

CULTURAL COMPETENCY ASSESSMENT SCALE WITH INSTRUCTIONS

PROGRAM-LEVEL VERSION 2.1

June 2012

Gary Haugland, Carole Siegel, Lenora Reid-Rose and Jennifer Hernandez

Nathan S. Kline Institute for Psychiatric Research

Center of Excellence in Culturally Competent Mental Health

Orangeburg, NY 10962

No part of this document may be reproduced or transmitted in any form, or by any means, electronic or mechanical, including photocopying, or by any information storage or retrieval system, without permission in writing from Mr. Haugland or Dr. Siegel

Program-Level Cultural Competency Assessment Scale 2.1

I. PREFACE

The Cultural Competency Assessment scale is applicable to behavioral health care programs serving multicultural populations. Cultural Competency (CC) working within a program is expected to promote CC in all its staff members and to create an environment that acts to improve access, engagement, and retention in treatment leading to outcomes that promote recovery for persons from diverse cultural groups. The scale will be of particular importance to provider networks associated with Health Homes in the newly restructured Medicaid environment.

The scale is pro-active in the sense that it is intended to suggest ways in which a program can become more culturally competent. It can be used for self-assessment, care coordination and as a guide to monitoring change over time. The results of the assessment can be used in the context of quality assurance/quality improvement activities. The scale is most effective when an agency has regularly updated information about the cultural groups of its service users.

The scale is broadly organized into program level activities of cultural competency related to engagement, service delivery and supports. It is comprised of 14 criteria identified in research conducted by the NKI Center of Excellence in Culturally Competent Mental Health, and affirmed by a panel of consumers, providers and administrators representing a diversity of cultural groups. It is not intended to measure the personal cultural competency of an individual caregiver nor the cultural appropriateness of a specific service.

Its use is maximized when it is used in conjunction with the NKI Agency-Level CCAS that measures the organizational cultural competency of the program's parent organization in terms of its policies and procedures. The NKI Agency-Level CCAS can be found at <http://cecc.rfmh.org>.

II. WHO SHOULD COMPLETE SCALE

Individual knowledgeable about different aspects of activities at the program should complete the form, e.g., the program director, clinical supervisor, direct care staff person, program coordinator, receptionist. Ideally more than one person should complete the scale, and this team should work together to reach consensus on each measure.

III. BASIC DEFINITIONS

Program

One or more services, treatments, interventions and activities offered together within or under the auspices of an organization to accomplish therapeutic goals and promote recovery. Programs are generally imbedded in multi-service agencies and/or hospitals, and some are consumer operated. They can be delivered in inpatient or outpatient settings. Different types of professional and support staff and volunteers may deliver specific program elements. Examples include: inpatient programs, continuing day treatment programs, clinic outpatient programs, peer-operated programs, prevention and recovery-focused programs.

Cultural Competence (CC)

At the organizational level: The attributes of a behavioral health care organization that describe the set of congruent behaviors, attitudes, skills, policies and procedures that are endorsed and promoted at all of the levels of the organization to enable caregivers to work effectively and efficiently in cross/multi-cultural situations to provide high quality services and to reduce disparities.

At the caregiver level: The personal attributes of a caregiver related to his/her attitudes (affective domain), knowledge (cognitive domain), skills and actions (behavioral domain) that enable him/her to work effectively and efficiently in cross/multi-cultural situations to produce clinically and culturally appropriate service outcomes.

Cultural group

A distinct group within the major racial ethnic groups of African American, Hispanic, Asian American/Pacific Islander, American Indian/Alaskan Native or from a recent immigrant or refugee population. These groups might be characterized by distinct languages (e.g., Mandarin-speaking Chinese among Asian Americans), and/or locales of origin (e.g., Dominicans among Hispanics);

OR

A group that is identified by the program as requiring special attention since features of its "culture" limit the ability of its members to appropriately access or participate in mainstream service delivery systems. These groups might be characterized, but are not limited to, LGBTQI, Deaf, geographically isolated populations, migratory workers, etc.

Prevalent cultural group

A cultural group that comprises more than 5% of a program's service users

Program-Level Cultural Competency Assessment Scale 2.1

Program-focal group

A population the program designates as its intention to serve. This can cover a population area (such as a geographically defined service area) or a specific population of focus (such as e.g., persons needing a specific type of intervention, LGBTQI individuals, persons in a certain age group (e.g. adolescents, elderly), refugees speaking a specific language).

