Cultural & Linguistic Competence

Implementation Guide

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Technical Assistance Partnership for Child and Family Mental Health

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CONTENTS

INTRODUCTION AND OVERVIEW

Findings from *Mental Health: A Report of the Surgeon General (2001*) indicate that mental health disparities are inextricably linked to race, culture, and ethnicity. People of color, as well as members of other underserved cultural groups, have less access to, and availability of, mental health services. Even when services are available, members of these groups tend to receive a poorer quality of care that does not meet their unique needs. These findings were further supported in the *President's New Freedom Commission on Mental Health Report* (2003). As a result, addressing disparities in mental health treatment was established as one of the main goals of the New Freedom Initiative (NFI), which recommends a fundamental transformation of the nation's approach to mental health. The NFI mandates the provision of necessary services and supports to enable all Americans with mental illness, including people of color and other diverse groups, to live, work, learn, and participate fully in their homes and communities. In response to this mandate, the Child, Adolescent and Family Branch (CAFB) of the Center for Mental Health Services established the delivery of culturally and linguistically competent services as a priority for the CAFB, its program partners, and system of care communities.

The CAFB conducted a planning meeting in 2005 to create a consistent vision for cultural and linguistic competence (CLC). Experts in CLC, mental health research, policy, and practice attended this session. Participants agreed that the field has changed little since the document *Towards a Culturally Competent System of Care* (1989) was developed, despite the number of resources available to support CLC. There is still only limited understanding of how to operationalize cultural competence. They noted that information must be developed that clearly articulates how culturally and linguistically competent practices can be implemented at the policy, administrative, practice, and consumer levels of service delivery. The meeting participants also gave a clear message that practical strategies for implementing CLC are essential to building the capacity to deliver accessible, high-quality and effective services to people from diverse cultural backgrounds.

The Cultural and Linguistic Competence Implementation Guide was developed by the TA Partnership through its Cultural Competence Action Team (CCAT). The goal of the *Implementation Guide* is to translate the theoretical construct, values, and principles established in *Towards a Culturally Competent System of Care* (1989); provide and update existing standards for CLC; and translate the limited research available in this area into practical, feasible, and concrete strategies that can assist communities to make cultural and linguistic competence a reality. The major premise of the *Cultural and Linguistic Competence Implementation Guide* is that CLC must be infused throughout every aspect of the system of care. This requires transformation at the policy, administrative, practice, and consumer levels of service.

The content and structure of the *Implementation Guide* is based primarily on the work of three seminal documents: (1) *National Standards for Culturally and Linguistically Appropriate Services in Health Care: Final Report* (Office of Minority Health, 2001; referenced below in the Implementation Guide as "CLAS"); (2) *Cultural Competence Standards in Managed Mental Health Care for Four Underserved/Underrepresented Racial/Ethnic Groups* (Center for Mental Health Services, 1998; referenced below in the Implementation Guide as "CMHS"); and (3) *The Indicators of Cultural Competence in Health Care Delivery Organizations: An Organizational Cultural Competence Assessment Profile* (The Lewin Group, Inc., 2002; referenced below in the Implementation Guide as "Lewin").

The *Implementation Guide* is organized by domain (general category), focus area (sub-category), and standards (taken from the three documents referenced above and the work of the Cultural Competence Action Team which is referenced below in the Implementation Guide as "CCAT"). Implementation strategies, community examples/best practices, resources/tools and performance indicators/measures are provided for each domain. The *Implementation Guide,* as a living document, will be updated at regular intervals. It is in a pdf file and can be downloaded and printed.

Domain 1: Governance and Organizational Infrastructure. This domain addresses the organizational resources, policy-making, leadership and oversight mechanisms an organization needs to deliver or facilitate the delivery of culturally competent care. However, information and guidelines regarding the various organizational structures and types of legal entities that might be considered to support service delivery are not contained within this section. This section assumes that an organizational structure already exists. The specific areas of focus are: 1) board composition, board selection, development and accountability; 2) governance responsibilities, including policy-making, evaluation, stakeholder communication, hiring and evaluating the project director, community relations and communications, and strategic planning; 3) development and implementation of CLC plans; 4) leadership and management; 5) fiduciary responsibilities, including financing, establishing and managing the budget; 6) strategies for creating physical environments that support

engagement of individuals from diverse background and 7) technology.

Domain 2: Services and Supports. This domain addresses how organizations should plan, deliver, and facilitate services, supports, and interventions that respond to the unique cultural and linguistic needs of the people it serves. Key areas of focus addressed include access, prevention and education, screening and assessment, early intervention, treatment and supports, and aftercare planning.

Domain 3: Planning and Continuous Quality Improvements. This domain includes the mechanisms and processes that an organization or agency can use to assess its level of CLC; strategies for tracking and maintaining relevant data and information on the populations served; and the development of long- and short-term policy, programmatic, and operational cultural competence planning informed by external and internal consumers. Specific topics include organizational self-assessment, collection, and use of cultural and linguistic information and data, conflict, and grievance resolution techniques and processes.

Domain 4: Collaboration. This domain describes specific strategies that support the development of effective working relationships between provider organizations, consumers, and the community at large to promote CLC. This includes the development of interagency partnerships and community partnerships, and the use of cultural brokers.

Domain 5: Communication. This domain describes strategies for promoting the effective exchange of information and for developing collaborative relationships among systems of care, providers, consumers, and the community at large in order to develop, implement, and evaluate the effectiveness of service to diverse populations. Issues related to language and communication, outreach and engagement, and social marketing appear in this section.

Domain 6: Workforce Development. This domain addresses an organization's efforts to recruit and retain a culturally and linguistically representative staff, to ensure that staff and other service providers have the requisite attitudes, knowledge, and skills for delivering culturally competent services. Areas of focus include recruitment and retention of diverse staff, linguistic competence, training, and supervision.

The *Cultural and Linguistic Competence Implementation Guide* can be downloaded from the TA Partnership Web site on the CLC Webpage: http://www.tapartnership.org/COP/CLC/ . For more information please contact the Cultural Competence Action Team (CCAT):

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Subject: CCAT

DOMAIN 1: GOVERNANCE AND ORGANIZATIONAL INFRASTRUCTURE

This domain addresses the attributes of the governance structure, leadership and infrastructure supports required by an organization to deliver or facilitate the delivery of culturally competent care.

DOMAIN 1: Governance and Organizational Infrastructure
FOCUS AREA 1: Board Composition, Selection, Development and Accountability

STANDARD 1: The system of care's governing body, which might consist of a board of directors, advisory committee, or policy-making and/or influencing group, is proportionally representative of the children, youth and families to be served and the community at large (CMHS).

STANDARD 2: The system of care provides ongoing training, consultation and support to enhance the knowledge and skills of members of the governing body in cultural and linguistic competence.

Implementations Strategies	Community Examples/ Best Practices	Resources/ Tools	Performance Indicators/ Performance Measures
1. A stakeholder analysis is conducted by the (founding) members to identify informal and formal leaders, and youth representatives and family members reflective of the population of focus who can be considered for membership on the governing body.	Best Practice Briefs: The several forms of community mapping http://outreach.msu.edu/bpbriefs/issues/brief4.pdf	Kretzmann, J. P. and McKnight, J.L. *Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets.*. Illinois: ACTA Publications, 1993. ISBN: 087946108X Excerpt from this document available at: http://www.nhi.org/online/issues/83/buildcomm.html Urban Governance Tool Kit Series, UN_HABITAT (2002) ISBN 92-1-131616-2 http://www.transparency.org/tools/e_toolkit/tools_to_support_transparency_in_local_governance *Getting To Outcomes 2004: Promoting Accountability Through Methods and Tools for Planning, Implementation, and Evaluation* (Chinman) http://www.rand.org/pubs/technical_reports/TR101/ Stakeholder Analysis Guidelines	Performance Indicator: The (founding) members conduct a stakeholder analysis to identify representative membership for the governing body.

DOMAIN 1: Governance and Organizational Infrastructure **FOCUS AREA 1:** Board Composition, Selection, Development and Accountability			
		http://www.lachsr.org/documents/policytoolkitforstrengtheninghealthsectorreformpartii-EN.pdf Community Toolbox: Section 6. Creating Opportunities for Members of Groups to Identify Their Similarities, Differences, and Assets http://ctb.ku.edu/tools/en/section_1175.htm Capable Communities: Building Community Assets to Support Positive Change http://outreach.msu.edu/CapableCommunities/examples.html Demographic Analysis Methodologies http://www.nap.edu/openbook.php?record_id=10210&page=77	
2. The (founding) members establish policy regarding the composition, selection, role and functions of the governing body. This includes the total number of members, the number of individuals to be appointed to represent the voice of family members and youth, non-traditional and informal leaders and other stakeholders; the skills sets required to support the organization; term of office, functional responsibilities and commitment to CLC.	Monroe County Office of Mental Health Cultural and Linguistic Competence Council Description Web site: http://www.tapartnership.org/docs/MonroeCountyCLCCouncil.pdf	*CCAT Cultural and Linguistic Competence Committee Description* http://www.tapartnership.org/docs/clcCommitteeDescription_200705.pdf *Sample Cultural and Linguistic Competence Plan*, Cultural Competence Action Team, TA Partnership http://www.tapartnership.org/docs/clcPlanTemplateFinal.doc NCCC Cultural and Linguistic Competence Policy Assessment (CLCPA) http://www.clcpa.info/ *Teaching Cultural Competence in Health Care: A Review of Current Concepts, Policies and Practices* http://coe.stanford.edu/curriculum/courses/ethmedreadings04/em01garcia1.pdf	Performance Indicator: Policy has been established by the founding members regarding the composition, selection, role and functions of the governing body.

DOMAIN 1: Governance and Organizational Infrastructure **FOCUS AREA 1:** Board Composition, Selection, Development and Accountability			
3. The governing body is inclusive, diverse and proportionally representative of the population of focus and the community it serves. Focused recruitment activities are conducted in the communities that represent the population of focus.	Cuyahoga Tapestry System of Care – Has a representative governance structure. Contacts: Teresa King, Key Family Contact and Co-Chair of the CLC committee, Valeria Harper, Co-chair of the CLC Committee. Web site: http://www.cuyahogatapestry.org/about.htm McHenry County Family CARE – Has effectively involved youth in governance. Contacts: Eric Cowgill, Youth Coordinator; Todd Schroll, Project Director Web site: http://www.mc708.org/FamilyCARE/FamilyCare.aspx *Butte County Connecting Circles of Care (CCOC)* – Has diverse representation on the governing board. Contact: Michael Clarke. Web-based information about Butte County: Web site: http://www.tapartnership.org/docs/presentations/socMeetingWinter2007/day3/ReachingOut_EthnicCommunity.pdf South Carolina Youth Net – Has tribal representation within the governance structure. Contact: Chana Sanders, Project Director, crs72@scdmh.org.	*Diversifying Boards* Published in the 2002 Alliance Regional Meeting Report; by the Alliance for Nonprofit Management (2002) http://www.allianceonline.org/Members/Groups/people_of_color/people_of_color_document_library/diversifying_boards.dox/file?agree=I+Agree	Performance Indicator: The governing body is composed of members who are proportionally representative of the communities served. Performance Indicator: The governing body includes members from the three most predominant cultural groups in the population area.

DOMAIN 1: Governance and Organizational Infrastructure **FOCUS AREA 1:** Board Composition, Selection, Development and Accountability			
4. The system of care facilitates ongoing knowledge development of governing body regarding cultural and linguistic competence (Lewin).	San Francisco System of Care – Has on-going CLC education and advisement to governance structure. Contact: Sai-Ling San Chew, Project Director: Sai-Ling.Chan-Sew@sfdph.org Web site: http://sfcsoc.org/index.html Los Angeles System of Care –All Board members participate in different community coalitions. Contact: Tara Rose, trose@usc.edu	*Teaching Cultural Competence in Health Care: A Review of Current Concepts, Policies and Practices* http://coe.stanford.edu/curriculum/courses/ethmedreadings04/em01garcia1.pdf *A Manager's Guide to Cultural Competence Education for Health Care Professionals* http://www.calendow.org/Collection_Publications.aspx?coll_id=26&ItemID=316#	Performance Indicator: The governing body receives annual cultural and linguistic competency training. Performance Indicator: Members of the governing body participate in community-level activities at least once per month to obtain on-going feedback from and experiences with the populations served.
5. The governing body conducts annual self-assessment to determine the knowledge, skills, abilities and needs of the governing body in cultural and linguistic competence.	Erie County Family Voices Network – Developed and use CLC self-assessment to inform policies and structures related to CLC. Contact: Lenora Reid, CLC Coordinator, Doris Carbonell-Medina, Director Cultural Competency & Diversity Initiatives. Web site: http://www.familyvoicesnetwork.org/en/ McHenry County Family CARE – Use CLC self-assessment. Contact: Juan Escutia, jescutia@mc708.org Web site: http://www.mc708.org/FamilyCARE/FamilyCare.aspx South Carolina Youth Net – Use CLC self-assessment and related training. Contact: Chana Sanders, Project Director, crs72@scdmh.org	Developing a Research Agenda for Cultural Competence in Health Care: Organizational Supports For Cultural Competence http://www.diversityrx.org/HTML/RCPROJ_G.htm NCCC Self-Assessment Checklists for Personnel Providing Services and Supports In: • Early Intervention and Early Childhood Settings: http://www11.georgetown.edu/research/gucchd/nccc/documents/Checklist.EIEC.doc.pdf • Self-Assessment Checklist for Personnel Providing Behavioral Health Services and Supports to Children, Youth and their Families http://www11.georgetown.edu/research/gucchd/nccc/documents/ChecklistBehavioralHealth.pdf	Performance Indicator: The governing body conducts annual CLC self-assessment.

DOMAIN 1: Governance and Organizational Infrastructure **FOCUS AREA 1:** Board Composition, Selection, Development and Accountability			
6. An action plan is developed and implemented to address growth area needs of the members of the governing body.		*Sample Cultural and Linguistic Competence Plan*, Cultural Competence Action Team, TA Partnership http://www.tapartnership.org/docs/clcPlanTemplateFinal.doc NCCC Cultural and Linguistic Competence Policy Assessment (CLCPA) http://www.clcpa.info/	Performance Indicator: An action plan exists to address growth area needs of individual members and the board as a whole.

DOMAIN 1: Governance and Organizational Infrastructure
FOCUS AREA 2: Governance Responsibilities

STANDARD 1: The system of care creates and implements policy that ensure the delivery of culturally and linguistically competent care. The unique needs of the community served guides policy formulation and decision-making (CMHS).

