

The Connecticut Department of Mental Health and Addiction Services  
Office of Multicultural Affairs

Assessment  
Guidelines  
For

**DEVELOPING A**  
**MULTICULTURALLY COMPETENT**  
**SERVICE SYSTEM**  
**FOR AN ORGANIZATION OR PROGRAM**

With Adaptations From

New York State *Cultural and Linguistic Competency Standards*, developed by:  
Cultural Competence Strategic Framework Task Force, New York State Office of  
Mental Health, September 1997

And

Developments by the New Jersey Division of Mental Health Services Multicultural  
Services Advisory Committee, 1998

January 2000

**DEVELOPING A  
MULTICULTURALLY COMPETENT  
SERVICE SYSTEM  
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**Introduction**

The Department of Mental Health and Addiction Services (DMHAS) system of care serves widely diverse populations, each with unique experiences and needs.

The development of culturally competent services is a major goal in the field of behavioral health today and in the coming years. The population of Connecticut is not only growing; it is also changing dramatically. Shifts in racial/ethnic diversity are not just about numbers, but also about the impact of multiple cultures and ethnicities on the services we provide. The mental health and addiction service system must focus on the client with a variety of service delivery approaches in order to address cultural and ethnic differences among providers and clients/consumers.

For your information, at this time, as you consider your own plan-development methods, the issues of client **access, engagement and retention** (see Page 8 of the guidelines) are fundamental approaches that you will be expected to address in generating your agency's cultural competence plan. This means that a plan, to be acceptable, will address the treatment experience that a client has in your program. Consequently, your agency's plan should be based, in part or in whole, on the following:

1. Look at the community of people where your services are located.
2. Identify what ethnic/cultural groups there are, what their numbers are and compare these facts to your client population breakdown.
3. Who is coming to your program and who is not?
4. Who is staying in treatment and who is not?
5. Design the steps that you will take to assure access to your program for those not coming to your program now.
6. Design steps to provide an environment that engages persons from new groups when they begin to access your program so that they will want treatment in your program.
7. Design steps that will create an environment that will retain people in treatment who previously either did not come or did not stay

The attached guidelines provide a format to assess the current status of culturally competent services in your agency. This is an instrument that can be used each year to reveal where your program is concerning cultural competence, and where it needs to expand in order to become more culturally competent. The results of the assessment can be the basis of designing a strategy that addresses the needs of each client and how your agency will implement strategies for incorporating cultural competence into service delivery and program development.

Behavioral health providers must develop unique approaches necessary to respond to the life circumstances of individuals and families. Providing services that are culturally competent is an essential component in effective service delivery.

The cultural competence assessment guidelines that follow can help agencies design effective responses to cultural and ethnic concerns and needs. The elements presented here reflect guidelines being developed by organizations nationwide, as well as by accrediting and licensing bodies. Elements in each section of the guidelines offer a basis for program development in the area of cultural competence.

**The results of your self-assessment should be used in the development of plans and strategies to increase the cultural competency of services delivered by your agency.**

# Multiculturally Competent Service System Assessment Guide

## Instructions

Rate your organization on each item in Sections I through VIII using the following scale:

1                      2                      3                      4                      5  
Not at all                      To a moderate degree                      To a great degree

### Suggested Rating Interpretations:

#1 and #2: “Priority Concerns”

#3: “Needs Improvement”

#4 and #5: “Adequate”

When you have rated all items and assessed each section, please follow the instructions on page 9 in order to make an assessment of your program or agency and then to formulate a culturally competent plan that addresses the need you feel is a priority.

### I. Agency Demographic Data (Assessment)

**A Culturally Competent Agency uses basic demographic information to assess and determine the cultural and linguistic needs of the service area.**

\_\_\_\_\_ Have you identified the demographic composition of the program’s service area (from recent census data, local planning documents, statement of need, etc.) which should include ethnicity, race, and primary language spoken as reported by the individuals?

\_\_\_\_\_ Have you identified the demographic composition of the persons served?

\_\_\_\_\_ Have you identified the staff composition (ethnicity, race, language capabilities) in relation to the demographic composition of your service area?

\_\_\_\_\_ Have you compared the demographic composition of the staff with the client demographics?