Consumer

Consumer refers to the person receiving services at a program. Many other terms are currently being used and are preferred by different groups for different reasons: recipient, peer, client, patient, service user; no disrespect is intended by the use of the term selected.

Family Member

In this document, the term family member is used to denote persons the consumer has identified from their family or social network that they would want involved in their care process, for example, specific family members (some family members may not be desired by the consumer, and some may not be available), significant others, close friends, members of the clergy, healers, teachers. In programs specifically designed for children and adolescents, the family plays a central role, and can include guardians, caregivers and others with legal status with respect to the person receiving services in the program.

Peers

The term is used to denote staff members who have the lived experience of mental health problems and the learned experience of recovery.

IV. INSTRUCTIONS FOR EACH CRITERION SCALE ITEM

General format of instructions for each criterion

Each criterion shares a common layout, beginning with a brief title for the criterion and an expanded statement of the criterion. This is followed by:

Rationale

An explanation of why an item was chosen

The activities used to assess the Criterion

These are contained in the boxed-in portion of the criterion.

Instructions for scoring

Each criterion is assessed according to five levels of achievement. Score the item by the rank of the highest level achieved. A score of 1 indicates no activity on that criterion; a score of 5 indicates the benchmark standard.

Definitions and examples

Since terminology is not standardized, definitions should be reviewed prior to the actual completion of the criterion. Definitions that are generally applicable are given up front. Definitions for terms used in criteria are given when not self-evident. The same terms may appear in other items, but definitions are given only the first time the term appears. Examples may also be provided to clarify a term.

V. USING THE SCORING SHEET

The final page of the CCAS contains space to enter the score for each criterion and to add any comments about the scoring and the applicability of the criterion to the program.

Program-Level Cultural Competency Assessment Scale 2.1

Criterion 1: Cultural Assessment of Consumer

Program obtains a detailed cultural assessment of each consumer in addition to collecting standard (age, gender, race/ethnicity; preferred language) demographic information

Rationale: Information that provides a view of beliefs, values and world views of the consumer including strengths from a cultural perspective, can be used to improve diagnosing and the therapeutic alliance of staff with cultural groups. Some information can be collected at initial intake assessment but more sensitive information can be collected as treatment progresses. Cultural assessment information should be made available to all clinical staff and care workers and be used as part of the quality improvement process.

Instructions: Items are ordered; score as performance measures are achieved. 1 indicates that no measure is achieved. **Read definitions prior to scoring.**

MEASURES	
1.	Program does not obtain detailed cultural assessments
2.	Program collects information to identify a person's cultural group membership
3.	In addition to 2, cultural assessment includes items that allow an appraisal of level of acculturation
4.	In addition to 3, cultural assessment includes items that identify cultural beliefs and practices
5.	In addition to 4, assessments are made available to all staff working with the consumer to be taken into account during staff interactions and treatment planning

Definitions and Examples

Identification of person's cultural group membership: At a minimum should include a person's country of origin, religious affiliation, whether Deaf, sexual orientation

Deaf: Deaf (capital "D") refers to a cultural group that is born deaf and uses American Sign Language (ASL) as its primary language. While there are many individuals with hearing impairments, they generally do not form a distinct cultural group.

Sexual orientation: This includes self-identification as heterosexual or LGBTQI (lesbian, gay, bisexual, transgender, questioning, or intersex). This may be determined later as trust is more firmly established.

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

Acculturation: The process of adopting modern western cultural values, beliefs and practices

Level of acculturation: While difficult to appraise surrogate measures should include at least three of the following: generation in US, year entered US if an immigrant or a refugee, whether the person has LEP, whether English is spoken at home, school, work. For African Americans this could include history of migration (e.g., south to north), number of years in present location, most likely sources of socialization (e.g., church groups).

Cultural beliefs: Includes questions on what consumer calls his/her distress/illness, beliefs on the cause of current symptoms, what consumer expects to happen over time, and what the consequences will be if treatment is received or not.

Cultural practices: For example, information should be included on whether a family member should be present at visits, whether a woman can receive care from a man or vice versa, whether hand shaking is permissible, respectable ways of addressing persons. Practices could also include recreational activities and personal cultural/community activities such as hair grooming.

Program-Level Cultural Competency Assessment Scale 2.1

Criterion 2: Engagement: Spoken language capacity

Program has procedures and staff to facilitate working with consumers/families with limited English proficiency or with consumers who are Deaf

Rationale: If staff can communicate with consumers/families in their preferred language, the therapeutic encounter will be enhanced.