STANDARD 2: The governing board is accountable for the development, implementation and achievement of the outcomes established in the organization's Cultural Competence Plan. (CCAT)

Implementations Strategies	Community Examples/ Best Practices	Resources/ Tools	Performance Indicators/ Performance Measures
1. The system of care vision and mission statement supports a commitment to cultural and linguistic competence (Lewin).	Allegheny County System of Care Vision Statement http://www.tapartnership.org/docs/Allegheny_Vision.pdf		Performance Measure: The mission statement includes at least one goal related to achieving cultural and linguistic competency
2. The system of care, in conjunction with representation from the community served, develops cultural and linguistic competence-related policies and procedures in the following areas: 1) general administrative policies; 2) personnel and benefits; 3) fiscal policies; 4) safety and security; 5) language access/communication; and 6) family/youth/community involvement (Lewin).	*Broward County's System Transformation: The Development of a Cultural Competence Infrastructure* (presentation) http://www.broward.org/onecommunity/ccpresentationportland_files/frame.htm San Francisco Department of Public Health Policy Resolution on Cultural and Linguistic Competence http://www.tapartnership.org/docs/SanFranCLCPolicyResolution.pdf Guam system of care cultural competency policies and procedures. http://www.tapartnership.org/docs/GuamCLCPoliciesProcedures.pdf Erie County Family Voices Network – Have strong policies specific to CLC, including strong CLC language in subcontracts. Contact: Doris Carbonell-Medina, Director Cultural Competency & Diversity Initiatives, Web site: http://www.familyvoicesnetwork.org/en/ Los Angeles System of Care – Obtain	*A Guide for Using the Cultural and Linguistic Competence Policy Assessment Instrument.* National Center for Cultural Competence (2006) http://www.clcpa.info/documents/CLCPA_guide.pdf Cultural and Linguistic Competence Policy Assessment (CLCPA) http://www.clcpa.info/ *Optional Purchasing Specifications: Cultural Competence in the Delivery of Services through Medicaid Managed Care: A Technical Assistance Document* http://www.gwumc.edu/sphhs/healthpolicy/chsrp/newsps/ccs/ccs.pdf *Sample Cultural and Lingustic Competence Plan,* Cultural Competence Action Team, TA Partnership http://www.tapartnership.org/docs/clcPlanTemplateFinal.doc *Getting Started…and Moving On… Planning, Implementing and Evaluating Cultural and Linguistic Competency for Comprehensive Community Mental*	Performance Indicator: Formal cultural and linguistic competence-related policies and procedures exist in the areas described (Lewin).

DOMAIN 1: Governance and Organizational Infrastructure **FOCUS AREA 2:** Governance Responsibilities			
	community feedback (via community forums, focus groups, surveys) to advise governance body at the county level in the development of policy. Contact: Tara Rose, trose@usc.edu.	*Health Services for Children and Families - Implications for Systems of Care*; National Center for Cultural Competence. http://www11.georgetown.edu/research/gucchd/nccc/documents/Getting_Started_SAMHSA.pdf	
3. The governing body assures compliance with CLC-related federal, state and local laws.	Title VI of the Civil Rights Act of 1964 - Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons http://www.eeoc.gov/policy/vii.html Americans with Disabilities Act (ADA) and Rehabilitation Act of 1973 http://www.eeoc.gov/policy/ada.html Sections 501 and 505 of the Rehabilitation Act of 1973 http://www.eeoc.gov/policy/rehab.html Civil Rights Act of 1991 http://www.eeoc.gov/policy/cra91.html	US Equal Employment Opportunity Commission http://www.eeoc.gov/ Types of Discrimination: US EEOC http://www.eeoc.gov/types/index.html EEOC Education, Outreach and Technical Assistance http://www.eeoc.gov/outreach/index.html	Performance Indicator: SOC policies and procedures are reviewed annually for compliance with anti-discrimination and equal employment laws.
4. Set and articulate cultural and linguistic competence goals that operationalize the system of care mission, values and principles and reflect the strengths and needs of the population of focus, as well as the services and supports provided to them (CLAS A to Z).	Mecklenburg North Carolina – Have CLC policy which operationalize a commitment to CLC. Contact: Libby Cable Project Director, email: lcable@tlwf.org.	*CLAS A-Z: A Practical Guide for Implementing the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care*: Checklist for setting and articulating cultural competence goals to fit into the organizational mission statement, operating principles, and service focus (Resource, Tool) http://www.omhrc.gov/assets/pdf/checked/CLAS_a2z.pdf	Performance Indicator: Input from the population of focus and other stakeholders is documented and is incorporated into the mission, values, principles and service needs of the population of focus. Performance Indicator: Cultural and linguistic competence goals are included in the mission, values, principles and service needs of the population of focus.
5. The governing body will develop a communications policy to ensure an effective, consistent, and bimodal	Guam system of care cultural competency policies and procedures. http://www.tapartnership.org/docs/Guam	Language Access FAQ National Center for Cultural Competence	Performance Indicator: The governing body develops a communications policy that required documentation of the

DOMAIN 1: Governance and Organizational Infrastructure **FOCUS AREA 2:** Governance Responsibilities			
(two-way) flow of information between the system of care and community stakeholders including family members and youth.	CLCPoliciesProcedures.pdf Guam system of care interpreter policy http://www.tapartnership.org/docs/GuamInterpreterPolicy.pdf Rhode Island System of Care - Have established effective relationships with Tribal communities. The SOC has diverse representation on their subcommittees. Contact: Frank Pace, Clinical Director, Frank.Pace@dcyf.ri.gov New Orleans System of Care – Use effective outreach to the Latino community served, including collaboration with major Latino CBO's, including Holy Cross College, LA State University, etc.. Contact: Jorge Daruna, CLC coordinator, (504) 896-2636. ACTION for Kids, Arkansas System of Care— Use effective outreach and collaboration with the African-American and Latino faith-based community. Contact: Pam Marshall, Executive Director of Arkansas Federation of Families and Key Family Contact Pammarshall7128@sbcglobal.net Walter Darnell, TA and CLC Coordinator: wdarnell@mshs.org Web site: http://www.arsoc.org/ *Providing Language Interpretation Services in Health Care Settings: Examples from the Field* http://www.healthlaw.org/library.cfm?fa=detailItem&fromFa=detail&id=72788&folderID=71343&appView=folder&r=id~~71343,rootfolder~~23177,appview~	http://www11.georgetown.edu/research/gucchd/nccc/features/language.html	communication among the system of care and all stakeholders.

DOMAIN 1: Governance and Organizational Infrastructure **FOCUS AREA 2:** Governance Responsibilities			
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6. Policies and procedures reflect the involvement of culturally diverse youth, family and the community served in all levels of decision-making.	Bridgeport Park Project - Youth and family are involved in major decision-making bodies, and the SOC has focused on specific engagement of Latino families in the development and implementation of services, empowering families and providing leadership opportunities within the SOC. Contacts: LaChelle Davis, CLC Coordinator. Web site: http://www.theparkproject.org/	*Providing Culturally Appropriate Services: Local Health Departments and Community-Based Organizations Working Together* http://www.diversityrx.org/HTML/PORP01.htm *CLAS A to Z: A Practical Guide for Implementing the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care*, Checklist # 6 Community involvement, input and support in for cultural self-audit (p. 32) http://www.omhrc.gov/assets/pdf/checked/CLAS_a2z.pdf Cultural and Linguistic Competence Policy Assessment (CLCPA) http://www.clcpa.info/	Performance Indicator: Minutes and other records of meetings contain evidence of youth and family decision-making at all levels, including via membership of the committee, documentation and participation in meetings, and analysis of meeting content to assess member input.

DOMAIN 1: Governance and Organizational Infrastructure **FOCUS AREA 2:** Governance Responsibilities			
7. The governing body employs a project director who demonstrates a commitment to culturally and linguistically competent principles and practices.	Rosalind Hussong & Michael Clarke - Butte County System of Care (CA) http://cimh.networkofcare.org/downloads/handouts/Connecting%20Circles%20of%20Care%20-%20RHussong.ppt Arabella Perez, Thrive – Trauma-Informed System of Care (ME) Web site: http://www.thriveinitiative.org/ Keith Pirtle - *Oklahoma System of Care and Education* (presentation) http://se.sde.state.ok.us/ses/conference2006/Oklahoma%20Systems%20of%20Care%20and%20Education.pdf Sai-Ling Chan-Sew, San Francisco System of Care (CA) Web site: http://sfcsoc.org/index.html		Performance Indicator: The job announcement and description reflects the requirement for the project director to show a commitment to the development and delivery of a culturally and linguistically competent system of care. CLC is listed as a criterion for hiring the employee for this role.
8. The governing body holds the project director accountable for the development and implementation of a culturally and linguistically competent system of care.			Performance Indicator: Objectives and evaluation criteria related to cultural and linguistic competence are included in the employee's annual plan of performance and performance review.
9. The strategic plan contains specific goals, measurable objectives and timelines related to the development and implementation of a culturally and linguistically competent system of care.	Broward County One Community Partnership – SOC developed CLC Standards that were approved by the governance structure, which has agreed to implement them. They are proceeding with policy standards. Silvia Mcshan: smcshan@cscbroward.org; Paulet Green: BrowardAct@aol.com http://www.tapartnership.org/docs/CLCStandards_BrowardCo.pdf	*CLAS A-Z: A Practical Guide for Implementing the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care*: See 1) Guide to devising a workable strategic plan; 2) Checklist for Developing a 5-Year Plan (Resource; Tool). http://www.omhrc.gov/assets/pdf/checked/CLAS_a2z.pdf	Performance Indicator: Relevant goals, objectives and timelines appear in the organization's strategic plan.

DOMAIN 1: Governance and Organizational Infrastructure **FOCUS AREA 2:** Governance Responsibilities			
10. The governing body establishes a policy mandating the employment of a CLC Coordinator.	*Family CARE Job Description*: Cultural Competency & Linguistic Coordinator of the Family CARE Project of McHenry County http://www.tapartnership.org/docs/FamilyCARECLCJobDescription.pdf San Bernardino job announcement for Cultural Competency Officer http://www.tapartnership.org/docs/SanBernardinoJobDescription.pdf Job Description: Director, Cultural Competency & Diversity Initiatives Family Voices Network, Erie County Department of Mental Health http://www.tapartnership.org/docs/ErieCountyCLCDirector.pdf	Sample cultural and linguistic competency coordinator job description, Cultural Competence Action Team, TA Partnership http://www.tapartnership.org/docs/clcCoordinatorSampleJobDesc_20081030.pdf	Performance Indicator: A CLC Coordinator is hired by the SOC.

DOMAIN 1: Governance and Organizational Infrastructure
FOCUS AREA 3: Cultural Competence Plans and Implementation

STANDARD 1: The system of care develops and promotes a written Cultural Competence Plan that outlines clear goals, policies, operational plans, and management, accountability/oversight mechanisms to provide culturally and linguistically appropriate services (CLAS).

STANDARD 2: The Cultural Competence Plan is developed and integrated within the overall strategic plan and contains manageable but concrete timelines for achieving goals and objectives. (CMHS; CCAT).

Implementations Strategies	Community Examples/ Best Practices	Resources/ Tools	Performance Indicators/ Performance Measures
1. The governing body ensures that a cultural competence plan is developed, implemented, reviewed and revised on a regular basis.	*Cultural and Linguistic Competence Work Plan: Recommendations for Mental Health Services Oversight and Accountability Commission* (2006) http://www.dmh.cahwnet.gov/MHSOAC/docs/Cult_LingCompWorkPln_draft.pdf *Broward County's Children's Strategic Plan: Cultural Competence Strategies* http://www.cscbroward.org/docs/Strategic/CulturalCompetence.pdf *Idaho System of Care Cultural Competence Plan* (Draft) http://www.tapartnership.org/docs/IdahoCLCPlan.pdf	*CLAS A-Z: A Practical Guide for Implementing the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care*: See 1) Guide to devising a workable strategic plan; 2) Checklist for Developing a 5-Year Plan (Resource; Tool). http://www.omhrc.gov/assets/pdf/checked/CLAS_a2z.pdf *Sample Cultural and Linguistic Competence Plan*, Cultural Competence Action Team, TA Partnership http://www.tapartnership.org/docs/clcPlanTemplateFinal.doc	Performance Indicator: The Cultural Competence Plan is developed, reviewed annually and revised as necessary to monitor progress in reaching CLC goals and implementation activities.
2. The Cultural and Linguistic Competence (CLC) Plan includes at least the following areas: 1) governance and organizational infrastructure; 2) services and supports; 3) planning and continuous quality improvement; 4) collaboration; 5) communication; 6) workforce development; and 7) youth, family and community involvement in decision-making.	California Department of Mental Health Cultural and Linguistic Competence Plan Requirements http://www.dmh.cahwnet.gov/DMHDocs/docs/notices03/03-06_Attach_1.doc	*Sample Cultural and Linguistic Competence Plan*, Cultural Competence Action Team, TA Partnership http://www.tapartnership.org/docs/clcPlanTemplateFinal.doc	Performance Indicator: The CLC Plan addresses all areas indicated in the implementation strategy.

DOMAIN 1: Governance and Organizational Infrastructure **FOCUS AREA 3:** Cultural Competence Plans and Implementation			
3. As part of the CLC Plan, demographic data, service use and outcome data related to the populations of focus are routinely collected, analyzed and used to determine service strategies and supports.	Maine, Thrive: Trauma Informed System of Care – Use demographic data, including analysis of ethnic subgroups, such as Puerto Rican, Dominican, subgroups. They are contacting system partners. Contact: Luc Nya, CLC Coordinator. Web site: http://thriveinitiative.org/ California Office of Multicultural Services. Web site: http://www.dmh.cahwnet.gov/Multicultural_Services/default.asp	*Cultural Competency Methodological and Data Strategies to Assess the Quality of Services in Mental Health Systems of Care: A Project to Select and Benchmark Performance Measures of Cultural Competency; By Carole Siegel, Ph.D.* *Gary Haugland*, M.A. & Ethel Davis Chambers, R.N., M.S. http://csipmh.rfmh.org/other_cc.pdf	Performance Indicator: Demographic data and culturally specific needs data are used to determine service strategies and supports
4. The CLC Plan contains measurable goals, objectives with timelines and assigned responsibilities.	*Sample Cultural and Linguistic Competence Plan*, Cultural Competence Action Team, TA Partnership http://www.tapartnership.org/docs/clcPlanTemplateFinal.doc California Department of Mental Health cultural and linguistic competence plan requirements Web site: http://www.dmh.cahwnet.gov/DMHDocs/docs/notices03/03-06_Attach_1.doc Specific elements/sections of the CLC Plan should include the following: • Objectives • Strategies • Implementation plan naming lines of responsibility and a timetable • Dissemination plan • Oversight method • Management accountability (Excerpt from Siegel, Haugland & Chambers, 2002)		Performance Indicator: The CLC Plan contains measurable goals and objectives, is reviewed annually with involvement of all parties, and is revised; based on the progress made to date, and on the current needs of the population of focus.