**II. Policies, Procedures and Governance**

**A Culturally Competent Agency has a board of directors, advisory committee or a policy making group that is proportionally representative of the staff, client/consumers and community.**

- \_\_\_\_\_ Has your organization appointed executives, managers and administrators who take responsibility for, and have authority over, the development, implementation, and monitoring of the Cultural Competence Plan?
  
- \_\_\_\_\_ Has your organization's director appointed a standing committee to advise management on matters pertaining to multicultural services?
  
- \_\_\_\_\_ Does your organization have a mission statement that commits to cultural competence and reflects compliance with all federal and state statutes, as well as any current *Connecticut Commission on Human Rights and Opportunities* non-discriminatory policies and affirmative action policies?
  
- \_\_\_\_\_ Does your organization have culturally appropriate policies and procedures communicated orally and/or written in the principle language of the client/consumer to address confidentiality, individual patient rights and grievance procedures, medication fact sheets, legal assistance, etc. as needed and appropriately?

**III. Services/Programs:**

**A Culturally Competent Agency offers services that are culturally competent and in a language that ensures client/consumer comprehension.**

**A. Linguistic and Communication Support:**

- \_\_\_\_\_ Has the program arranged to provide materials and services in the language(s) of limited English-speaking clients/consumer (e.g., bilingual staff, in-house interpreters, or a contract with outside interpreter agency and/or telephone interpreters)?
  
- \_\_\_\_\_ Do medical records indicate the preferred language of service recipients?
  
- \_\_\_\_\_ Is there a protocol to handle client/consumer/family complaints in languages other than English?
  
- \_\_\_\_\_ Are the forms that client/consumers sign in their preferred language?
  
- \_\_\_\_\_ Are the persons answering the telephones, during and after-hours, able to communicate in the language of the speakers?
  
- \_\_\_\_\_ Does the organization provide information about programs, policies, covered services and procedures for accessing and utilizing services in the primary language(s) of client/consumers and families?
  
- \_\_\_\_\_ Does the organization have signs regarding language assistance posted at key locations?

\_\_\_\_\_ Are there special protocols for addressing language issues at the emergency room, treatment rooms, intake, etc?

\_\_\_\_\_ Are cultural and linguistic supports available for clients/consumers throughout different service offerings along the service continuum?

**B. Treatment/Rehabilitation Planning**

\_\_\_\_\_ Does the program consider the client/consumer's culture, ethnicity and language in treatment planning (assessment of needs, diagnosis, interventions, discharge planning, etc.)?

\_\_\_\_\_ Does the program involve client/consumers and family members in all phases of treatment, assessment and discharge planning?

\_\_\_\_\_ Has the organization identified community resources (community councils, ethnic/cultural social entities, spiritual leaders, faith communities, voluntary associations, etc.), that can exchange information and services with staff, client/consumers, and family members?

\_\_\_\_\_ Have you identified natural community healers, spiritual healers, clergy, etc., when appropriate, in the development and/or implementation of the service plan?

\_\_\_\_\_ Have you identified natural supports (relatives, traditional healers, spiritual resources, etc.) for purposes of reintegrating the individual into the community?

\_\_\_\_\_ Have you used community resources and natural supports to re-integrate the individual into the community?

**C. Cultural Assessments**

\_\_\_\_\_ Is the client/consumer's culture/ethnicity taken into account when formulating a diagnosis or assessment?

\_\_\_\_\_ Are culturally relevant assessment tools utilized to augment the assessment/diagnosis process?

\_\_\_\_\_ Is the client/consumer's level of acculturation identified, described and incorporated as part of a cultural assessment?

\_\_\_\_\_ Is the client/consumer's ethnicity/culture identified, described and incorporated as part of a cultural assessment?

**D. Cultural Accommodations**

\_\_\_\_\_ Are culturally appropriate, educative approaches, such as films, slide presentations or video tapes utilized for preparation and orientation of client/consumer family members to your program?

\_\_\_\_\_ Does your program incorporate aspects of each client/consumer's ethnic/cultural

heritage into the design of specialized interventions or services?