Instructions: Items are ordered; score is highest level indicator achieved. 1 indicates no indicator is achieved. **Read definitions prior to scoring.**

MEASURES	
1.	Program has neither procedures nor staff to facilitate working with consumers/families with limited English proficiency or with consumers who are Deaf
2.	Program has procedures for accessing interpreters for consumers/families with limited English proficiency (LEP) and/or for accessing persons who sign in American Sign Language for consumers who are Deaf
3.	In addition to 2, program staff has received training in the use of interpreters and cultural knowledge
4.	In addition to 3, program has bilingual staff to serve as interpreters for the most prevalent or program-focal cultural group with LEP
5.	In addition to 4, program has bilingual and bicultural staff who are clinically fluent in the language of the most prevalent cultural group with LEP

Definitions and Examples

Interpreters: Individuals who are contracted by the organization to provide language assistance in clinical care situations. This could include bilingual staff members who are not necessarily clinical staff.

Procedures for accessing interpreters: Documented steps staff must take to engage a telephone-based language service, other contracted interpreter services, or seeking out bilingual staff who have agreed to serve as interpreters when other sources are not readily available.

Bilingual clinical staff: Staff who provides direct clinical care and has proficiency in the languages of the program focal and/or most prevalent cultural groups.

Clinically fluent: Staff members know language group's terms for clinical signs and symptoms including idioms of distress and treatment expectations.

Program-Level Cultural Competency Assessment Scale 2.1

Criterion 3: Engagement: Communication styles

Program staff at all levels communicate with persons from cultural groups in ways that are respectful to them

Rationale: Barriers between staff and consumer are reduced when modes of communication are respectful, acceptable and familiar to the consumer.

Instructions: Items are ordered; score is highest level indicator achieved. 1 indicates no indicator is achieved. **Read definitions prior to scoring.**

MEASURES	
1.	Program has not intentionally worked with staff to improve ways in which they communicate with consumers from cultural groups
2.	Program has procedures to identify and address incidents of staff disrespect related to cultural groups served in the program
3.	In addition to 2, program collects information about acceptable/unacceptable communication styles of cultural groups it serves and distributes this material to staff
4.	In addition to 3, program collects information from consumers and/or their family members from the program's cultural groups to better understand communication styles
5.	In addition to 4, program has staff cultural competency training that addresses communication styles of persons from the cultural groups it serves

Definitions and Examples

Procedures to identify incidents: Program has grievance or incident reporting and resolution process that are known to program participants, e.g. wall poster or information package for consumers.

Collects information: Sources include web-based or other written material, satisfaction surveys conducted by the program, interviews and focus groups conducted with program participants and family members, and knowledge gained from bi-cultural staff members. *(Note - satisfaction surveys are expanded in Criterion 11)*

Acceptable/unacceptable communication styles: For example age, gender appropriate styles of speaking, use of commonly used idioms, acceptable modes of address to age/gender groups, and acceptable consumer-provider modes of address such as to use Doctor or first name, distance between consumer and staff and what is appropriate eye contact.

Program-Level Cultural Competency Assessment Scale 2.1

Criterion 4: Engagement: Trust building

Program intentionally and actively works to build and maintain the trust of consumers and family members from cultural groups

Rationale: Retention and engagement in the program is likely to increase if consumers feel their personal information is held confidential, and that staff care about them by being responsive to their values and preferences as they relate to the program.

Instructions: Items are ordered; score is highest level indicator achieved. 1 indicates no indicator is achieved. **Read definitions prior to scoring.**

MEASURES	
1.	Program does not intentionally and actively work to build trust with consumers and family members from cultural groups
2.	Program has a designated staff member who explains HIPAA and assures the consumer that the program will not judge nor compromise the privacy of the personal information of any individual or family member
3.	In addition to 2, program has a staff member who privately communicates to the consumer how the program will operate and responds to their concerns
4.	In addition to 3, program matches consumers to a peer from the same cultural group who can communicate about how the program will operate
5.	In addition to 4, program matches a family member of someone who previously or is currently receiving services to privately communicate with other family members from the same cultural group how the program will operate

Definitions

Personal information: In addition to clinical information such as diagnosis, symptoms, and presenting problems, information concerning, for example, employment status, immigration status, place of residence.