DOMAIN 1: Governance and Organizational Infrastructure **FOCUS AREA 3:** Cultural Competence Plans and Implementation			
	http://csipmh.rfmh.org/other_cc.pdf Erie County Family Voices Network – Have strong CLC Plan. Contact: Lenora Reid, CLC Coordinator; Doris Carbonell-Medina, Director Cultural Competency & Diversity Initiatives, Web site: http://www.familyvoicesnetwork.org/en/ Broward County One Community Partnership –Developed CLC Standards that were approved by the governance structure, who agreed to implement them. They are proceeding with policy standards. Silvia Mcshan: smcshan@cscbroward.org ; Paulet Green: BrowardAct@aol.com. http://www.tapartnership.org/docs/CLCStandards_BrowardCo.pdf		
5. The CLC Plan is developed and reviewed jointly with youth, families and the community through various mechanisms such as the Cultural and Linguistic Competency Committee, focus groups, key cultural stakeholder meetings, system partner involvement, etc.			Performance Indicator: The CLC Plan is developed through a joint, inclusive and collaborative process to maximize internal and external input and feedback. Performance Indicator: The CLC Plan is reviewed at least annually by youth, families and other key stakeholders.
6. The CLC Plan includes the development of culture-specific services and supports.		*Sample Cultural and Linguistic Competence Plan*, Cultural Competence Action Team, TA Partnership http://www.tapartnership.org/docs/clcPlanTemplateFinal.doc	Performance Indicator: Culture-specific services and supports are included in the service menu.

DOMAIN 1: Governance and Organizational Infrastructure **FOCUS AREA 3:** Cultural Competence Plans and Implementation			
7. Individuals at the governance and executive staff level are responsible and accountable for implementing, monitoring and revising the CLC Plan and related initiatives (Lewin).			Performance Indicator: Implementation of the CLC Plan is monitored and reviewed at each meeting of the governing body, as documented in meeting minutes. Performance Indicator: Goals related to implementation, monitoring and revision of the CLC Plan are documented in the performance evaluations of executive staff.
8. The CLC Plan is disseminated widely throughout the system of care, youth, families, partners and the community.			Performance Indicator: The CLC Plan is distributed to members of all major stakeholder groups for comment and feedback, and data is reviewed by the CLC Committee for possible inclusion and revision of the CLC Plan. Performance Indicator: Data obtained from the CLC Plan review process is integrated into the continuous quality improvement plan for appropriate revisions and updates.

DOMAIN 1: Governance and Organizational Infrastructure
FOCUS AREA 4: Leadership and Management

STANDARD 1: The leadership and management of the system of care will be representative of and knowledgeable about the cultural values and service needs of the populations of focus.
STANDARD 2: Management processes and strategies will be responsive to the diverse cultural values, norms and concepts of work role relationships.

Implementations Strategies	Community Examples/ Best Practices	Resources/ Tools	Performance Indicators/ Performance Measures
1. The system of care establishes a representative Cultural and Linguistic Competence Committee (CLCC) made up of key decision makers from the governance board, senior management, mid/high level staff, families, youth and key cultural community stakeholders, who are bi/multicultural, to develop policies and procedures and coordinate cultural and linguistic competence activities in the system of care. The CLCC is responsible for making recommendations to management, and for overseeing their implementation (Lewin).	Minnesota Department of Health http://www.health.state.mn.us/communityeng/multicultural/ Bridgeport Park Project - Have diverse CLC Committee. Contacts: LaChelle Davis, CLC Coordinator. Web site: http://www.theparkproject.org/ Butte County System of Care – Have purposeful, respectful and culturally responsive CLC Committee. Contact: Scott Palmer, Clinical Director, Joyce Gonzales, TA Coordinator/CLC Coordinator, Joyce.Gonzales@frth.org Cuyahoga Tapestry System of Care – Have a dedicated CLC budget that is managed by members of the CLC Committee. Contacts: Teresa King, Key Family Contact and Co-Chair of the CLC committee; Valeria Harper, Co-chair of the CLC committee. Web site: http://www.cuyahogatapestry.org/about.htm Broward County One Community Partnership. Have a CLC Committee that advises their governance board and the chair of the CLC committee sits on the governance board. Silvia Mcshan: smcshann@cscbroward.org and Paulet Green: BrowardAct@aol.com	*Sample Cultural and Linguistic Competence Committee Description*, Cultural Competence Action Team, TA Partnership http://www.tapartnership.org/docs/clcCommitteeDescription_200705.pdf	Performance Indicator: A representative CLC Committee is established and authorized to oversee the implementation of CLC activities in the system of care.
2. Executive leadership within the system of care and its partners are		*CLAS A-Z: A Practical Guide for Implementing the National*	Performance Indicator: The executive leaders take an individual cultural self

DOMAIN 1: Governance and Organizational Infrastructure
FOCUS AREA 4: Leadership and Management

encouraged to assess their personal commitment to cultural and linguistic competence (CLAS).		*Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care*: Assessment by Leadership Checklist (Resource; Tool) http://www.omhrc.gov/assets/pdf/checked/CLAS_a2z.pdf NCCC Self-Assessment Checklists for Personnel Providing Services and Supports In: • Cultural competence self-test http://www.aafp.org/fpm/20001000/58cult.html#boxb • Early Intervention and Early Childhood Settings: http://www11.georgetown.edu/research/gucchd/nccc/documents/Checklist.EIEC.doc.pdf • Self-Assessment Checklist for Personnel Providing Behavioral Health Services and Supports to Children, Youth and their Families http://www11.georgetown.edu/research/gucchd/nccc/documents/ChecklistBehavioralHealth.pdf *Survey: Language Assistance Services in State/County/Local Health-Related Benefit Eligibility Offices* for LEP Individuals. http://www.healthlaw.org/library.cfm?fa=detailItem&fromFa=detail&id=71349&folderID=71343&appView=folder&r=rootfolder~~23177,appview~~folder,fa~~detail,id~~71343 *Cultural Competence Self-Assessment Questionnaire: A Manual for Users* (Mason, 1995)	assessment on an annual basis to assess their own level of commitment to CLC.

DOMAIN 1: Governance and Organizational Infrastructure **FOCUS AREA 4:** Leadership and Management			
		http://www.rtc.pdx.edu/PDF/pbCultCompSelfAssessQuest.pdf	
3. The CLC Coordinator, who is employed at least half time, is responsible for coordinating cultural and linguistic competence efforts throughout the system of care (CLAS A to Z).		*CLAS A-Z: A Practical Guide for Implementing the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care*: Checklist for developing an accountability hierarchy for CLAS and cultural competence leadership throughout the organization (Resource; Tool) http://www.omhrc.gov/assets/pdf/checked/CLAS_a2z.pdf	Performance Indicator: The CLC Coordinator is employed at least half-time to execute CLC-related activities and efforts, as documented in the job description for this position.
4. The CLC Coordinator reports directly to the project director (CLAS A to Z).		*CLAS A-Z: A Practical Guide for Implementing the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care*: Checklist for developing an accountability hierarchy for CLAS and cultural competence leadership throughout the organization (Resource; Tool) http://www.omhrc.gov/assets/pdf/checked/CLAS_a2z.pdf Sample cultural and linguistic competency coordinator job description, Cultural Competence Action Team, TA Partnership http://www.tapartnership.org/docs/clcCoordinatorSampleJobDesc_20081030.pdf	Performance Indicator: The organizational chart of the SOC reflects a direct line of authority from the project director to the CLC Coordinator.

DOMAIN 1: Governance and Organizational Infrastructure **FOCUS AREA 4:** Leadership and Management			
5. The CLC Coordinator has decision-making power and a budget for infusing cultural and linguistic competence into the system of care (CLAS A to Z)		Sample cultural and linguistic competency coordinator job description, Cultural Competence Action Team, TA Partnership http://www.tapartnership.org/docs/clcCoordinatorSampleJobDesc_20081030.pdf	Performance Indicator: The CLC Coordinator is empowered to provide oversight and to exercise authority over a budget line item used to fund CLC activities in the SOC.
6. The CLC Coordinator guides each system of care committee to devise short-term CLC goal(s) for each quarter of the year to correspond with quarterly reporting processes (as suggested by the CLAS standards).		*CLAS A-Z: A Practical Guide for Implementing the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care*: Checklist for developing an accountability hierarchy for CLAS and cultural competence leadership throughout the organization .http://www.omhrc.gov/assets/pdf/checked/CLAS_a2z.pdf Sample cultural and linguistic competency coordinator job description, Cultural Competence Action Team, TA Partnership http://www.tapartnership.org/docs/clcCoordinatorSampleJobDesc_20081030.pdf	Performance Indicator: The CLC Coordinator participates in SOC committees and guides them in the development of relevant CLC goals based, in part, upon the organizational self assessment findings. Performance Indicator: Short-term CLC goals reflect areas of need as demonstrated by the findings of an organizational cultural competence self-assessment (CLAS A to Z). Performance Indicators: Reports on the accomplishment of each goal are written and organized into quarterly and final reports to upper management and the governing body. (CLAS A to Z)

DOMAIN 1: Governance and Organizational Infrastructure **FOCUS AREA 4:** Leadership and Management			
7. Leadership and management use participatory management strategies, which help to reduce burnout and utilize strengths and assets of the diverse workforce.		*Person-Centered Leadership for Nonprofit Organizations* (Plas and Lewis, 2001). This book describes an in-depth case study of a nonprofit human service agency that applies principles of participatory management. The authors suggest that this style of management may decrease burnout. One of the most important elements of this style is that the employee is held in the same deep regard as the client, service and product. This further suggests that participatory management strategies are promising practices in the effective and strengths-based use of a diverse workforce (Resource). http://www.sagepub.com/booksProdDesc.nav?level1=M00&currTree=Subjects&level2=M20&prodId=Book17600 ISBN: 076190624X	Performance Indicator: Participatory management strategies are used to maximize strengths of the diverse workforce.
8. Leadership and management create accountability structures to monitor and evaluate the cultural and linguistic competence of service delivery.	Best practices brief: *Evaluating Services by Linking Outcome-based and Asset-oriented Approaches* http://outreach.msu.edu/bpbriefs/issues/brief5.pdf Mid-Columbia, Oregon System of Care. Provide evaluation data to the governance board, including meaningful indicators that warrant discussion and selective interventions, including ethnic and cultural disparities. Contact: Becca Sanders, becca_sanders@class.oregonvos.net		Performance Indicator: SOC procedures will reflect accountability structures to monitor and evaluate the cultural and linguistic competence of service delivery.
9. Leadership and management identify and mentor diverse employees who have demonstrated desire and potential for advancement.			Performance Indicator: SOC procedures include a mentoring process for diverse employees who choose to participate.

DOMAIN 1: Governance and Organizational Infrastructure **FOCUS AREA 4:** Leadership and Management			
10. Leadership and management model nondiscriminatory behavior and reinforce appropriate behavior among staff.			Performance Indicator: The performance appraisals of the leadership and management team include criteria that assess their modeling of nondiscriminatory behavior, and compliance with appropriate laws and regulations.
11. Leadership and management provide feedback to staff regarding their demonstrated ability to deliver culturally and linguistically competent services.	Erie County Family Voices Network– Provide incentives for supervisors, directors and subcontractors to do work in the area of CLC. (same contact as above) Contact: Lenora Reid, CLC Coordinator Doris Carbonell-Medina, Director Cultural Competency & Diversity Initiatives Web site: http://www.familyvoicesnetwork.org/en/		Performance Indicator: SOC Leadership and management address progress in meeting cultural and linguistic competence-related expectations and objectives during midyear and annual performance review meetings. Performance Indicator: Specific goals and objectives related to growth in the area of cultural and linguistic competence are included in individual performance appraisals. Performance Indicator: Performance appraisals include documented actionable objectives and expectations specifically related to cultural and linguistic competence.

DOMAIN 1: Governance and Organizational Infrastructure
FOCUS AREA 5: Financial/Budgetary

STANDARD 1: Systems of care allocate financial resources, services and supports to ensure delivery of culturally and linguistically competent care. (CCAT)

Implementations Strategies	Community Examples/ Best Practices	Resources/ Tools	Performance Indicators/ Performance Measures
1. Designate dedicated budget line-items for CLC development activities including, but not limited to, the following: • Identification and implementation of CLC training curricula for supervisors, managers, program developers, and other staff at orientation, training, and continuing education in CLC • Community outreach and engagement activities • Performance evaluation activities and procedures associated with CLC • Staff incentives for engagement in activities and practices associated with CLC • Development of guidelines for certification of diverse staff • Development of guidelines for licensure of diverse staff • Development of programmatic resources for externship, internship, and/or practicum experiences for students from Tribal Colleges, Historically Black Colleges and Universities (HBCUs), and Latino serving institutions (CAFB; CMHS) • Increase diversity of mental health provider staff	Cuyahoga Tapestry System of Care – Have a dedicated CLC budget that follows the lead of the CLC Committee. Contacts: Teresa King, Key Family Contact and Co-Chair of the CLC committee; Valeria Harper, Co-chair of the CLC committee. Web site: http://www.cuyahogatapestry.org/about.htm Rhode Island System of Care- Have a CLC budget. Contact: Frank Pace, Clinical Director, Frank.Pace@dcyf.ri.gov *Oklahoma System of Care and Education* (presentation)– Have a CLC budget line item for CLC activities. Contact: Keith Pirtle, Project Director http://se.sde.state.ok.us/ses/conference2006/Oklahoma%20Systems%20of%20Care%20and%20Education.pdf Broward County One Community Partnership – The Governance Board has created a budget line item for CLC activities. Silvia Mcshan: smcshann@cscbroward.org and Paulet Green: BrowardAct@aol.com		Performance Indicator: There is a line item in the budget dedicated to CLC activities within the organization. Performance Measure: At least 5–10% of the annual budget is dedicated to cultural competence expenditures. Note: The 5–10% allocated for CLC activities does not include the salary of the CLC coordinator. Salary is in addition to the dedicated 5–10% budget allocation. (NOTE: How can we quantify what % of an annual budget is needed for these purposes?)

DOMAIN 1: Governance and Organizational Infrastructure **FOCUS AREA 5:** Financial/Budgetary			
2. A specific allocation/line item exists in the budget to support the participation of culturally diverse families and youth on governance boards and committees. This includes stipends, food, travel, child care costs, interpretation and translation costs.			Performance Indicator: The SOC allocates financial and human resources to support the participation of culturally diverse families and youth at all levels.
3. A specific allocation/line item exists in the budget to provide for certified interpreters for language-diverse children, youth and families, to enable them to participate fully in the system of care. This includes participation in governance boards, advisory boards and committees, and in the provision of services and supports.		*Paying for Language Services in Medicare: Preliminary Options and Recommendations* http://www.hablamosjuntos.org/newsletters/2006/October/pdf/PayingForLanguageServicesMedicine_2006_Lu.pdf NCCC FAQ's on Working with Linguistically Diverse Populations http://www11.georgetown.edu/research/gucchd/nccc/features/language.html Language english proficiency Web site http://www.lep.gov/	Performance Indicator: There is an identifiable provision of monies earmarked within the budget for appropriate translation of all materials that meet Title VI requirements.
4. A specific allocation/line item exists in the budget to translate all materials into the threshold languages within a community. Typically a threshold is 5% of the population served, or 1,000 persons, whichever is less.			Performance Indicator: There is an identifiable provision of monies earmarked within the budget for appropriate translation of all materials. Performance Measure: All materials are translated for any population exceeding 1000 persons, or 5% threshold of the populations eligible for services.