- \_\_\_\_\_ Does your program have ethnic/culture-specific group formats available for engagement, treatment and/or rehabilitation?
- \_\_\_\_\_ Is there provider collaboration with natural community healers, spiritual healers, clergy, etc., where appropriate, in the development and/or implementation of the service plan?

**E. Program Accessibility**

- \_\_\_\_\_ Do persons from different cultural and linguistic backgrounds have timely and convenient access to your services?
- \_\_\_\_\_ Are services located close to the neighborhoods where persons from different cultures and linguistic backgrounds reside?
- \_\_\_\_\_ Are your services readily accessible by public transportation?
- \_\_\_\_\_ Do your programs provide needed supports to families of clients/consumers, i.e. meeting rooms for extended families, child support, drop-in services, etc.?
- \_\_\_\_\_ Do you have services available during evenings and weekends?

**IV. Care Management**

- \_\_\_\_\_ Does the level and length of care meet the needs for clients/consumers from different cultural backgrounds?
- \_\_\_\_\_ Is the type of care for clients/consumers from different backgrounds consistently and effectively managed according to their identified cultural needs?
- \_\_\_\_\_ Is the management of the services for people from different groups compatible with their ethnic/cultural background?

**V. Continuity of Care**

- \_\_\_\_\_ Do you have letters of agreement with culturally oriented community services and organizations?
- \_\_\_\_\_ Do you have integrated, planned, transitional arrangements between one service modality and another?
- \_\_\_\_\_ Do you have arrangements, financial or otherwise, for securing concrete services needed by clients/consumers (e.g., housing, income, employment, medical, dental, and other emergency personal support needs?)

**VI. Human Resources Development**

**A culturally competent agency implements staff training and development in cultural competence at all levels and across all disciplines, for leadership and governing entities, as well as for management, supervisory, treatment and support staff.**

\_\_\_\_\_ Are the principles of cultural competence (e.g., cultural awareness, language training skills training in working with diverse populations) included in staff orientation and ongoing training programs? (See attached: The Fundamental Principles of Cultural Competency)

\_\_\_\_\_ Is the program making use of other programs or organizations that specialize in serving persons with diverse cultural and linguistic background as a resource for staff education and training?

\_\_\_\_\_ Is the program maximizing recruitment and retention efforts for staff who reflect the cultural and linguistic diversity of populations needing services?

\_\_\_\_\_ Have the staff's training needs in cultural competence been assessed?

\_\_\_\_\_ Have staff attended training programs on cultural competence in the past two years?

Describe: \_\_\_\_\_

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#### **VII. Quality Monitoring and Improvement**

**A culturally competent agency has a quality monitoring and improvement program that ensures access to culturally competent care.**

\_\_\_\_\_ Does the Quality Improvement (QI) Plan address the cultural/ethnic and language needs?

\_\_\_\_\_ Are client/consumers and families asked whether ethnicity/culture and language are appropriately addressed in order to receive culturally competent services in the organization?

\_\_\_\_\_ Does the organization maintain copies of minutes, recommendations, and accomplishments of its multicultural advisory committee?

\_\_\_\_\_ Is there a process for continually monitoring, evaluating, and rewarding the cultural competence of staff?

#### **VIII. Information/Management System**

\_\_\_\_\_ Does the organization monitor, survey, or otherwise assess, the QI utilization patterns, Against Medical Advice (A.M.A.) rates, etc., based on the culture/ethnicity and language?

\_\_\_\_\_ Are client/consumer satisfaction surveys available in different languages in proportion to the demographic data?

\_\_\_\_\_ Are there data collection systems developed and maintained to track clients/consumers by demographics, utilization and outcomes across levels of care, transfers, referrals, re-admissions, etc.?

## Formulating a Culturally Competent Plan Based on the Assessment of Your Program or Agency

Focus on the following critical areas of concern as you develop goals for a culturally competent plan for your agency's service system.

- Access:** Degree to which services to persons are quickly and readily available.
- Engagement:** The skill and environment to promote a positive personal impact on the quality of the client's commitment to be in treatment.
- Retention:** The result of quality service that helps maintain a client in treatment with continued commitment.