Designated staff member: A person assigned specifically to address consumer's/family member's stigma concerns and uncertainties concerning the program. This person could also be a peer from the cultural group.

How program operates: Goals of program, expected outcomes, staff involved, expected level of participation.

Program-Level Cultural Competency Assessment Scale 2.1

Criterion 5: Engagement: Culturally framed stigma reduction

Program intentionally conducts activities to reduce stigma of mental illness as experienced by a cultural group

Rationale: Stigma can impede engagement in services. Persons from cultural groups who might benefit from mental health services often delay seeking treatment or drop out of services because of the cultural group's views of mental illness that includes their attribution of its causes, their perceived impact on other family members and their social standing in their communities.

Instructions: Items are ordered; score is highest level indicator achieved. 1 indicates no indicator is achieved. **Read definitions prior to scoring.**

MEASURES	
1.	Program does not intentionally conduct activities to reduce stigma as experienced by a cultural group
2.	Staff cultural competency training addresses the particular stigma concerns of the prevalent and/or program-focus cultural groups
3.	In addition to 2, program conducts activities with consumers and family members that specifically aim to reduce identified stigma
4.	In addition to 3, program updates information from multiple sources on the particular stigmas experienced by the prevalent and/or program-focus cultural groups
5.	In addition to 4, program conducts activities with the community that specifically aim to reduce identified stigma

Definitions and Examples

Culturally-framed stigma reduction: Activities that are specifically geared to address aspects of stigma about having mental disorders and receiving mental health services as experienced by persons from cultural groups.

Activities with consumers and family members to address stigma: These could include distribution of materials to alleviate stigma concerns, running consumer and family education sessions, offering cultural support groups when acceptable to persons from cultural group, including activities that aim to reduce stigma in program such as role playing and skits.

Activities with community to address stigma: Program participation in community educational activities that address stigma, running cultural events open to the community, appearing at health fairs, promotion of mental health wellness, participating in community events.

Program-Level Cultural Competency Assessment Scale 2.1

Criterion 6: Culturally friendly service delivery environment

Program is conducted in physical spaces that are made appealing and familiar to the cultural groups served

Rationale: Features of surroundings that are familiar, welcoming to families and celebratory of a cultural group enhance consumer and family feelings of comfort and a sense of connectedness while participating in the program.

Instructions: Items are ordered; score is highest level indicator achieved. 1 indicates no indicator is achieved. **Read definitions prior to scoring.**

MEASURES	
1.	Program has not created a physical environment that is appealing and familiar to persons from cultural groups
2.	Program space has signage in languages and symbols of the cultural groups served
3.	In addition to 2, program space has posters and art work that reflect the cultural groups served
4.	In addition to 3, program has reading materials in languages of most prevalent and/or program-focus cultural groups and in other formats accessible to consumers and their family members from cultural groups
5.	In addition to 4, program space is comfortable and inviting for consumers and their family members as indicated in a satisfaction survey or through other feedback mechanisms.

Definitions and Examples

Program space: This includes the waiting areas and the service delivery areas.

Symbols: can include flags, clothing, pictures of places and events familiar to members of a cultural group.

Other accessible formats: For example, reading materials at 6th grade reading level, illustrated, in large print, in Braille; visual media include videos, computer websites, *fotonovelas*, *telenovelas*.

Examples of "comfortable and inviting": Seating is comfortable; culturally familiar music is played in waiting areas; television tuned to stations in languages and/or to programs frequently watched by cultural groups; program has an area set aside for children of visitors.

Feedback mechanisms: For example direct interviews or suggestion boxes. (*Note: Satisfaction surveys are discussed in Criterion 11.*)

Program-Level Cultural Competency Assessment Scale 2.1

Criterion 7: Culturally modified or new services

Program has strategies for making their services responsive to values and preferences of persons from cultural groups with the aim of improving their effectiveness

Rationale: Services need to be reviewed and modified for applicability and their responsiveness to values and preferences of the cultural group. New services may need to be developed.