DOMAIN 1: Governance and Organizational Infrastructure **FOCUS AREA 5:** Financial/Budgetary			
5. The salary scale includes an adjustment to compensate for bi/multilingual practitioners who are trained in translation and interpretation in the threshold languages of the population of focus. Other support staff who are hired for their bilingual/multilingual skills will receive additional salary adjustments commensurate with the duties of their position.	Harris County Systems of Hope (TX) – Offer differential pay scale for bi/multilingual providers. Contact: Larry Brown, CLC Coordinator. Web site: http://www.systemsofhope.org/ Los Angeles System of Care – Practice example of CBO's offering incentives and pay differentials for bi-cultural providers. Contact: Tara Rose, trose@usc.edu.		Performance Indicator: The SOC allocates a salary scale adjustment to compensate bi/multilingual staff.
6. A line item exists in the budget for subcontracts to community-based providers/practitioners who provide bi/multilingual/bi/multicultural services/supports to the population of focus.		NCCC FAQ's on Working with Linguistically Diverse Populations http://www11.georgetown.edu/research/gucchd/nccc/features/language.html	Performance Indicator: There is an identifiable provision of monies allocated within the SOC budget to compensate providers who are bi/multilingual and bi/multicultural.
7. An allocation/line item exists in the budget for ongoing training, consultation and/or coaching in cultural and linguistic competence for all levels of staff and the governing body.			Performance Indicator: There is an identifiable provision of monies allocated within the SOC budget for training, consultation and coaching in CLC for all levels of staff and the governance body
8. An allocation/line item exists in the budget for separate analyses of any administrative and clinical data focusing on culturally diverse children, youth and families to address disparities in care for diverse groups.			Performance Indicator: The SOC allocates financial resources for data analysis to address behavioral health care disparities.
9. The CLC Coordinator is designated to monitor the need for additional resources or funding for CLC activities (Lewin).			Performance Indicator: The CLC Coordinator monitors the need for resources to fund the infusion of CLC in the SOC.
10. The management establishes a process for enhancing resources related to cultural competence (e.g., grant writing, fundraising activities) (Lewin).			Performance Indicator: The management devotes resources to seek other funding sources for the SOC.

DOMAIN 1: Governance and Organizational Infrastructure **FOCUS AREA 5:** Financial/Budgetary			
11. If it is within the authoritative realm of the management, it will allocate a certain percentage of Block Grant funds for the promotion of cultural and linguistic competence (NTAC/ NASMHPD).			Performance Indicator: If possible, Block Grant funds will be allocated to the promotion of cultural and linguistic competence.
12. The overall budgetary allocation and investment in cultural and linguistic competence activities is aligned with the logic model and strategic plan (Lewin).			Performance Indicator: The financial investment goals for infusing CLC in the SOC reflect the logic model and strategic plan.

DOMAIN 1: Governance and Organizational Infrastructure
FOCUS AREA 6: Technology

STANDARD 1: The MIS captures and tracks demographic, socioeconomic, health status and service utilization data on the populations of focus (CCAT)

Implementations Strategies	Community Examples/ Best Practices	Resources/ Tools	Performance Indicators/ Performance Measures
1. The management information system (MIS) captures ethnic, racial, language, socioeconomic and related demographic information to continuously evaluate the needs of the populations of focus and address existing disparities.	Examples may data points and indicators may include: • Race • Ethnicity• Age • Gender • Income • First Language; Second Language; English Proficiency • Education Level • Country of Origin • Household Composition • Employment status • Religion/Spirituality • Past MH/S A treatment history (ER use, hospitalizations, lengths of stay) • Medical history (including psychiatric diagnoses) • Outcome data (service type, utilization, length of stay) • Use of Complementary/Alternative/ Holistic/Integrative/Indigenous healers • Sexual Orientation Cuyahoga Tapestry System of Care – Monitor and report disproportionate representation in child welfare and juvenile justice. Contacts: Teresa King, Key Family Contact and Co-Chair of the CLC committee; Valeria Harper, Co-chair of the CLC committee. Web site: http://www.cuyahogatapestry.org/about.htm Central Massachusetts – Ask many questions about cultural background and culture specific demographic	*Cultural Competency Methodological and Data Strategies to Assess the Quality of Services in Mental Health Systems of Care* http://csipmh.rfmh.org/other_cc.pdf	Performance Indicator: The MIS contains the following fields: • Race • Ethnicity • Age • Gender • Income • First Language; Second Language; English Proficiency • Education Level • Country of Origin • Household Composition • Employment status • Religion/Spirituality

	information. MIS system and forms are in place to track this data. Contact: Anthony Irsfeld, Clinical Director Web site: http://www.mass-communitiesofcare.org/index.htm New Jersey – Use effective data collection and analyses of services and informal supports related to various cultures. Contact: Sue Ryan sue.ryan@burlingtoncmo.org		
2. The MIS captures individual, family and community-level health status data, including both physical and behavioral health indicators.	Examples of data points and indicators may include: • Race • Ethnicity • Age • Gender • Income • First Language; Second Language; English Proficiency • Education Level • Country of Origin • Household Composition • Employment status • Religion/Spirituality • Past MH/S A treatment history (ER use, hospitalizations, lengths of stay) • Medical history (including psychiatric diagnoses) • Outcome data (service type, utilization, length of stay) • Use of Complementary/Alternative/ Holistic/Integrative/Indigenous healers • Sexual Orientation San Francisco System of Care – Have developed an integrated data system that includes MH, JJ, CW and education, including data dumps to evaluate macro-level and child-level trends, and track the	*Racial, Ethnic and Primary Language Data Collection: An Assessment of Federal Policies, Practices and Perceptions* . http://www.healthlaw.org/library.cfm?fa=detailItem&fromFa=detail&id=72789&folderID=71343&appView=folder&r=rootfolder~~23177,appview~~folder,fa~~detail,id~~71343	Performance Indicator: The MIS contains, at minimum, the following health status indicators: • Past MH/S A treatment history (ER use, hospitalizations, lengths of stay) • Medical history (including psychiatric diagnoses) • Outcome data (service type, utilization, length of stay)

DOMAIN 1: Governance and Organizational Infrastructure **FOCUS AREA 6:** Technology			
	child's journey through all systems. Contact: Sai-Ling San Chew, Project Director: Sai-Ling.Chan-Sew@sfdph.org Web site: http://sfcsoc.org/index.html		
3. The MIS is designed to produce reports using up-to-date technology which can be used to evaluate and identify disparities that exist within the populations of focus.			Performance Indicator: Reports are produced, analyzed and disseminated to the governing body and the SOC project leadership at least on a quarterly basis.
4. The MIS data is publicly accessible and is made available to culturally diverse youth, families and other community stakeholders through a range of technology.			Performance Indicator: The SOC MIS data is disseminated in the modalities and languages determined by members of the population of focus.
5. Train staff, family members and youth in participatory action research methodologies.	*Youth Participatory Action Research on Hustling and Its Consequences: A Report from the Field* (2004). http://www.colorado.edu/journals/cye/14_2/field4.pdf Central Massachusetts System of Care – Practice example of family involvement in research. The director of CQI is a family member, and all data collectors are family members. Contact: Toni Dubrino. Maine, Thrive: trauma informed system of care – Use family members as data collectors and innovative touch-screen technology to facilitate data collection. Contact: Luc Nya, CLC Coordinator. Web site: http://thriveinitiative.org/ Multnomah County, OR – Use family members as data collectors including the implementation of high quality	The Institute for Community Research (ICR) Web site: http://www.incommunityresearch.org/index.htm Participatory Action Research: A menu of methods http://www.gdrc.org/icm/ppp/par-methods.html	Performance Indicator: The SOC will offer a training program for staff, family members and youth in participatory action research. Performance Indicator: Participatory action research (PAR) strategies and methodologies are reflected in the evaluation design.

DOMAIN 1: Governance and Organizational Infrastructure **FOCUS AREA 6:** Technology			
	evaluation training and translation of evaluation documents to be family friendly. Contact: Jared Ivie, iviedj@pdx.edu		
6. Information posted on the agency Web site is culturally and linguistically appropriate for the community being served.		NCCC FAQ's on Working with Linguistically Diverse Populations http://www11.georgetown.edu/research/gucchd/nccc/features/language.html Vanguard Communications Web site: http://www.vancomm.com/	Performance Indicator: All information that informs the community is culturally and linguistically appropriate. Performance Indicator: The content, relevance and design of the agency Web site is reviewed at least annually by youth and family representatives from the CLC Committee.
7. For the purposes of data collection, ensure that the capacity exists within the MIS to code all racial/ethnic groups and subgroups, including those of mixed race/ ethnicity.			Performance Indicator: The management information system codes the ethnic/racial groups of the population(s) of focus, including those of mixed race/ethnicity.

DOMAIN 1: Governance and Organizational Infrastructure
FOCUS AREA 7: Physical Facility/Environment

STANDARD 1: The physical facility/human environment is embracing and respectful of children, youth and families from diverse cultures (CCAT).

Implementations Strategies	Community Examples/ Best Practices	Resources/ Tools	Performance Indicators/ Performance Measures
1. The physical facilities are inviting to diverse cultures with a décor that reflects, and is respectful of, different populations, and overall provides a physical environment that enables families to gather and feel welcome.	The following are examples of agencies who create a culturally and linguistically appropriate physical environment for their populations of focus: The Center for Multicultural Human Services, Falls Church, VA Contact: http://www.cmhs.org Native American Youth & Family Center, Portland, OR http://www.nayapdx.org/	Examples from the NCCC Checklist *Promoting Cultural Diversity and Cultural Competency* includes: 1. Displaying pictures, posters, artwork and other decor that reflect the cultures and ethnic backgrounds of clients served by the program or agency. 2. Ensuring that magazines, brochures, and other printed materials in reception areas are of interest to and reflect the different cultures of individuals and families served by the program or agency. 3. When using videos, films or other media resources for health education, treatment or other interventions, ensuring that they reflect the cultures and ethnic background of individuals and families served by the program or agency. 4. Ensuring that printed information disseminated by the agency or program takes into account the average literacy levels of individuals and families receiving services.	Performance Indicator: The physical environment contains diverse language magazines, newspapers, posters, art, and drinks and food of the populations served.

DOMAIN 1: Governance and Organizational Infrastructure **FOCUS AREA 7:** Physical Facility/Environment			
2. A culture of valuing diversity is developed with active intention by staff at all levels to create an embracing and respectful environment.			Performance Indicator: The performance appraisals of all SOC staff include the extent to which they value diversity, are customer friendly, and strength-based in the approach to their work. Performance Measure: All staff (from the security guard, maintenance person and receptionist to the clinical director and administrator) are trained to be "customer" focused, enthusiastic, welcoming, and strengths-focused. Performance Measure: All staff and volunteers employed by the SOC receive orientation on the cultural values of the SOC and the populations of focus. Performance Measure: Youth and family satisfaction ratings of the physical and interpersonal environment average 90-100%.

DOMAIN 2: SERVICES AND SUPPORTS

This domain addresses how organizations can plan, deliver, and facilitate services, supports, and interventions including access, prevention and education, screening and assessment, early intervention, treatment and supports, and aftercare planning.

DOMAIN 2: Services and Supports
FOCUS AREA 1: Access to Services and Supports

STANDARD 1: The system of care ensures equal access to services and supports. A complete behavioral health system includes behavioral health promotion, prevention, early identification, early intervention and treatment (CMHS).

STANDARD 2: Services and supports meet the needs of children, youth and families, taking into consideration immigration status, socio-economic status and linguistic needs in the context of the racial, ethnic, and cultural values of the populations served (CMHS).

STANDARD 3: In a system of care, the provider agencies and practitioners provide access to services and supports in the communities of the populations served (churches, neighborhoods, community centers, child care settings, schools, detention centers, etc.). (CCAT)

Implementation Strategies	Community Examples/ Best Practices	Resources/ Tools	Performance Indicators/ Performance Measures
1. Specific procedures are developed to ensure comparable access to services and supports (including at critical service junctures such as gate keeping decisions and service authorization) across the racial, ethnic and cultural populations of focus (CMHS).	*Louisiana's Plan for Access to Children's Mental Health Care* http://www.dhh.louisiana.gov/offices/publications/pubs-1/OMH%20Plan%202007_Web.pdf	*Access to Children's Mental Health Services under Medicaid and SCHIP* http://www.urban.org/UploadedPDF/311053_B-60.pdf	Performance Indicator: Presence of a Cultural Competence Plan outlining the policy of access and the participation of its members/stakeholders. (CMHS 2)
2. Transportation assistance and in-home supports are made available to children, youth and families who are unable to travel to the service delivery site (Siegel et al.).		*Cultural Competency Methodological and Data Strategies to Assess the Quality of Services in Mental Health Systems of Care*. By Siegel,C.; Haughland,G.; Chambers,E.D. http://csipmh.rfmh.org/other_cc.pdf	Performance Indicator: Transportation services are represented as a line item in the SOC budget. Performance Indicator: Availability of transportation services is documented in the patient's bill of rights (CMHS).
3. Families and youth within the system of care are involved in the development and ongoing implementation and evaluation of procedures to provide comparable access to services and supports within the cultural populations served (CMHS).			Performance Indicator: Families and youth are represented on committees that develop the policy and procedures that ensure comparable access and they are in positions to evaluate them.

DOMAIN 2: Services and Supports **FOCUS AREA 1:** Access to Services and Supports			
4. Behavioral health promotion, prevention, early identification, early intervention and treatment services needed by the communities served are made available and accessible through the system of care or through partner agencies/organizations.			Performance Indicator: The system of care assures that services and supports that are needed (as determined by a comprehensive community assessment) are provided either within the system of care or through community partners.
5. The system of care provides appropriate language access services in the preferred languages of the populations served.	Erie County Family Voices Network – Enhanced capacity of providers and other SOC staff by providing community-sponsored Spanish language lessons. Contact: Doris Carbonell-Medina, Director Cultural Competency & Diversity Initiatives. Web site: http://www.familyvoicesnetwork.org/en/ Implementing a Multi-lingual Warm-Line http://www.ncstac.org/content/culturalcompetency/chapter10.pdf http://www.ncstac.org/content/culturalcompetency/chapter10app.pdf *Overcoming Language Barriers to Public* *Mental Health Services in California* http://www.ucop.edu/cpac/documents/cpacfindings4.pdf	*National Standards for Culturally and Linguistically Appropriate Services in Health Care: Final Report (CLAS)* http://www.nhmamd.org/pdf/CLASfinalreport.pdf *CLAS A-Z: A Practical Guide for Implementing the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care* http://www.omhrc.gov/assets/pdf/checked/CLAS_a2z.pdf Let everyone participate: meaningful access for people who are Limited English Proficient (LEP) http://www.lep.gov/ American Institutes for Research. (2002). *Teaching cultural competence in health care: A review of current concepts, policies and practices*. Report prepared for the Office of Minority Health. Washington, DC: Author http://www.omhrc.gov/assets/pdf/checked/em01garcia1.pdf The Office of Minority Health: A Patient-Centered Guide to Implementing Language Access Services in Healthcare Organizations http://www.omhrc.gov/templates/content	Performance Measure: Language assistance and language access services are available for non-English speaking groups who comprise 10% or more of the populations served.