Based on an assessment of your agency, determine whether, in your initial plan, you need to direct efforts of developing cultural competency toward one, or a combination of the above critical areas. **Then, structure your agency's cultural competence plan using the following instructions:**

1. Based on the results of this assessment, summarize and describe your organization's perceived **strengths** in providing **services to persons from different cultural groups**. Please provide specific examples. Attach supporting documentation (e.g., Data, Policies, Procedures, etc.)
  
2. Based on your assessment, summarize and describe your organization's primary areas considered either  
    **"Priority Concerns" (#1 and/or #2), or**  
    **"Needs Improvement" (#3)**  
in providing services to persons from different cultural groups.
  
3. Based on both your organization's **strengths** and **needs**, **prioritize** the organizational goals and objectives addressed in your **cultural competency plan**. Describe clearly what you will do to provide services to persons who are culturally and linguistically different.
  
4. Using the developed goals and objectives, please describe in detail the plans, activities and/or strategies you will implement to assist your organization in meeting each of the goals and objectives indicated.

## **APPENDIX ONE**

### **Cultural and Linguistic Definitions**

**Access:** Refers to the degree to which services are quickly and readily obtained. It is determined by the extent to which needed services are available, the information provided about these services, the responsiveness of the system to individual cultural and linguistic needs, and the convenience and timeliness with which services are obtained.

**Assessment:** Activities which determine the current need for culturally competent and linguistically appropriate services and the current availability and quality of such services. Assessment efforts should be data-driven and will include surveys, studies, or evaluations to determine the demographic characteristics of the clients/consumers, the capability of providers and staff, the quality of services, customer and provider satisfaction, and appropriate utilization of the services.

**Complementary Resources:** Any help that is exchanged beyond treatment services. They are services that are supported, operated, and/or regulated by the public or professional sector. These resources may include religious, social or those of other voluntary organizations; mutual aid or self-help groups; indigenous healers or natural helpers; as well as kin, friends, and neighbors.

**Cultural Competence:** A set of knowledge, skills, attitudes, policies, practices, and methods that enable care providers and programs to work effectively with culturally diverse client/consumers, families and communities. Culturally competent behavioral health care providers have, at a minimum, linguistic competence and also some knowledge about the culture and ethnicity. They should also have the knowledge and skills to use assessment and treatment methods which are appropriate for multicultural client/consumers.

**Cultural Competence Plan:** A written document that outlines a systematic approach to provide culturally relevant services to individuals served by a particular agency/organization. The Plan is used to direct an agency towards culturally responsive services with demographic information, congruent policies, services/programs, ongoing staff development, and quality improvement strategies that come together to enable behavioral programs to provide culturally competent services.

**Cultural Diversity:** A constellation of people from distinct ethnic groups, color and races, languages, customs, styles, values, beliefs, genders, sexual orientation, ages, education, income, knowledge, skills, abilities, functions, practices, religions and geographic areas.

**Culturally Appropriate:** The capacity of individuals or organizations to develop compatible health practices and behaviors of target populations. The information is used to design programs, interventions and services that address cultural and language needs in order to deliver appropriate and necessary health care services; and to evaluate and contribute to the ongoing improvement of these factors.

**Cultural Relevance:** Services that bear “a traceable, significant, logical connection” to the ethnically/culturally-based needs, expectations, desires and existing realities of the individuals to whom the services are directed. This includes a leadership and workforce

that is able and willing to obtain the necessary knowledge about the clients/consumers' cultural and socioeconomic background that will enable them to plan and deliver effective therapeutic behavioral health programs.

**Culture:** Recurrent patterns of thought and behavior that are shared and transmitted by members of a group, including language, ideology, norms and values. Culture shapes personal identity (e.g., **race, ethnicity and culture**), interpersonal networks, and social institutions. Culture is also a powerful force in diagnosis, treatment, aftercare and other responses to illness and behavioral disorders. (See "**BROWN ARTICLE**" for definition of **race & ethnicity**)

**Engagement:** The skill and environment to promote a positive personal influence on the quality of the client's commitment to be in treatment.