Instructions: Items are ordered; score is highest level indicator achieved. 1 indicates no indicator is achieved. **Read definitions prior to scoring.**

MEASURES	
1.	Program does not have strategies for making their services responsive to values and preferences of persons from cultural groups
2.	Program, in consultation with members of cultural groups including peers, reviews its services for responsiveness to values and preferences of the cultural groups it serves
3.	In addition to 2, program allows staff to flexibly deliver services to accommodate the cultural groups it serves
4.	In addition to 3, program staff in consultation with community members of most prevalent/or program-focal cultural group, has formally modified a service to be responsive to values and preferences of that group
5.	In addition to 4, program provides new services specifically developed to be responsive to values and preferences of the most prevalent and/or program-focal cultural group

Definitions and Examples

Flexibly delivered: Aspects of the program are accommodating and responsive to the needs of cultural groups by individual caregiver

Formally modified: Program-wide modifications have been made in consultation with service developers, researchers, staff, or members of the cultural community, or have been based on modifications that have been implemented elsewhere for the cultural group. Feasibility of modification may depend on the extent to which reimbursements require fidelity to a specific model.

New services: For example, a spirituality group or a culture-specific approach for working with survivors of war-related violence.

Program-Level Cultural Competency Assessment Scale 2.1

Criterion 8: Inclusion among program staff of peers from cultural groups

Program includes peer staff, both paid and volunteers, who have mental health experience, are in recovery, and are from the cultural groups served by the program

Rationale: Staff from the same cultural groups of clients enrolled in the program who have the lived experience of mental health problems and the learned experience of recovery can facilitate engagement of cultural clients in the program by enhancing consumer trust in the program and providing role models of recovery. They can also provide other program staff with information on cultural views impacting mental health treatment and acceptable treatment strategies.

Instructions: Items are ordered; score is highest level indicator achieved. 1 indicates no indicator is achieved. **Read definitions prior to scoring.**

MEASURES	
1.	Program does not include staff members who have the lived experience of mental health problems and the learned experience of recovery
2.	Program staff receive training on working with peers from cultural groups
3.	In addition to 2, program actively recruits consumers from cultural groups as staff, volunteers and interns who are from the cultural groups served by the program
4.	In addition to 3, program has hired consumers from cultural groups as paid staff
5.	In addition to 4, consumers are used to educate staff on cultural competency strategies that they have to engage and retain recipients from their cultural groups identified

Definitions and Examples

Consumers from cultural groups who have had mental health experiences and are in recovery: This phrase encompasses the commonly used term of peers. They are persons hired for any staff position for which they qualify, e.g., program director, or for specially designated positions such as peer specialists. Consumers are expected to be able to share their experiences with other consumers in the program, demonstrate that recovery is possible, and provide support to other staff regarding cultural views that may impact treatment. Note: this is not likely in programs serving children and adolescents. Such programs may rely on family mentors who may volunteer to share their knowledge and experience with other family members.

Recruits: Program advertises for and collaborates with recipient advocacy and training organizations to identify and recruit consumer peers from cultural groups to work in the program.

Training on working with consumers from cultural groups: Staff members may receive CC training, but most likely training does not address working with consumers from cultural groups. Training material on staff working with consumers needs to be enhanced to cover cultural challenges that could arise.

Program-Level Cultural Competency Assessment Scale 2.1

Criterion 9: Family member involvement

Program engages persons that are identified by the consumer as members of their family to take part in the assessment process, care planning and providing ongoing supports

Rationale: Family can play a large role in the lives of members of cultural groups, particularly in immigrant groups. Some consumers may rely heavily on particular family members for their supports and for maintaining their ties to their communities while others may rely more heavily on close friends and members of their social network.

Instructions: Items are ordered; score is highest level indicator achieved. 1 indicates no indicator is achieved. **Read definitions prior to scoring.**

MEASURES	
1.	Program does not engage consumer-identified family members
2.	Program has a written policy on documenting multiple efforts to engage family members
3.	In addition to 2, family members contribute to cultural assessment of the consumer
4.	In addition to 3, program provides family members with educational material modified and in formats understandable to their cultural group
5.	In addition to 4, program creates a cultural support group for family members

Definitions and Examples

Family Member: Persons the consumer has identified from their family or social network that they would want involved in their care process, for example, specific family members (some family members may not be desired by the consumer, and some may not be available), significant others, close friends, members of the clergy, healers, teachers.

Engage: Involve the identified family member in the care process to the extent desired by consumer.

Makes multiple efforts: Intensive and persistent outreach including multiple strategies for bringing the identified family members into the care process.

Educational material: Includes program description, mental health/wellness education

In formats: Ways of presenting materials that make them more accessible to and understandable by potential consumers from cultural groups, e.g. for those with limited reading skills and/or are not comfortable with the English language at a 6th grade level, print media using illustrations, diagrams, video, and film media with an avoidance of technical terms and jargon; and for those who are visually impaired Braille, or large print.