DOMAIN 2: Services and Supports **FOCUS AREA 1:** Access to Services and Supports			
		.aspx?ID=4375&lvl=2&lvlID=107 Language access resource database http://www.medicalleadership.org/resource_interpreter.shtml	
6. Services and supports are provided in settings where individuals live and congregate, regardless of geographical location.	*Tapestry: A Wraparound Program For Families Of Color Facilitated By Parent Partners* http://www.rtc.pdx.edu/PDF/fpF0311.pdf ACTION for Kids, Arkansas SOC - Contact: Pam Marshall, Executive Director of Arkansas Federation of Families and Key Family Contact Pammarshall7128@sbcglobal.net Walter Darnell, TA and CLC Coordinator: wdarnell@mshs.org Web site: http://www.arsoc.org/	*Barriers to Mental Health Access for Rural Residents* http://www.hhp.umd.edu/FMST/fis/_docs/MentalHealthTaskForceBrief.pdf	Performance Indicator: Services and supports are provided in easily accessible locations where individuals live, work and play.
7. Services and supports are provided in strategic co-locations along with other social and medical services within communities served (CMHS).	Harris County Systems of Hope Contact: Larry D. Brown, Larry.Brown@cps.hctx.net Cuyahoga Tapestry System of Care Contact: Beth Dague, Project Director, bdague@cuyahogacounty.us; Valeria Harper, Chief Operations Officer; harper@cccmhb.org. Web site: http://www.cuyahogatapestry.org/partners/whoswho.htm The Dawn Project Contact: Dan Embree, dembree@choicesteam.org		Performance Indicator: Services and supports are co-located within the communities served, in social service agencies, community action agencies, health centers, churches, mosques, schools, and neighborhood locales which are accessible through public transportation and home-based, community-based, and mobile care.

DOMAIN 2: Services and Supports **FOCUS AREA 1:** Access to Services and Supports			
8. Service and supports locations are publicized through the use of culturally and linguistically accessible and appropriate social marketing methods.	La Familia Sana, Monterey County, CA Contact: Jesse Herrera, Behavioral Health Services Manager, herreraj@co.monterey.ca.us Web site: http://www.mcsystemofcare.org/ Center for Multicultural Human Services Web site: http://www.cmhs.org/ Los Angeles System of Care - Evaluation works in partnership with Social Marketing to field test and obtain feedback from the community in informing the development and design of all social marketing products. Contact: Tara Rose, trose@usc.edu		Performance Indicator: Social marketing campaign materials are in the language(s) of the population(s) of focus.
9. The system of care provides access to indigenous healing methods and traditional healers (CMHS).	Native American Health Center, Urban Trails Circle of Care www.nativehealth.org Native American Youth and Family Center www.naya.pdx.edu	Diversity Rx: Integration of Traditional Healers/Practices, Literature Review Abstracts http://www.diversityrx.org/HTML/RCPROJ_E_01.htm	Performance Indicator: Indigenous healing practices and practitioners are included in the provider network. Performance Indicator: Youth and families are systematically informed at the time the IFSP is developed about the availability and accessibility of indigenous healing methods and traditional healers.
10. The system of care ensures that legal documentation for immigrant groups is not a requirement for service and does not serve as a barrier to service access (CMHS).		The Senate Proposal: Secure Borders, Economic Opportunity and Immigration Reform Act of 2007 The National Council of La Raza http://www.nclr.org/content/publications/detail/46067/	Performance Indicator: The system of care has a policy that ensures that services and supports will be provided regardless of legal status.
11. Confidentiality requirements are adapted to incorporate the values of families and youth, particularly including family decisions about services when appropriate, so as not to serve as a barrier to care (CMHS).			Performance Indicator: Confidentiality requirements will comply with federal regulations but within those regulations, family choice and values will be incorporated as appropriate.

DOMAIN 2: Services and Supports **FOCUS AREA 1:** Access to Services and Supports			
12. The system of care creates availability of, and access to, a variety of communication methods for families and youth to ensure the timely provision of services and supports (CMHS).		Culture and Trauma Brief: Translation of English Materials to Spanish http://www.nctsnet.org/nctsn_assets/pdfs/culture_and_trauma_brief_translations.pdf Crossing the language chasm: An in-depth analysis of what language-assistance programs look like in practice http://content.healthaffairs.org/cgi/reprint/24/2/424.pdf Telemedicine and telecare: what can it offer mental health services? Paul McLaren *Advances in Psychiatric Treatment (2003), vol. 9, 54–61* http://apt.rcpsych.org/cgi/reprint/9/1/54.pdf Telemental Health: Delivering Mental Health Care at a Distance: A Summary Report Henry A. Smith, Ronald A. Allison ftp://ftp.hrsa.gov/telehealth/mental.pdf Telemedicine Technical Assistance Documents: A Guide to Getting Started in Telemedicine (Chapter 9: Mental Health) Thelma McClosky Armstrong, Rob Sprang http://telehealth.muhealth.org/general%20information/getting.started.telemedicine.pdf Martti (My Accessible Real-Time Trusted Interpreter) http://www.languageaccessnetwork.com	Performance Indicator: The system of care has policies that require legally mandated communication methods and any other accommodations that can be made to meet the communication needs of individuals and families.
13. The system of care provides all families, youth, and providers a		National Conference of State Legislators' Children's Policy Initiative:	Performance Indicator: The system of care training curriculum is designed to

DOMAIN 2: Services and Supports **FOCUS AREA 1:** Access to Services and Supports			
culturally and linguistically responsive orientation and ongoing education about access to services and supports and system navigations (CMHS).		"Language Access: Helping Non-English Speakers Navigate Health and Human Services." Ann Morse, January 2003 http://www.ncsl.org/programs/immig/languagesvcs.pdf (PP. 11-12)	provide families, youth and providers with an easily accessible and user friendly orientation and ongoing education about how to access services and supports. Performance Indicator: The curriculum will be co-developed and taught by youth and family members.

DOMAIN 2: Services and Supports
FOCUS AREA 2: Prevention and Education

STANDARD 1: Systems of care have a health promotion, prevention, education and awareness initiative which is an integral part of their Strategic Plan and Logic Model, and which is guided in its development and implementation by child, family, youth, and community-based organizations. (CCAT; CMHS)

Implementation Strategies	Community Examples/ Best Practices	Resources/ Tools	Performance Indicators/ Performance Measures
1. Educate professionals and consumers about how children, youth and families served can be more responsible for facilitating their own well-being, preventing mental health problems, and advocating on behalf of their own wellness needs (CMHS/CCAT).			Performance Indicators: Prevention and education efforts include formal psychoeducation on wellness promotion, systems navigation and self-advocacy.
2. The SOC community coordinates prevention, education and outreach to, and with, community cultural organizations (CMHS).			Performance Indicator: A list of cultural community organizations is maintained, and documentation of the utilization of these organizations is used to assist in the design and implementation of education and outreach activities.
3. The SOC creates and participates in information-sharing opportunities with members of the faith-based community, traditional healers, and natural helpers to facilitate access and inform about the availability of behavioral health services and supports.			Performance Indicator: Education and information-sharing linkages with faith-based and other helping organizations in the community are documented within the SOC training plan.
4. The system of care identifies the racial/ethnic groups that comprise the populations being served, assesses the needs and risk factors associated with these groups, and takes these factors into consideration in the design and implementation of prevention, education, and outreach activities (CMHS).			Performance Indicator: A community assessment is conducted on an annual basis, and results (including demographic analyses) determine priority areas for prevention, education and outreach activities.

DOMAIN 2: Services and Supports **FOCUS AREA 2:** Prevention and Education			
5. Locations where populations served congregate are targeted for prevention, education and outreach efforts, with specific emphasis on reaching populations with specific need or risk.			Performance Indicator: Specific prevention, education and outreach strategies are targeted for designated locations (i.e., neighborhoods, community gathering spaces) in which the population of focus lives and congregates.
6. Prevention, education and outreach approaches include specific services for children, youth and families at risk for further penetration into the system.			Performance Indicator: Services and supports for children, youth and families placed at risk are identified and services are sought.
7. Mechanisms are developed to increase the provider's knowledge about what the community wants and needs, the form in which the community typically obtains new information, and its experiences with existing services (CMHS).			Performance Indicator: A community needs assessment obtains information that is useful to inform the provider about the community. Performance Indicator: Providers assess their cultural knowledge of community wants, needs and existing services as part of an annual cultural and linguistic competence self-assessment.

DOMAIN 2: Services and Supports
FOCUS AREA 3: Screening and Assessment

STANDARD 1: Screening/assessment takes into consideration the contextual variables that the individual and family come from and live in including, historical, spiritual, cultural, linguistic, socio-economic, geographic and community contexts in addition to functional, psychiatric, medical, and psychosocial status. (CMHS)

STANDARD 2: The screening/assessment instruments are culturally valid or represent best practice or practice-based evidence for use with the populations of focus. (CCAT)

Implementation Strategies	Community Examples/ Best Practices	Resources/ Tools	Performance Indicators/ Performance Measures
1. Cultural and linguistic factors are addressed in the intake, screening, and assessment processes, as well as demographic data (CMHS).	Relevant factors to assess include, but are not limited to, the following: • Ethnicity and ethnic identification (including cultural beliefs and practices); • Sexual orientation; • Religious and spiritual affiliation; • Familial organization, relational roles and structure (traditional and non-traditional); • Effects of ethnically-related stressors such as poverty and discrimination; • Beliefs related to health/mental health; • Attribution for difficulties; • History of help-seeking and treatment; • History of immigration; • Levels of assimilation or acculturation; and • Literacy level and preferred language. (CMHS)	*Cultural Issues in the Assessment and Treatment of Anxiety: Adapting Evidence-Based Practices* (presentation) http://www.hogg.utexas.edu/docs/RLS14_StevenFriedman.ppt ISSN-0883-8534 Assessing language competence: guidelines for assisting persons with limited English proficiency in research and clinical settings http://eric.ed.gov/ERICWebPortal/custom/portlets/recordDetails/detailmini.jsp?_nfpb=true&_&ERICExtSearch_SearchValue_0=EJ672666&ERICExtSearch_SearchType_0=eric_accno&accno=EJ672666 The Ethics of Assessment with Culturally and Linguistically Diverse Populations (And Three Accompanying Articles -- Speech-Language Pathology) Crowley,C.J. http://www.asha.org/about/publications/leader-online/archives/2004/040316/f040316b.htm	Performance Indicator: Cultural factors (described under community examples) are addressed in the case formulation. Performance Indicator: Cultural factors (described under community examples) are addressed and explained within the diagnostic impressions of intake and assessment reports.

DOMAIN 2: Services and Supports **FOCUS AREA 3:** Screening and Assessment			
2. Criteria for admission into different levels of care shall include questions about health/medical, behavior, emotions, familial history, cultural interpretations of symptoms/behavior, spirituality, cultural understanding of wellness/illness, linguistic understanding, social and behavioral functioning in addition to cultural formulation and diagnosis (CMHS).			Performance Indicator: Intake, screening and assessment information addresses all of the criteria for admissions into different levels of care.
3. Clinical and functional assessment tools are culturally and linguistically competent, reliable, and validated for use with the populations of focus.	Vineland Adaptive Behavior Scales http://ags.pearsonassessments.com/Group.asp?nGroupInfoID=a3000 Kaufman Assessment Battery for Children (Kaufman-ABC-II) http://ags.pearsonassessments.com/group.asp?nGroupInfoID=a21000 The Tell Me a Story (TEMAS) Test *Multicultural Standardization and Validation of TEMAS, a Thematic Apperception Test.* http://www.eric.ed.gov/ERICWebPortal/custom/portlets/recordDetails/detailmini.jsp?_nfpb=true&_&ERICExtSearch_SearchValue_0=ED320926&ERICExtSearch_SearchType_0=eric_accno&accno=ED320926	*Cross-Cultural Validation Of Measures Of Traumatic Symptoms In Groups Of Asylum Seekers From Chechnya, Afghanistan, And West Africa* http://findarticles.com/p/articles/mi_qa3852/is_200601/ai_n17187264/pg_1 *Handbook of Cross-Cultural and Multicultural Personality Assessment* (Dana, 2000) ISBN-0-8058-2789 7 http://books.google.com/books?id=CpVN-P4qNEwC&pg=PP1&dq=%22Handbook+of+Cross-Cultural+and+Multicultural+Personality+Assessment%22&sig=53QeD4ox6UuUbkhF4sDSNRwSWAk#PPP1,M1	Performance Indicator: The populations of focus are proportionally represented within the norming and validation samples of assessment instruments.

DOMAIN 2: Services and Supports **FOCUS AREA 3:** Screening and Assessment			
4. Formal development, cognitive and achievement testing is conducted in the child's primary language, and in more than one language (when appropriate) if the child is bilingual.	Woodcock-Munoz Cognitive and Achievement Testing (Spanish and English) http://www.ncela.gwu.edu/databases/EAC/EAC0190.HTM Spanish Peabody Picture Vocabulary Test, Fourth Edition and Expressive Vocabulary Test, Second Edition http://ags.pearsonassessments.com/ft/spanish-tests.asp Wechsler Intelligence Scale for Children Fourth Edition Spanish http://harcourtassessment.com/haiweb/cultures/en-us/productdetail.htm?pid=015-8978-846		Performance Indicator: Cognitive and achievement testing instruments are available in the preferred languages of the populations served.
5. Systemic cultural, racial and ethnic factors are addressed, including linguistic differences, differences in symptom understanding and expression, and culture-bound syndromes, to aid in assessment and service planning (CMHS).		*Standards for Multicultural Assessment Association for Assessment in Counseling* http://aac.ncat.edu/Resources/documents/STANDARDS%20FOR%20MULTICULTURAL%20ASSESSMENT%20FINAL.pdf	Performance Indicator: Efforts to consider culture-bound syndromes are documented in the case formulation.
6. Efforts to differentiate normative cultural and developmental issues from an individual's mental health challenges are addressed throughout the screening and assessment processes.			Performance Indicator: Assessment reports include efforts to differentiate normative cultural issues from the individual's mental health challenges (CMHS).

DOMAIN 2: Services and Supports **FOCUS AREA 3:** Screening and Assessment			
7. Assessment summary and service recommendations incorporate use of child, youth, family and community strengths.		*Bridges to engagement: Tools to Support Cultural Competence* http://home.earthlink.net/~ococujima/sitebuildercontent/sitebuilderfiles/BridgesToEngagement.pdf Cultural Diversity in the Appraisal and Expression of Trauma Stamm,B.H.; Friedman,M.J. http://www.springer.com/west/home/psychology/stress+&+coping?SGWID=4-40461-22-33184328-0&detailsPage=ppmmedia%7Ctoc	Performance Indicators: A strength-based approach is used in screening and assessment protocols. Performance Measures: 50% of assessment recommendations refer to or make use of child, youth, family and/or community strengths. Performance Indicator: Parent and key informant (as identified by youth and family) interviews are always involved as part of the history taking component of the assessment protocol.
8. Assessment summary and service recommendations address and incorporate cultural, linguistic, racial, ethnic issues that impact the individual and family and in the interpretation of screening and assessment results.			Performance Indicator: Culture, language, race and ethnicity are accounted for within the clinical formulation, assessment results summaries and recommendations
9. Service recommendations are driven by youth and family preferences for therapeutic and supportive linkages (i.e. natural helpers, traditional healers, faith-based community involvement) (CMHS).		Federation of Families for Children's Mental Health Publication "Principles of Family Involvement" http://ffcmh.org/publication_pdfs/PrinciplesFamilyInvolve.pdf	Performance Indicator: Service recommendations include services and supports that have been identified specifically by youth and family members.