**Interpretation:** Putting words of one language into another language, particularly in written form. In health services, translation is used when converting written information from English-language medical/psychiatric forms, informational brochures and other health-related materials into the patient/client/consumer's language. (See **Standards for definition of qualified Interpreter**)

**Linguistic Competence:** The ability to communicate and provide behavioral health care in both English and the primary language of client/consumers and families. A behavioral health care organization with linguistic competence offers 24-hours access to staff and/or interpreters who are fluent in the client/consumer's language and in English.

**Limited Spoken English or a Limited Proficiency in Speaking English:** Persons who have a limited language proficiency in English. Such as those who have limited spoken English who also have difficulty understanding what an English-speaking person is saying, or, who have trouble being understood by an English-speaking person.

**Multicultural:** The inclusion of persons with the cultural characteristics representative of their own and one or more additional ethnic groups, who may also become comfortable operating in the cultural perspective of others.

**Natural Helpers:** Individuals who are recognized by persons close to them, and/or by local communities, as being able to advise, help or heal, using medicinal items, symbols, activities, rituals, and social connections that are most meaningful to those seeking support.

**Primary Language:** Refers to the language in which an individual is most proficient and uses most frequently to communicate with others inside or outside the family system.

**Retention:** The result of quality service that helps maintain a client in treatment with continued commitment.

**Written Material and Orientation:** Refers to the availability of written materials and orientation sessions in languages other than English.

## APPENDIX TWO

### Connecticut Department of Mental Health and Addiction Services Office of Multicultural Affairs

## The Fundamental Principles Of Cultural Competency

The population of Connecticut consists of a dynamic spectrum of multicultural diversity. Valuable assets and resources are found in the multiplicity of cultures, races, languages and ethnic backgrounds. However, such diversity openly challenges the statewide system to create and deliver effective culturally appropriate behavioral health services.

Therefore the Connecticut Department of Mental Health and Addiction Services establishes the following **Fundamental Principles Of Cultural Competency** as its frame of reference for cultural competence in the development, coordination and implementation of client/consumer-based prevention, intervention and treatment services:

### 1. Principle of Cultural Competence

Cultural competence is essential to the provision of effective client/consumer-based services and treatment for diverse populations. Cultural competence, on the part of the care giver, includes incorporating language, knowledge, skills and attitudes within systems of care that are informed by the specific reality and condition of a client/consumer's real life cultural circumstances.

Outcomes of quality recovery and rehabilitation are more likely to occur where systems of care with their service providers function with a cultural competence that is compatible with the heritage of all clients/consumers, especially those from under-served and under-represented racial, language and ethnic groups, their families and communities. Truly competent service acknowledges and incorporates cultural variables into the expected norms of acceptable behaviors, beliefs and values both for determining an individual's wellness and illness, as well as for incorporating those variables into assessment and treatment.

### 2. Principle of Client/Consumer-Driven System of Care

A client/consumer-driven system of care promotes the client/consumer together with the family as the most important participants in the service-providing process. Providers strive to adapt any self-help concepts present in the client/consumer's culture/ethnicity, use of language and the significant role that the head of a family or the family itself plays culturally in the healing process.

### **3. Principle of Community-Based System of Care**

A community-based system of care includes the full continuum of care. There is strong focus on being open to:

- including recognized, valued community resources from within the environment of the client/consumer's culture;
- investing in early intervention and prevention efforts; and
- treating the client/consumer in a language and environment that least restricts healing influences familiar to the client/consumer.

### **4. Principle of Managed Care**

The costs of a public managed health care delivery system are best contained through the delivery of truly effective, high quality services that emphasize outcome-driven systems and positive results. Such systems acknowledge, as essential, the added-value inclusion of both the ethnicity/culture and language of a group as a treatment partner. Systems will include an emphasis on managing care, not dollars. It recognizes that dollars will manage themselves if overall care is well managed. It also recognizes that cultural group-specific variables have significant implications for individualized assessment and treatment.

### **5. Principle of Natural Support**

Natural community support and culturally competent practices are viewed as an integral part of a system of care that contributes to desired outcomes in a multicultural environment. Traditional healing practices of particular ethnicities/cultures are used when relevant or possible. Function rather than bloodlines define the family, insofar as individuals from many ethnicities/cultures often conceive of family much more broadly than mainstream individuals.