Family member support: Structured and semi-structured meetings of identified family members providing opportunities to interact with staff and other family members.

Program-Level Cultural Competency Assessment Scale 2.1

Criterion 10: Community resources

Program identifies and promotes linkages to community resources acceptable and responsive to cultural values and preferences of consumers to promote recovery and community integration

Rationale: Identifying the culturally acceptable resources of the consumer's community and connecting consumers to these assets can provide additional support for personal recovery

Instructions: Items are ordered; score is highest level indicator achieved. 1 indicates no indicator is achieved. **Read definitions prior to scoring.**

MEASURES	
1.	Program does not identify or promote linkages to community resources that are acceptable and responsive to cultural values and preferences of consumers
2.	Program has identified assets of the community that are acceptable and responsive to the cultural needs and preferences of consumers being served
3.	In addition to 2, program introduces cultural group consumers to these community assets by providing written information, and/or in presentations
4.	In addition to 3, program makes direct linkages and arrangements for cultural group consumers to use the identified community assets
5.	In addition to 4, program has a mechanism to expand or remove identified resources from asset list based on feedback and input from consumers from the cultural groups being served

Definitions and Examples

Assets of the community: Assets include: physical structures and places, such as a school or hospital, religious institutions, libraries, social and recreational facilities; the capacities and abilities of community members and leaders; community organizations such citizens' associations, PTA; businesses that provide jobs and support the local economy; or individuals that provide culture-specific services, such as traditional healers, herbalists.

Program-Level Cultural Competency Assessment Scale 2.1

Criterion 11: Satisfaction with Program

Program conducts activities to measure consumer and family member appraisals of the cultural appropriateness of the services received by a cultural group

Rationale: Program improvement for cultural groups needs to be based on consumer and family member appraisals of the program.

Instructions: Items are ordered; score is highest level indicator achieved. 1 indicates no indicator is achieved. **Read definitions prior to scoring.**

MEASURES	
1.	Program does not conduct activities to measure consumer and family member appraisals of the cultural appropriateness of the services received by a cultural group
2.	Satisfaction surveys routinely conducted by the program include information on race, ethnicity, gender, LGBTQ status
3.	In addition to 2, program has mechanisms to discuss cultural appropriateness of the program and its services with individuals and family members from cultural groups
4.	In addition to 3, program uses this input to design new or enhance currently used satisfaction surveys to obtain views of consumers and family member from cultural groups
5.	In addition to 4, program uses information from enhanced satisfaction surveys to modify program for persons from cultural groups

Definitions and Examples

Satisfaction: Appraisal of the program, its services and its staff members with respect to each person's expectations, goals, values and preferences, how their culture was incorporated and the quality of consumer- staff interactions.

Satisfaction survey: a document with targeted questions regarding aspects of the program, its services and the staff

Mechanisms: Direct interviews, focus groups, written comments

Program-Level Cultural Competency Assessment Scale 2.1

Criterion 12: Service Delivery Outcomes

The program examines disparities in service delivery outcomes related to engagement and retention in the program

Rationale: Service delivery outcomes for cultural groups should not differ from those of clinically comparable consumers from other groups. Consumers from cultural groups may have particular difficulties in engagement into and retention in services. Differences in service delivery measures on engagement and retention could reflect these difficulties. These need to be identified and monitored by the program.

Instructions: Items are ordered; score is highest level indicator achieved. 1 indicates no indicator is achieved. **Read definitions prior to scoring.**

MEASURES	
1.	The program does not examine disparities in service delivery outcomes between another group and other persons in the program
2.	Program collects data or arranges access to service data in which cultural groups of the program can be identified
3.	In addition to 2, program leadership defines benchmarks for service measures of engagement and retention In the program
4.	In addition to 3, program leadership monitors these measures over time
5.	In addition to 4, program leadership addresses problems identified as potential disparities

Definitions and Examples

Service Delivery Outcomes:

Measures of engagement: Engagement could be measured by percent completing 2nd visit, length of time between visits, and no show rates.

Measures of retention: Retention could be measured by the percent completing the program, number of visits in a fixed period of time, and dropout rates.

Program leadership: This may refer to the person or persons who manages or directs the program. In some instances this may refer to the organizational administration.

Benchmarks: These are rates deemed acceptable by the program.