DOMAIN 2: Services and Supports **FOCUS AREA 3:** Screening and Assessment			
10. Assessment procedures and protocols are multi-dimensional, and include diverse methods and informants (including consideration and use of alternate assessment strategies) (CMHS).	The following are essential elements of a culturally sensitive assessment: 1. A clearly defined purpose or referral question; 2. Record review; 3. Parent/caregiver/self-defined family interview(s); 4. Formal testing; 5. Observation of the child/youth in his/her natural setting; 6. Teacher and other key informant interviews; Consideration of alternate assessment strategies; Consideration of culture-bound syndromes; and a 7. Parent feedback and discussion session. (Canino & Spurlock, 2000; CCAT)		Performance Indicator: Family members and community stakeholders are involved in the assessment process as appropriate [including documentation of efforts to include family and significant others, or rationale when not done] (CMHS). Performance Indicators: Assessment guidelines are documented and include multi-method and multi-informant procedures (CCAT). Performance Measure: There is a 90% compliance rate with the use of multi-method and multi-informant assessment procedures among providers (CMHS) Performance Measure: Youth, family, and stakeholder satisfaction with the assessment process is rated at 90% satisfaction (CMHS).

DOMAIN 2: Services and Supports
FOCUS AREA 4: Early Identification and Early Intervention

STANDARD 1: Systems of care design and implement early identification, early intervention and monitoring strategies. These strategies aim to increase access and utilization of culturally and linguistically competent services/supports to children, youth and families either at an early age and development of the child and/or early after the onset of identified needs at any age that may interfere with a child's ongoing development. Early intervention efforts maximize the cultural continuity between the family and home and the services/supports that are offered. (CCAT)

Implementation Strategies	Community Examples/ Best Practices	Resources/ Tools	Performance Indicators/ Performance Measures
1. Incorporate what parents and families have learned from their own cultural heritage, countries of origin, and ancestry about families, parenting, and child development into early intervention strategies (Seitzinger-Hepburn, 2004).		The Challenges of Change: Learning from the Child Care and Early Education Experiences of Immigrant Families http://clasp.org/publications/challenges_change.htm	Performance Indicator: Parent and family parenting practices, values and cultural norms as they relate to child development, are assessed at intake, and incorporated into early intervention strategies.
2. Design early intervention strategies that include the provision of information to families on positive child development and the importance of quality child care and early education (Matthews and Ewen, 2007).		Early Intervention is Critical (Languages: Arabic, Chinese, Hmong, Italian, Japanese, Khmer, Korean, Laotian, Russian, Spanish, Vietnamese, Yiddish) This brochure is dedicated to raising public awareness of early intervention. It describes available services and how parents could ask for help. On the back of the brochure is a developmental checklist. The material includes milestones from birth through age three. It includes toll-free telephone numbers for further information. http://clas.uiuc.edu/special/childfind/index.html Watch Me Grow — English/ Sioux State: South Dakota This color-coded booklet provides a list of appropriate toys for young children of different age groups, from birth to five years of age. It also provides lists of behaviors most babies will exhibit at each age level. The behaviors are categorized under four developmental areas, which are gross motor, fine motor, communication, and social.	Performance Indicator: Early intervention strategies include a psychoeducational component based on an assessment of family and/or community needs.

DOMAIN 2: Services and Supports **FOCUS AREA 4:** Early Identification and Early Intervention			
		http://clas.uiuc.edu/special/childfind/cl01061sd/cl01061.html A Consumer's Guide to Outcomes in Early Childhood Intervention http://clas.uiuc.edu/fulltext/cl01358/cl01358.html#outcome	
3. Incorporate appropriate cultural and linguistic social-emotional indicators, measures and interventions.		Crosswalks Toolbox for Diversity in Early Education, Crosswalks Project http://www.fpg.unc.edu/%7Escpp/crosswalks/toolbox/index.cfm	Performance Indicator: Social-emotional indicators, measures and interventions are included in the intake, screening, assessment and intervention protocols in the system of care.
4. Partner with immigrant leaders and immigrant service organizations to serve as a bridge to new immigrant communities, and to facilitate outreach, provide resources and referrals, and inform child care and early education providers (and others) about the needs of recent immigrants in their communities (Matthews and Ewen, 2007).		The Robert Wood Johnson Foundation Anthology, *To Improve Health and Health Care*, "Engaging Coalitions to Improve Health and Health Care", Volume X http://www.rwjf.org/files/publications/books/2007/AnthologyX_CH10.pdf	Performance Indicator: The SOC has a formal or informal partnership with at least one immigrant-serving organization that reflects the population(s) of focus.
5. Co-locate services and utilize all settings, including informal settings, to target early identification and intervention initiatives (Matthews and Ewen, 2007).			Performance indicator: The SOC has services co-located in settings serving populations identified at risk for developmental and mental health challenges.
6. Seek opportunities to reach parents as well as family, friend, and neighbor caregivers in areas where transportation is difficult and where families may be isolated with young children (Matthews and Ewen, 2007)			Performance Indicators: Community outreach activities are built into the budget of the system of care to connect with "hard to reach" or new populations.

DOMAIN 2: Services and Supports **FOCUS AREA 4:** Early Identification and Early Intervention			
7. Conduct joint trainings with licensed and informal caregivers, to ensure that all providers who are serving the populations of focus have access to culturally appropriate information and training as needed (Matthews and Ewen, 2007).			Performance Indicator: Annual cultural and linguistic competence training is provided to licensed caregivers, and offered to informal caregivers.
8. Cultural brokers and trusted messengers (ambassadors) help build relationships and connect the system of care with the community as well as informal caregivers to training and supports (Matthews and Ewen, 2007).			Performance Indicator: Cultural brokers, promotores, community ambassadors and other messengers are hired or contracted with to provide a liaison with the cultural community.
9. Involve the populations of focus, in particular the cultural community, in the design and development of early intervention programs and content (Matthews and Ewen, 2007).			Performance Indicator: Key community and cultural informants and representatives of populations who serve to benefit from the early intervention strategy are involved in the development of early intervention programs and content.
10. Conduct a community needs assessment and other forms of qualitative and quantitative data collection to facilitate knowledge development and awareness of community strengths and risk factors to aid in the development of early intervention strategies (Benjamin, 2000).	Individual, family and/or community-level risk factors to assess as part of a community needs assessment protocol include, but are not limited to: • Nature and prevalence of mental illness; • Low birth weight and preterm birth; • Socioeconomic status, income and poverty levels; • Access and availability of quality medical and dental care; • Significant personal losses; • Family structure (single vs. two-parent household); • Level of community disorganization; • Employment opportunities and unemployment rates;		Performance Indicator: An annual community needs assessment is conducted and includes collection of data on known community risk and protective factors.

DOMAIN 2: Services and Supports **FOCUS AREA 4:** Early Identification and Early Intervention			
	• Recreation and socialization activities and services; • History of abuse and neglect; • Family and community violence; and • Social and environmental factors including racism, discrimination and social isolation. (Benjamin, 2000) Project Thrive: Reducing Disparities Beginning in Early Childhood http://www.nccp.org/publications/pdf/text_744.pdf		
11. Incorporate measurable goals and outcomes related to early identification and intervention within the CLC Strategic Plan (Isaacs, 1998).			Performance Indicator: The CLC Plan has family and community-derived goals and outcomes related to early identification and intervention.
12. Where appropriate, provide children, youth and families with specific targeted interventions that include home visiting, parent education and other developmentally appropriate interventions within a cultural context (Benjamin, 2000).			Performance Indicator: The SOC provides early intervention services and supports to families who have been identified as benefiting from early intervention services and supports.
13. Encourage service providers to consider developmental issues and assets within a broader, ecological context, including environmental factors such as racism, social and economic inequality (Benjamin, 2000).			Performance Indicators: Case formulations and early intervention plans address the role of ecological, cultural and social factors.

DOMAIN 2: Services and Supports **FOCUS AREA 4:** Early Identification and Early Intervention			
14. Provide families with information, advocacy skills and supports to aid in supporting their children's social, emotional and physical development (Benjamin, 2000).		A Family's Guide To Early Intervention Services In Washington State: Individuals With Disabilities Education Act http://clas.uiuc.edu/special/childfind/cl00019wa/cl00019.html Accessing Programs for Infants, Toddlers, and Preschoolers with Disabilities: A Parent's Guide This booklet is designed to help families learn how to get help for their young children with special needs ages birth through five. http://www.nichcy.org/pubs/parent/pa2txt.htm	Performance Indicator: Early intervention strategies include the provision of relevant information, and teaching self-advocacy skills.
15. Tailor early intervention strategies to maintain cultural continuity with the home culture, including child care practices, developmental milestones, etc (Matthews and Ewen, 2007).	Day, M. & Parlakian, R. (2004) recommend the following: • "Choose books, music, toys, visual images, and foods that reflect children's home cultures and languages; • Enlarge photographs of children and their families, neighborhood activities or street fairs, and community landmarks; • For older toddlers, ask parents to contribute empty boxes of common foods for the house area and ensure that dolls reflect a variety of cultures; • In home visiting programs, staff members can create a toy library, in which home visitors can borrow toys and games that reflect the cultures of the families they are visiting; • Learn how a child refers to wants and needs—one language may be used for milk, while another may be used for juice. Promote staff's	Cultural Continuity in Child Care http://www.zerotothree.org/site/PageServer?pagename=ter_key_edu_culture	Performance Indicators: SOC service providers incorporate the use of culturally appropriate and representative toys, materials, language, and processes that are congruent with the home culture into the provision of early intervention services.

DOMAIN 2: Services and Supports **FOCUS AREA 4:** Early Identification and Early Intervention			
	familiarity with frequently used words or terms (such as “play,” “bathroom,” “yes,” and “no”) because this knowledge is helpful for staff and reassuring for children; and • For group settings, involve all children in activities. Young children whose home language is not English may feel uncomfortable participating because they do not understand the conversation and play of those around them. Staff can work to reduce children’s isolation by asking parents for translations of important words and concepts and by alternating English-centered songs, stories, and games with those featuring other languages.		
16. Early intervention strategies and programs respect the home languages and cultures of all children served and find meaningful ways to incorporate diverse languages and cultures into curriculum and intervention strategies (Matthews and Ewen, 2007).			Performance Indicator: Systems of care utilize the preferred language(s) and culture(s) of the children served in curriculum and intervention strategies including evidence based treatments.
17. Early intervention is provided to children and youth when needs are identified at any age.			Performance Indicator: Needs that are identified at any age are addressed in the system of care.
18. Needs identified in youth in transition are addressed early and in conjunction with other relevant and culturally responsive service systems.			Performance Indicator: Youth in transition are provided with bridge services in other service systems that assist with their successful transition.

DOMAIN 2: Services and Supports
FOCUS AREA 5: Services and Supports

STANDARD 1: Individualized child, youth and family service plans are based upon the strengths of their cultural and community environment (CMHS).
STANDARD 2: The services and supports are culturally valid, adapted and acceptable (CMHS).

Implementation Strategies	Community Examples/ Best Practices	Resources/ Tools	Performance Indicators/ Performance Measures
1. The individualized child/youth and family service plan (IFSP) is relevant to their culture, life experiences and needs (CMHS).	In the work entitled *Motivation and Personality* (Maslow, 1970), Maslow describes the following "Hierarchy of Needs:" Physiological Needs - the very basic needs such as air, water, food, sleep, sex, etc. When these are not satisfied we may feel sickness, irritation, pain, discomfort, etc. Safety Needs- Safety needs have to do with establishing stability and consistency in a chaotic world. These needs are mostly psychological in nature. We need the security of a home and family. Need to Belong - Love and sense of belonging are next on the ladder. Humans have a desire to belong to groups: clubs, work groups, religious groups, family, gangs, etc. We need to feel loved (non-sexual) by others, to be accepted by others. Esteem Needs - There are two types of esteem needs. First is self-esteem which results from competence or mastery of a task. Second, there's the attention and recognition that comes from others. Self-Actualization – This is "the desire to become more and more what one is, to become everything that one is capable of becoming."		Performance Indicator: The IFSP is developed by, or under the guidance of a culturally competent practitioner, in conjunction with the youth and family. Performance Indicator: The IFSP contains treatment goals that reflect the cultural and life experiences and values of the child/youth and family.

DOMAIN 2: Services and Supports **FOCUS AREA 5:** Services and Supports			
2. Self-help supports are provided within the array of services (CMHS).		National Mental Health Consumers' Self-Help Clearinghouse http://www.mhselfhelp.org/	Performance Indicator: Self-help support groups are included in the array of supports.
3. When appropriate and at the request of or with permission of the youth and family, IFSPs involve culturally indicated familial, cultural and community members, including native or indigenous healers (CMHS).			Performance Indicator: There are documented efforts to contact culturally indicated family, cultural and community members to assist with the understanding and interpretation of cultural values, beliefs and mores as part of the IFSP process. Performance Indicator: If cultural leaders or native/indigenous healers are invited by the youth or family to be part of the IFSP, their role is self and family-defined and is not directed or defined by others.
4. Interventions (treatments, services and supports) are individualized to meet the specific clinical, human/social service and cultural needs of the individuals in service, including considerations of culture, language, socio-economics, spirituality, geography, access to other services/supports and others.			Performance Indicators: Documentation in IFSP's, supervisor's notes and provider consultation notes reflects the provision of individualized services/supports.
5. Child, youth and family preferences for ethnic/cultural match with primary service providers is solicited and accommodated when at all possible.		*Ethnic Match and Treatment Outcomes for Child and Adolescent Mental Health Center Clients*. http://www.eric.ed.gov/ERICWebPortal/custom/portlets/recordDetails/detailmini.jsp?_nfpb=true&_&ERICExtSearch_SearchValue_0=EJ698369&ERICExtSearch_SearchType_0=eric_accno&accno=EJ698369	Performance Indicator: Familial preferences for ethnic/cultural match with supervisor is acquired at time of intake and addressed within the IFSP.