### **6. Principle of Sovereign Nation Status**

Systems of health care that serve Native Americans who are members of sovereign nations shall acknowledge the right of those sovereign nations to participate in the process of defining culturally competent services.

### **7. Principle of Collaboration and Empowerment**

Clients/consumers from all ethnicity/culture groups and their families have the capacity to collaborate with treatment systems and providers in determining the course of treatment. The greater the extent of this collaboration, the better the chance that recovery and long-term functioning will occur and be sustained. Empowering clients/consumer and families enhances their self-esteem and ability to manage their own health.

### **8. Principle of Holism**

Clients/consumer from all ethnicity/culture groups are more likely to respond to managed systems of care, organizations and treatment providers who recognize the value of holistic approaches to health care and implement these in their clinical work, policies, and standards. Where holistic approaches are absent, there is a greater risk that clients/consumer will tend to over-utilize services in seeking appropriate outcomes.

## **9. Principle of Feedback**

Legitimate opportunities for feedback and exchange among treatment systems, organizations, and providers will improve the quality of behavioral health services and enhance the desired outcomes of their service delivery to clients/consumer of all ethnicity/culture groups. Where such opportunities for feedback are absent, there is a greater likelihood that the system of services and policies will not be congruent with the needs of client/consumers and will not result in high levels of client/consumer satisfaction. Care systems that implement feedback increase the opportunity of making ongoing culturally specific corrections in their approaches to services while simultaneously decreasing their risks.

## **10. Principle of Access**

In order for client/consumers from all cultural groups to seek, utilize, and gain from health care provided in a system-wide plan, all services, facilities and providers have to be accessible. Where services and facilities are geographically, psychologically, lingually and culturally accessible, the chances are increased that clients/consumers from all populations will respond positively to treatment and services. Inadequate access to services will result in increased costs; limited benefit to the client/consumer, and a greater probability that services will not result in the desired outcomes.

## **11. Principle of Universal Coverage**

Populations of many ethnicity/culture groups experience higher than average frequencies of unemployment, lower receipt of transfer payments, and less disposable income. Where health care coverage, benefits, and access are based on employment or ability to pay, client/consumers from these groups are more likely to be under-served in health issues. The greater the extent to which health care is universally available without regard to income, the greater the likelihood that the health status of these client/consumers will be enhanced.

## **12. Principle of Integration**

Clients/consumers from some ethnicity/culture groups suffer higher than expected frequencies of physical health problems. Integrating primary care medicine, mental health, prevention and substance abuse services in a system-wide plan, increases the potential that all clients/consumers will receive comprehensive treatment services and recover more rapidly, with fewer disruptions due to a fragmented system of care.

## **13. Principle of Quality**

The more that emphasis is placed in the behavioral health care systems on ensuring the continuous quality of culturally competent service to client/consumers of all ethnicity/culture groups, the greater the likelihood that relapse will be prevented, and disorders will be treated appropriately and costs lowered. The less that emphasis is placed on providing culturally competent quality services to all client/consumers, the greater the chance that costs will increase.

#### **14. Principle of Data Driven Systems**

The quality and skill of culturally appropriate decision-making, service design, and clinical intervention for clients/consumer in a system of health care is increased where cultural identity group-data on prevalence, incidence, admission, discharge, service utilization, and treatment outcomes are used to inform and guide decisions.

#### **15. Principle of Outcomes**

Clients/consumers and their families always evaluate services received on the basis of real life outcomes relative to the actual problems that first stimulated them to seek help in a prevention, intervention and treatment environment. The greater the extent to which the system of care employs policies, plans, organizations, and providers that emphasize and measure these outcomes according to the basic expectations of clients/consumer, the greater will be the degree of client/consumer satisfaction.

#### **16. Principle of Prevention**

State behavioral care service systems, and local provider organizations should offer culturally specific community education programs about the behavioral health system and the risk factors associated with specific disorders. The goal is to increase the capacity of families from all ethnicities/cultures to provide a healthy environment and to identify the early warning signs that indicate when a mental illness or an addictive disorder does exist. Early identification and intervention can prevent exacerbation of the problems and reduce the disabling effects of behavioral health problems.