Program-Level Cultural Competency Assessment Scale 2.1

Criterion 13: Recovery Outcomes

The program measures recovery outcomes that are desired by members of a cultural group

Rationale: Recovery outcomes for cultural groups may differ from those of clinically comparable consumers from other groups because of different beliefs, relationships, tools and resources to achieve goals. These need to be identified and monitored by the program.

Instructions: Items are ordered; score is highest level indicator achieved. 1 indicates no indicator is achieved. **Read definitions prior to scoring.**

MEASURES	
1.	The program does not examine recovery outcomes that are desired by members of the cultural groups served by the program
2.	Program identifies recovery outcomes desired by members of a cultural group, including individual consumers and family members
3.	In addition to 2, program collects data to monitor achievement of recovery outcomes desired by members of cultural groups
4.	In addition to 3, program assesses achievement of recovery outcomes desired by members of cultural groups
5.	In addition to 4, program uses outcome data to modify program for consumers from the cultural groups served

Definitions and Examples

Recovery outcomes that are desired by members of a cultural group: These might include being employed in certain types of jobs considered culturally desirable; achieving a desirable level of higher education; participating in specific types of social and cultural activities highly valued by the cultural group. For children and adolescents, recovery outcomes can include achieving a desired level of family involvement; the ability to participate fully in educational and recreational activities

Data to monitor achievement of recovery outcomes: While long term outcomes are difficult to measure once the person leaves the program, during the time in program, data on progress toward recovery goals as agreed upon by program staff and consumer and/or family members, and status at time of discharge from the program.

Program-Level Cultural Competency Assessment Scale 2.1

Criterion 14: Program Outreach

Program identifies and conducts outreach to increase access for cultural groups in the community/service area who underutilize services and might benefit from the program

Rationale: To increase the enrollment of cultural groups into programs that might be of benefit to them, outreach efforts should be undertaken that include identifying these groups and informing them about what the program can offer.

Instructions: Items are ordered; score as performance measures are achieved. 1 indicates that no measure is achieved. **Read definitions prior to scoring.**

MEASURES	
1.	Program has not identified cultural groups in the community/service area who underutilize services and might benefit from the program
2.	Program has identified the cultural groups in its community/service area who underutilize services and might benefit from the program
3.	In addition to 2, culturally and linguistically appropriate materials describing programs, written and in other formats, are available
4.	In addition to 3, program has identified key informants, sites and other sources that might have contacts with the underserved cultural groups in the community/service area
5.	In addition to 4, program information is disseminated to sites and sources most likely to be used by the underserved cultural groups

Definitions and Examples

Program information: Descriptions of services offered, hours of operation, transportation services available, language assistance offered.

Identify the cultural groups: Identification will vary by the type of program. Identification may involve reaching out to schools, churches, community groups and other community key informants.

Culturally and linguistically appropriate written material: Text material is translated into the languages of the community, uses descriptive words understandable to and respectful of the cultural groups and is at the reading level of potential consumers from cultural groups in the program's service area.

Limited reading skills: Having reading skills less than at a 6th grade level. In some cases, the program may appraise that it is necessary to consider materials at a 4th grade level.

Dissemination sites and sources most likely to be used by cultural groups: For example, health fairs, mobile health screening, churches, primary care contact points, community centers, schools, and through sources such as newspapers, radio stations and/or television channels frequently accessed by members of cultural groups.

Program-Level Cultural Competency Assessment Scale 2.1

CC CRITERION	SCORE (1-5)	COMMENTS e.g., Points of ambiguity that would change score
1. CULTURAL ASSESSMENT OF CONSUMER		
2. ENGAGEMENT: LANGUAGE CAPACITY		
3. ENGAGEMENT: COMMUNICATION STYLES		
4. ENGAGEMENT: TRUST BUILDING		
5. ENGAGEMENT: CULTURALLY FRAMED STIGMA REDUCTION		
6. CULTURALLY FRIENDLY SERVICE DELIVERY ENVIRONMENT		
7. CULTURALLY MODIFIED OR NEW SERVICES		
8. INVOLVEMENT OF CONSUMER PEERS FROM CULTURAL GROUPS		
9. FAMILY MEMBER INVOLVEMENT		
10. COMMUNITY RESOURCES		
11. SATISFACTION WITH PROGRAM		
12. SERVICE DELIVERY OUTCOMES		
13. RECOVERY OUTCOMES		
14. PROGRAM OUTREACH		
TOTAL SCORE		