DOMAIN 2: Services and Supports **FOCUS AREA 5:** Services and Supports			
6. Interventions (treatments, services and supports) that are used with children, youth and families of color are proven to work with populations of color, as indicated by empirical and/or community defined evidence.	"New Directions in the Treatment of Troubled Hispanic Youth" http://www.rtc.pdx.edu/PDF/fpS0702.pdf	Evidence-Based Practice in Child Welfare in the Context of Cultural Competence http://ssw.che.umn.edu/EBP-CulturalCompetence.html *Evidence-Based Programs and Cultural Competence* http://nirn.fmhi.usf.edu/resources/publications/working_paper_2a.pdf	Performance Indicator: There is documentation (which may include empirical evidence or other community defined indices of evidence) that the interventions work.
7. Conduct a community needs assessment that is inclusive of the community prior to selecting a particular set of interventions (treatments, services and supports) for the populations of focus.		Characteristics of Needs Assessment Tools http://www.health.state.mn.us/communityeng/needs/character.html Community Assessment Field Notes, "A Tool for Getting to Know Your Community's Children and Their Families" http://hsfo.ucdavis.edu/download/ca_fieldnotes.pdf	Performance Indicator: There are documented efforts to include community members, especially youth and families of color, cultural leaders, native/indigenous healers, advocates, researchers, policy makers, business community, and funders, to assist in the conducting the community needs assessment to identify culturally and linguistically appropriate services, supports and treatments for the populations of focus.
8. Empirically supported treatments (ESTs) and evidence based treatments (EBTs) that are based upon the empirical model, when used with children and families of color, are appropriately culturally matched and validated for use with the populations of focus.	Brief Strategic Family Therapy www.ncjrs.gov/pdffiles1/ojjdp/179285.pdf Family Effectiveness Training www.modelprograms.samhsa.gov/pdfs/model/Fet.pdf Parent Child Interaction Therapy (PCIT): Adapted for Latino Families (McCabe; De Arellano) http://www.nctsnet.org/nctsn_assets/pdfs/promising_practices/PCIT_guidelines_4-26-07.pdf Multisystemic Therapy (MST) http://nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=102	*Cultural Competence and Evidence-based Practices: Current State of Knowledge and Practice* (presentation) http://www.hogg.utexas.edu/docs/RLS14_StanleySue.ppt *Developing Evidence-Based and Culturally Competent Care* (presentation) http://www.hogg.utexas.edu/docs/RLS14_StevenLopez.ppt *Research and the Integration of Cultural Competence and Evidence-Based Practice* (presentation) http://www.hogg.utexas.edu/docs/RLS14_CharlotteBrown.ppt	Performance Indicator: Empirically supported treatments (ESTs) and evidence based treatments (EBTs) are normed and standardized on the ethnic/racial populations of focus. Performance Measure: 100% of ESTs and EBTs are validated at a statistically significant level with the ethnic/racial populations of focus. Performance Measure: ESTs and EBTs are replicated and validated with the cultural populations of focus at a statistically significant level by at least one researcher other than the original developer.

DOMAIN 2: Services and Supports **FOCUS AREA 5:** Services and Supports			
	"'This is My Home': A Culturally Competent Model Program for African-American Children in the Foster Care System" http://www.rtc.pdx.edu/PDF/fpS0709.pdf		
9. ESTs and EBTs are adapted to meet the individualized cultural/linguistic needs of the individual and family.	Indian Country Child Trauma Center, Oklahoma Health Sciences Center. Contact: Dolores Subia BigFoot, PhD, Dee-bigfoot@ouhsc.edu Web site: http://www.icctc.org/ "Adapting Attachment-Based Family Therapy for Depressed and Suicidal Gay, Lesbian, and Bisexual Adolescents" http://www.rtc.pdx.edu/PDF/fpS0706.pdf *Preliminary Adaptations for Working with Traumatized Latino/Hispanic Children and their Families* http://www.nctsnet.org/nctsn_assets/pdfs/culture_and_trauma_brief_v2n3_LatinoHispanicChildren.pdf *Cultural Issues in the Assessment and Treatment of Anxiety: Adapting Evidence-Based Practices* (presentation) http://www.hogg.utexas.edu/docs/RLS14_StevenFriedman.ppt	*Beyond "One Size Fits All": Adapting Evidence-based Interventions for Ethnic Minorities* (presentation) http://www.hogg.utexas.edu/docs/RLS14_GuillermoBernal.ppt	Performance Indicator: Existing and new adaptations of ESTs and EBTs are reviewed, modified (if appropriate), and approved by community cultural leaders and the CLC committee to assure that they are culturally congruent with the needs and world views of the populations of focus.
10. Evidence based practices (EBPs)-(a broader concept, which may include ESTs/EBTs in addition to other practices that work in a particular community) are individualized for each community as opposed to generically applied to all communities.	Mr. Domingo Rodriguez Executive Vice President Community Health and Human Services Chicanos por la Causa 1046 E. Buckeye Rd. Phoenix, AZ 85034 602-254-4827 Abigail Karic		Performance Indicator: EBPs, just like ESTs/EBTs are individualized to each community based upon their cultural demographics, strengths and needs. Performance Indicator: Existing and new adaptations of EBPs are reviewed, modified (if appropriate), and approved by community cultural leaders and the

DOMAIN 2: Services and Supports **FOCUS AREA 5:** Services and Supports			
	Director of Program The Puerto Rican Family Institute 217 Havemeyer Street Brooklyn, NY 11211 718-963-4430 x477 African American Family Services 2616 Nicollet Avenue Minneapolis, MN 55408 612-871-7878 ph. 612-871-2811 fax Lisa Jones Executive Director AAFS, Manager/Director 612-238-2301 lissa@aafs.net Jonathan Lofgren Chief Operations Officer AAFS, Manager 612-238-2307 jonathan@aafs.net United American Indian Involvement, Inc. (UAII) Carrie Johnson, Ph.D. Program Director 213-241-0979 ext. 7153 213-241-0925 DrCJohnsn@aol.com Asian Counseling and Referral Services (ACRS) Janet Soohoo Director 720- 8th Ave., Suite 200 Seattle, WA 98104 (206) 695-7537 ph. (206) 695-7606 fax		CLC committee to assure that they are culturally congruent with the needs and world views of the populations of focus.

DOMAIN 2: Services and Supports **FOCUS AREA 5:** Services and Supports			
11. Practice-based evidence is used to supplement ESTs/EBTs in the array of services and supports in communities of color.	"Successful Strategies for Improving the Lives of American Indian and Alaska Native Youth and Families" http://www.rtc.pdx.edu/PDF/fpS0704.pdf		Performance Indicator: Practice-based evidence that may be unique to the communities served are identified, reviewed and evaluated for use by the CLC committee and the clinical director.
12. ESTs and EBTs that use fidelity measures/indices adapt the measures/ indices to reflect the individuals and communities served.			Performance Indicator: Generic fidelity measures are adapted to reflect the individuals' and community's cultural/economic/social/geographic and other contextual variables and languages.
13. Encourage communities to document the practices that have worked over time to establish a body of community defined evidence that supplements empirically derived evidence.	*National Network to Eliminate Disparities in Behavioral Health Care* (presentation) http://www.tapartnership.org/docs/presentations/NNED_NewOrleans_200708.pdf	*Examining the Research Base: Supporting Culturally Competent Children's Mental Health Services* http://rtckids.fmhi.usf.edu/rtcpubs/CulturalCompetence/services/CultCompServices.pdf	Performance Indicator: Community agencies are systematically asked to provide information on what is working within their service populations, and these results are documented and disseminated. Performance Indicator: Community asset mapping processes include documenting practices that work within the community
14. Case management (also known as care coordination, care management) is made available to and utilized by the IFSP team as an available service option (CMHS).			Performance Indicator: Case management is documented as part of the service matrix within the system of care Performance Measure: It is documented that 100% of families who are determined to need case management receive it.
15. Case management is tailored to meet the unique cultural and linguistic needs of the child, youth and family (CMHS).			Performance Indicator: Case management is conducted within the preferred language and cultural framework of the child, youth and family served.

DOMAIN 2: Services and Supports **FOCUS AREA 5:** Services and Supports			
16. Case management can be performed by family organizations, peer mentors and/or paraprofessionals.	Center for Multicultural Human Services www.cmhs.org Georgia Parent Support Network (State Organization) 1381 Metropolitan Parkway Atlanta, GA 30310 (404) 758-4500 (800) 832-8645 (toll free) Fax: (404) 758-6833 http://www.gpsn.org Contact: Sue Smith, susmith@mindspring.com Glenn County California Contact: Cindy Ross, Youth Coordinator TAY Peer Mentor Model		Performance Indicator: Documented efforts are made to recruit paraprofessionals, peer, youth and family members to provide case management supports.
17. Case management, as defined above, is family-driven (CMHS).	The Dawn Project Contact: Dan Embree, dembree@choicesteam.org		Performance Indicator: The use and frequency of case management is based upon the decision of the youth and family commensurate with their needs.
18. Wraparound is tailored to meet the unique cultural and linguistic needs of the child, youth and family.	Santa Clara Wraparound Project for Predominately Latino Youth http://hhspp.csumb.edu/community/SAMHSA/ConsumerGrp.htm San Bernardino County wraparound initiative http://www.tapartnership.org/docs/SanBernadinoWorkplan.pdf *Evaluation of Polk County (IA) Wraparound Project for African American Adolescents* http://www.uiowa.edu/~nrcfcp/publications/documents/plkwrp03.pdf		Performance Indicator: Standard Wraparound protocols are adapted to meet the individualized cultural and linguistic needs of the populations of focus. Performance Indicator: Fidelity measures are adapted to meet the cultural and linguistic needs of the populations of focus.
19. Self help and/or support groups that are culturally relevant to the		Manitas por Autismo http://www.manitasporautismo.com/	Performance Indicator: Self help and/or support groups are based upon

DOMAIN 2: Services and Supports **FOCUS AREA 5:** Services and Supports			
populations of focus are provided to youth and their families (CMHS).			child/youth and family-driven goals.
20. Create and maintain an annually updated resource directory of providers, service and support organizations, cultural and community resources and other resources for the populations of focus.	Directory of Minnesota Organizations Serving Diverse Populations http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4411-ENG		Performance Indicator: The resource directory is updated annually and seeks contributions from youth, families and community members.
21. Services and supports are designed based upon the ecological, and linguistic needs as well as the cultural values of the children, youth and families served (CMHS).	Native American Health Center, Urban Trails Circle of Care www.nativehealth.org Center for Multicultural Human Services www.cmhs.org Progressive Life Center http://www.ntuplc.org/	*Guidelines for Providing Culturally Appropriate Services for People of African Ancestry Exposed to the Trauma of Hurricane Katrina* http://www.abpsi.org/special/hurricane-info1.htm	Performance Indicator: Services and supports reflect the ecological and linguistic needs and the cultural values of the populations of focus.

DOMAIN 2: Services and Supports
FOCUS AREA 6: Discharge and Aftercare Planning

STANDARD 1: Discharge and aftercare planning includes youth and families in the development, implementation and the evaluation of the aftercare plan and its outcomes (CMHS).

STANDARD 2: Discharge and aftercare planning is developed within a culturally responsive framework and communication style that is congruent with the values of the populations served (CMHS).

Implementation Strategies	Community Examples/ Best Practices	Resources/ Tools	Performance Indicators/ Performance Measures
1. Discharge planning begins upon admission into care.			Performance Indicator: A preliminary discharge plan is developed in the first IFSP team meeting. Performance Indicator: The preliminary discharge plan is reviewed and revised at least monthly in the IFSP team meeting.
2. Discharge and aftercare planning is a family driven, youth guided process such that youth and family are meaningfully involved in from onset of services.			Performance Indicator: The discharge and aftercare planning that takes place in the IFSP includes the youth and family from the first meeting forward. Performance Measure: 100% documented involvement of youth and families in the development of discharge plans (CMHS).
3. Discharge and aftercare planning ensures that the appropriate services and supports are available and accessible, and that responsible parties are identified so that plans are implemented successfully and that resources are in place prior to discharge.			Performance Indicator: Specific documentation that accurately reflects timelines, follow-up contacts, transportation needs, responsible parties and accessible resources are entered in the file and followed up on by the IFSP team prior to discharge from services.

DOMAIN 2: Services and Supports **FOCUS AREA 6:** Discharge and Aftercare Planning			
4. Discharge and aftercare planning, involves personal, familial, community and other support systems (i.e. natural helpers and indigenous healers) at the request of the youth and family.			Performance Indicator: Natural cultural services and supports are included if the youth and family request it. Performance Indicator: The family and youth choose whether they would like to include cultural and community members in their discharge and aftercare planning, including as participating members of the IFSP team.
5. Discharge planning allows for transition to the least restrictive level of care (CMHS).			Performance Indicator: Transition to the least restrictive placement is a mutually agreed upon goal, by youth, family and the rest of the IFSP team, and is documented in the IFSP discharge plan.
6. Discharge planning includes assurances that youth and families who fail to return to services receive active follow-up to ensure that their service needs are met elsewhere (CMHS).			Performance Indicator: Case management outreach to families who have not returned to services is documented (CMHS).
7. Discharge planning involves case management and outreach to ensure that contact is made and maintained with the family to minimize "administrative" termination which typically results from culturally inappropriate services (CMHS).			Performance Indicator: Families who fail to return to services are contacted to determine the reason for not returning, to offer aid in eliminating systemic barriers, and to ensure that the family is linked with any requested services and supports.
8. Discharge planning ensures that steps are taken to address linkages to the next level of care (CMHS).			Performance Indicator: Documentation demonstrates that a reasonable effort to define and implement the next steps in service provision has been made.

DOMAIN 3: PLANNING AND CONTINUOUS QUALITY IMPROVEMENT (CQI)

The mechanisms and processes used for: a) proactively gathering and assessing an organization's level of cultural competence; b) tracking and maintaining relevant data and information on the population served; and c) developing long- and short-term policy, programmatic, and operational cultural competence planning that is informed by external and internal consumers.

DOMAIN 3: Planning and Continuous Quality Improvement (CQI)
FOCUS AREA 1: Organizational Self-Assessment of Cultural and Linguistic Competence

STANDARD 1: Organizational self-assessment of cultural and linguistic competence is an initial and necessary process for continuous quality improvement

Implementation Strategies	Community Examples/ Best Practices	Resources/ Tools	Performance Indicators/ Performance Measures
1. Systems of care conduct initial and ongoing organizational self-assessments for use in the planning and implementation of cultural and linguistic competence activities (CLAS).	McHenry County Family CARE – Conduct CLC self-assessment. Contact: Juan Escutia, jescutia@mc708.org Web site: http://www.mc708.org/FamilyCARE/FamilyCare.aspx Erie County Family Voices Network – Developed and use CLC self-assessment to inform policies and structures related to CLC. Contact: Doris Carbonell-Medina, Director Cultural Competency & Diversity Initiatives. Web site: http://www.familyvoicesnetwork.org/en/ South Carolina Youth Net – Conduct CLC self-assessment and related training. Contact: Chana Sanders, Project Director, crs72@scdmh.org .	*Organizational Cultural Competence: A Review of Assessment Protocols* http://rtckids.fmhi.usf.edu/rtcpubs/CulturalCompetence/protocol/CultCompProtocol.pdf *Curricula Enhancement Module: Cultural Self-Assessment* Goode,T.E.; Dunne,C. http://www.nccccurricula.info/documents/assessment.pdf Self-Assessment for Cultural Competence, American Speech-Language-Hearing Association http://www.asha.org/about/leadership-projects/multicultural/self.htm#ccc *Cultural Competence Agency Self-Assessment Instrument* (Revised) ISBN-13: 9780878688401 http://www.cwla.org/pubs/pubdetails.asp?PUBID=8404 Assessing and Addressing Cultural Competence: Research Training Center on Family Support and Children's Mental Health http://www.rtc.pdx.edu/pgFPF02TOC.php	Performance Indicator: A CLC organizational self assessment is required annually in system of care policy.

