, engage in strategic decision-making to review and revise plans to improve recovery outcomes.

III. Community-Based Services And Supports

Language Assistance Services

- Describe the current capacity for language assistance services. Note current bilingual and bicultural staff. Document languages spoken by staff, as well as the position and role of such staff in the program.
- Describe the need for bilingual/bicultural resource development, based upon current consumers served.
- Identify and facilitate the need for translation of vital documents, consent forms, and program information, as well as interpreter services for those with limited English proficiency, low health literacy, hearing impairment (deaf), or those with sensory deficits.
- Describe existing resources and linkages to obtain language assistance services. Identify strategies for procurement of language assistance services, processes to increase resources when needed, and methods to ensure that information is available and utilized by all staff.
- Describe plan to address obstacles and barriers to include clear objectives, realistic time frames, and who is responsible.

For example:

Goal: Consumers who wish to improve their English language skills are able to do so.

Case Managers: Establish formal linkages with community-based "English as a Second Language" provider(s)

Objective: To improve English proficiency or match languages spoken by consumers on their caseloads

Time frame: Within 3 months

A. Community Living Barriers

- Search for themes and patterns to identify community-based obstacles and barriers that could interfere with consumer's full participation in his/her recovery (Examples include: neighborhood safety, limited and affordable housing, limited local resources for language assistance, and/or lack of employment opportunities).
 - Identify plan to address barriers that include clear objectives, realistic time frames, and who is responsible.

B. Community Networking

- Based upon needs identified, list strategies to engage community organizations, faith based and community groups, neighborhood organizations, education and literacy supports, peer-run agencies, and self-help groups.
- Identify resource linkages to be developed. Include goals and objectives clarifying who is responsible and realistic time frames.
- In working with natural support systems, providers should offer support and skill building for the consumer's network and family (as defined by the consumer), friends, landlords, employers, clergy, roommates, teachers, etc...
 - Effective development and interaction with the consumer's network furthers and supports his or her integration into the community and provides assistance for that network.
- Include strategies to share information within the program, as well as with consumers, families, and the community at large (e.g., create a newsletter or resource and materials directory). Include description of dissemination plans and periodic update(s).

IV. Staff Development

. Establish goals to update and provide on-going guidance and continued information sharing for staff. Identify community resources such as peer-run agencies, self-help groups and culture specific community groups that can be of assistance.

A. Establish goals and objectives to identify current core staff development needs, which would assist them in effectively working with the cultural populations served and the community where interactions take place.

B. Set objectives to address and identify mechanisms to renew, enhance, and increase the cultural sensitivity, cultural awareness, and ability of staff to provide culturally relevant services.

C. Bilingual and bicultural staff are assets. When skills and resources are needed that are beyond the capacity of the agency or program, networks established in the community may be a source of support. Trained interpreters, language banks, community based or Office of Mental Health Facility/Field Office resources may exist. Many communities have multicultural groups and/or organizations that may be a resource.

D. For each upcoming year, document the technical assistance required or needed and the person(s) responsible for scheduling.

Suggested training topics include:

- Practices to complete thorough cultural assessments as part of a social assessment;
- Methods to include cultural information throughout treatment planning processes;

- Methods to develop, improve, and tailor outreach and engagement strategies;
- Practices to collect, evaluate, and utilize data to address disparities within agency services;
- Effective strategies to develop relationships with peer supports, self-help groups, and non-mental health community resources that are utilized by service participants.

V. Quality Improvement

- Plan to involve all components of the organization in any cultural competence initiative(s).
- Commit to continued quality improvement through ongoing evaluation.
- Utilize feedback from service users and consumers to drive decision-making.
- Conduct inventory of current program/agency policies to determine where barriers to access, inclusion, and full participation exist.
- Seek methods to improve organizational cultural competence by examining human resources, program/agency policy, and structural components for practices that inhibit or exclude delivery of culturally responsive services.
- Identify and initiate a process to address barriers and concerns that may develop when consumers, families, and staff have different expectations about how services are offered and delivered in the community.
- Continually seek and implement best practice models that would enhance opportunities for recovery and have also been proven effective across cultures.
- Document and communicate (disseminate) effective cultural service adaptations and tailored outreach approaches.
- Review plans annually and when indicated, initiate change(s) to improve outcomes.

Improving cultural competence is a process involving sustained effort over time. Planning can be delegated to a few specific improvements for immediate focus, with other long-range strategies on the horizon. For assistance with planning, resources and implementation contact:

Cultural Competency Review Tool-Agency

Provider Name:

Desk Review Date:

Reviewer(s):

Onsite Review Date:

CLAS Standard	Item:	Review Item:	Guidelines (examples include but are not limited to the list below)	Supporting Documentation: Identify document name/page/section (completed by provider)	Location of Review	Met	Not Met	Comments
Infrastructure								
1,2,9	1	<p>Mission and/or vision Statement a. The provider has written mission and/or vision statement that promotes cultural diversity, cultural competency and linguistics as an integral and inherent part of the system.</p>	<p>Review informational brochures, annual reports and printed materials to determine evidence of a written mission and/or vision statement that is regularly communicated internally to staff and externally to the target population served. Written materials may be reviewed either via Desk review or via On-site review. Communication with staff, individual, and others may be validated on-site.</p>		Desk & Onsite Review			
		<p>b. Onsite Review: The mission and/or vision statement appears in written materials and is communicated internally to staff and external to individuals, stakeholders, and partners.</p>	<p>Written materials may be reviewed either via Desk or via On-site review. Written materials may include policy statement, brochures, printed resource materials, Safe Zone stickers, etc. Onsite Interviews: communication with staff, individuals, and others may be conducted to validate on this on-site.</p>		Onsite Review			
	2	<p>Cultural Competency Plan a. The organization has a current cultural competency and diversity plan that demonstrates an awareness of, respect for, and attention to the diversity of persons it serves, staff, families/caregivers, stakeholders, and partners and articulates how it will embrace this diversity, promote a culturally respectful environment, and help its staff acquire the knowledge, skills, and behaviors to work with effectively cross culturally by understanding, appreciation, and respecting differences and similarities in beliefs, values, and practices within and between cultures.</p>	<p>Review Cultural Competency Plan to ensure: 1. Provider has a written current cultural competency plan that has been approved by its governing body. Review plan to determine the following: the plan shall be reviewed and revised on a yearly basis at minimum; target population is identified; culturally competent definitions and guiding principles are provided; policies and practices related to the organizational development, services, program design, and community engagement are provided; traditional/non-traditional partners are identified; and strategies are identified to address fiscal, human resource, and professional developmental needs. 2. Plan has been reviewed at least annually for relevance and effectiveness and is updated as necessary (evidence via signed documentation that the plan has been reviewed although it may not change).</p>		Desk & Onsite Review			

Skills and Training

1,2,9	3	a. The provider conducts staff orientation to include instruction on provider's vision, mission, policies, procedures and practices.	Review provider orientation manual or procedures to ensure manuals, procedures and/or activities provide opportunities for staff to learn about cultural competency from the provider's perspective. Documentation for review include but not limited to: orientation presentations, handouts and/or printed materials include a review of the provider's vision, mission, policies, procedures and practices related to cultural competence; and/or orientation evaluations.		Desk & Onsite Review			
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Communication

5,6,7,8	5	a. The Provider has a process to adequately communicate with individuals needing interpretation/translation services (if a provider refers individuals to another provider with language capability to provide requested service, the provider is in compliance with Title VI Of The Civil Rights Act Of 1964).	community for interpretation and translation services for staff and individuals. (Evidence to include but not limited to: Community resource list, community directories, natural supports, collaborative relationships with agencies, organizations, memorandum of understanding, documentation/communications which strengthen member health literacy; use resources via telephone and other processes are in place to access interpretation		Desk & Onsite Review			
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