DOMAIN 3: Planning and Continuous Quality Improvement (CQI) **FOCUS AREA 1:** Organizational Self-Assessment of Cultural and Linguistic Competence			
		Conducting a Cultural Competence Self-Assessment; Andrulis,D.; Delbanco,T.; Avakian,L.; Shaw-Taylor,Y. http://erc.msh.org/provider/andrulis.pdf *Developing a Self-Assessment Tool for Culturally and Linguistically Appropriate Services in Local Public Health Agencies*, COSMOS Corporation http://www.omhrc.gov/assets/pdf/checked/LPHAs_FinalReport.pdf Promoting Cultural and Linguistic Competency: Self-Assessment Checklist for Personnel Providing Primary Health Care Services, National Center for Cultural Competence, Georgetown University Center for Child and Human Development http://www.aafp.org/fpm/20001000/58cult.html#boxb Cultural Competency Assessment Tool Vancouver Ethnocultural Advisory Committee of the Ministry for Children and Families http://www.mcf.gov.bc.ca/publications/cultural_competency/assessment_tool/tool_index1.htm National Association of State Mental Health Program Directors; National Technical Assistance Center for State Mental Health Planning http://www.nasmhpd.org/general_files/publications/cult%20comp.pdf *Measuring Cultural Competence* (presentation) http://ebp.networkofcare.org/uploads/Ganju_Presentation_6900857.pdf	

DOMAIN 3: Planning and Continuous Quality Improvement (CQI) **FOCUS AREA 1:** Organizational Self-Assessment of Cultural and Linguistic Competence			
		Assessment of Organizational and Individual Cultural Competence http://www.aucd.org/docs/councils/mcc/cultural_competency_assmt2004.pdf *Cultural Competency: Measurement as a Strategy for Moving Knowledge into Practice in State Mental Health Systems Final Report* http://www.nasmhpd.org/general_files/publications/cult%20comp.pdf	
2. Involve youth, families, consumers and community stakeholders at all stages of the self-assessment process; including, implementation, analysis, dissemination of pertinent information and the action plan (NCCC).	Central Massachusetts System of Care – Families are actively involved in research. The director of CQI is a family member, and all data collectors are family members. Contact: Toni Dubrino. Maine, Thrive: Trauma Informed System of Care – Use family members as data collectors and innovative touch-screen technology to facilitate data collection. Contact: Luc Nya, CLC Coordinator. Web site: http://thriveinitiative.org/ Multnomah County, OR – Use family members as data collectors including in the implementation of high quality evaluation training and translation of evaluation documents to be family friendly. Contact: Jared Ivie, iviedj@pdx.edu Bridgeport Park Project - Use focus groups with Latino families to obtain feedback on the development and implementation of service delivery, family empowerment and leadership. Contact: LaChelle Davis, CLC Coordinator. Web site: http://www.theparkproject.org/	Cultural and Linguistic Competence Policy Assessment Instrument, National Center for Cultural Competence http://www.clcpa.info/ The Institute for Community Research (ICR) http://www.incommunityresearch.org/index.htm Participatory Action Research: A menu of methods http://www.gdrc.org/icm/ppp/par-methods.html	Performance Indicator: The CLC Committee oversees the organizational self assessment process and assures that it is inclusive of all stakeholders, especially youth, families and consumers. Performance Indicator: Youth, family and community members are represented on the CLC self-assessment workgroup, as data collectors and as interview/survey respondents.

DOMAIN 3: Planning and Continuous Quality Improvement (CQI) **FOCUS AREA 1:** Organizational Self-Assessment of Cultural and Linguistic Competence			
3. The system of care gathers data at a minimum from: 1) the organizational self assessment, which is administered to all staff, management team and the governance board; 2) focus groups; and 3) stakeholder and partner analysis (NCCC).	The Community Toolbox recommends the following additional data sources for an organizational assessment (Web site: http://ctb.ku.edu/tools/en/sub_section_main_1022.htm): • The state or county health department; • The state human service department; • Hospital admission and exit records; • Census data; • Police records; • Chamber of Commerce; • Nonprofit service agencies, such as the United Way or Planned Parenthood, School districts; • Centers for Disease Control; • Your reference librarian; • Statistical Abstract of the United States; and • Specialized local, statewide, or national organizations.	Developing a Research Agenda for Cultural Competence in Health Care: Organizational Supports For Cultural Competence http://www.diversityrx.org/HTML/RCPROJ_G.htm The Community Toolbox: Chapter 3. Assessing Community Needs and Resources http://ctb.ku.edu/tools/en/chapter_1003.htm NCCC Self-Assessment Checklists for Personnel Providing Services and Supports In: • Early Intervention and Early Childhood Settings: http://www11.georgetown.edu/research/gucchd/nccc/documents/Checklist.EIEC.doc.pdf • Self-Assessment Checklist for Personnel Providing Behavioral Health Services and Supports to Children, Youth and their Families http://www11.georgetown.edu/research/gucchd/nccc/documents/ChecklistBehavioralHealth.pdf	Performance Indicator: System of care procedures indicate all the data sources to be used in the organizational self assessment. Performance Indicator: CLC self-assessment procedures include multiple stakeholder groups and multiple methods for data collection.
4. Assess and modify system of care policies to address the cultural, linguistic and service needs of the populations of focus.	Los Angeles System of Care - Hired a policy analyst to obtain feedback from their community of focus via community forums, focus groups, surveys to take to the governance body at the county level and to inform policy. Contact: Tara Rose, trose@usc.edu	*A Guide for Using the Cultural and Linguistic Competence Policy Assessment Instrument. National Center for Cultural Competence* (2006) http://www.clcpa.info/documents/CLCPA_guide.pdf Cultural and Linguistic Competence Policy Assessment (CLCPA) http://www.clcpa.info/	Performance Indicator: System of care policies are reviewed annually by the CLC Committee, and recommendations for revisions are proposed to the governance board.

DOMAIN 3: Planning and Continuous Quality Improvement (CQI) **FOCUS AREA 1:** Organizational Self-Assessment of Cultural and Linguistic Competence			
5. Compile, analyze and summarize data in a report that is understandable to a broad audience, and submitted to all stakeholders (NCCC).	A summary report might include the following sections: • Service needs • Community-level assets • Demographics summary of the community and populations of focus • Internal and external readiness for CLC • Specific recommendations for CLC priority areas • Next steps for action		Performance Indicator: The report will be written at a 6th grade level. Performance Indicator: The summary report is reviewed by youth and family members for comprehension and relevance.
6. Disseminate report internally and to stakeholders to stimulate discussion, modifications (if necessary) and the development of an action plan (NCCC).	Mid-Columbia, Oregon SOC – Provide evaluation data to the governance board, particularly meaningful indicators that warrant discussion and selective interventions, including ethnic and cultural disparities are flagged with a "red light." Contact: Becca Sanders, becca_sanders@class.oregonvos.net		Performance Indicator: The CLC Committee, CLC Coordinator and project director, under the guidance of the governing board, disseminate the report to all appropriate stakeholders internally and externally. Performance Indicator: The CLC self-assessment procedures include a forum for obtaining community reactions and feedback to the assessment findings, for the purpose of discussion, modification and action.

DOMAIN 3: Planning and Continuous Quality Improvement (CQI) **FOCUS AREA 1:** Organizational Self-Assessment of Cultural and Linguistic Competence			
7. Use assessment results to develop an action plan to incorporate into the CLC plan, with broad stakeholder input and responsibility sharing that includes resources, priorities, strategies, timetables, responsible parties and benchmarks (NCCC).	Maine, Thrive: Trauma Informed System of Care – Use demographic data, including analysis of ethnic subgroups. Contact: Luc Nya, CLC Coordinator. Web site: http://thriveinitiative.org/ Erie County Family Voices Network – Have developed and use of CLC self-assessment to inform policies and structures related to CLC with active involvement by subcontractors. Contact: Doris Carbonell-Medina, Director Cultural Competency & Diversity Initiatives. Web site: http://www.familyvoicesnetwork.org/en/		Performance Indicator: The governing board is ultimately responsible for the development and dissemination of the action plan that is written by the CLC Committee, CLC Coordinator and project director. Performance Indicator: Assessment results are used to guide the development of the CLC Plan.
8. Assessment results are used to develop targeted, observable performance measures and outcomes related to CLC needs and activities		*Cultural Competency Methodological and Data Strategies to Assess the Quality of Services in Mental Health Systems of Care: A Project to Select and Benchmark Performance Measures of Cultural Competency*; By Carole Siegel, Ph.D. Gary Haugland, M.A. & Ethel Davis Chambers, R.N., M.S. http://csipmh.rfmh.org/other_cc.pdf	Performance Indicator: Indicators and outcomes of interest are developed directly from assessment results and approved by representatives of all stakeholder groups.

DOMAIN 3: Planning and Continuous Quality Improvement (CQI)
FOCUS AREA 2: Collection and Use of Cultural Competence Related Information and Data

STANDARD 1: Cultural competence related information and data is used in the continuous quality improvement process of the system of care.

Implementation Strategies	Community Examples/ Best Practices	Resources/ Tools	Performance Indicators/ Performance Measures
1. System of care communities integrate cultural and linguistic competence-related measures into their internal audits, performance improvement plans, youth/family satisfaction assessments, and outcome-based evaluation (CLAS).	Community engagement: Collecting data on populations of focus http://www.health.state.mn.us/communityeng/needs/data.html		Performance Indicator: Cultural and linguistic competence-related measures and indicators are incorporated into internal audits, performance improvement plans, satisfaction assessments and evaluations.
2. System of care communities ensure that data on the child, youth and families' race, ethnicity, relevant cultural identification/orientation (as long as self-identification does not jeopardize immigration/residence status), gender, age, spoken and written language proficiency and preferences, socioeconomic status, sexual orientation (at individual's preference) are collected in records, integrated into the organization's management information systems, and periodically updated (CLAS).			Performance Indicator: Cultural and linguistic-related data are required data fields in the management information system. Performance Indicator: The cultural and linguistic-related data in the management information system is reviewed and updated annually, if necessary.
3. Systems of care develop and maintain a database which tracks utilization and functional outcomes for children, youth and families, ensuring comparability of services/supports, access, and outcomes.	San Francisco System of Care – Integrated their data systems with the mental health, juvenile, child welfare and education systems. They are using "data dumps" in the system. System is currently undergoing a systems analysis to examine the ethical issues from all angles and to develop policy to protect consumer information Web site: http://sfcsoc.org/index.html		Performance Indicator: Utilization and outcomes data are tracked in the management information system and used to ensure comparability across consumers. Performance Indicator: Outcomes shall be quantifiable objectives, not just process variables, and shall be collected independent of agency billing records. Performance Indicator: Data shall be reported on twice annually to the governing entity and used as a basis for determining provider contract renewal.

DOMAIN 3: Planning and Continuous Quality Improvement (CQI) **FOCUS AREA 2:** Collection and Use of Cultural Competence Related Information and Data			
4. The CQI plan includes a quality improvement team with proportionate representation of diverse youth/families which review data from quality indicators relating to the population(s) of focus.	Central Massachusetts System of Care – Uses family involvement in research. The director of CQI is a family member, and all data collectors are family members. Contact: Toni Dubrino. Web site: http://www.mass-communitiesofcare.org/index.htm Maine, Thrive: Trauma Informed System of Care – Uses family members as data collectors and innovative touch-screen technology to facilitate data collection. Contact: Luc Nya, CLC Coordinator. Web site: http://thriveinitiative.org/ Multnomah County, OR – Uses family members as data collectors including the implementation of high quality evaluation training and translation of evaluation documents to be family friendly. Contact: Jared Ivie, iviedj@pdx.edu		Performance Indicator: Membership of the quality improvement team is proportionately representative of the racial/ethnic/cultural population(s) of focus,.

DOMAIN 3: Planning and Continuous Quality Improvement (CQI) **FOCUS AREA 2:** Collection and Use of Cultural Competence Related Information and Data			
5. Procedures are in place to ensure that if irregularities or deficiencies in care are found, special quality studies and corrective actions shall be undertaken to identify and address root causes/ processes. Does this refer to any irregularities? Or, are there examples that can be provided?	Cuyahoga Tapestry System of Care – Monitor and report disproportionate representation in child welfare and juvenile justice. Contacts: Teresa King, Key Family Contact and Co-Chair of the CLC committee; Valeria Harper, Cochair of the CLC committee. Web site: http://www.cuyahogatapestry.org/about.htm Erie County Family Voices Network – Using data regularly to identify and address disparities in family engagement in services.. Contact: Doris Carbonell-Medina, Director Cultural Competency & Diversity Initiatives. Web site: http://www.familyvoicesnetwork.org/en/		Performance Indicator: Procedures are written that document criteria to determine the need for special quality studies and corrective actions in irregularities of care.
6. The CQI plan includes criteria for the removal of providers from the network and tracking for providers and practitioners which are open for review, analyzed by ethnicity and gender of provider and able to account for differing service needs of diverse populations (CMHS).			Performance Indicator: Provider tracking is required in the CQI Plan and the data is reported on a twice annual basis to the governing board. Performance Indicator: A procedures should be “procedure” or “Procedures are” is developed for the removal of providers who do not meet CLC-related standards and benchmarks.
7. The CQI plan includes tracking of youth/family movement across services/supports as well as unusual occurrences by age, gender, ethnicity, and specific practitioner, with sanctions for desirable and unacceptable performances.			Performance Indicator: Procedures for giving incentives and sanctions for appropriate and inappropriate consumer movement (across services and supports) and unusual occurrences are documented in the CQI Plan.

DOMAIN 3: Planning and Continuous Quality Improvement (CQI) **FOCUS AREA 2:** Collection and Use of Cultural Competence Related Information and Data			
8. The CQI plan shall include consumer satisfaction surveys, translated orally and in written format, into local languages and dialects.			Performance Indicator: Satisfaction surveys are translated by qualified translators who use regional language translation.
9. Satisfaction surveys are implemented by members of the community independent from the System of Care.			Performance Indicator: To reduce response bias, the satisfaction surveys are conducted by community members who are not system of care employees.
10. Surveys shall be available in various formats to facilitate the participation of children, youth and families at all socioeconomic and educational levels. Sampling shall include involvement of children, youth and families who have dropped out of service.			Performance Indicator: Surveys will match the educational and socioeconomic levels of the populations of focus.
11. Data from consumer satisfaction surveys is used by the management team and the governance board to inform and improve service delivery.			Performance Indicator: The quality improvement coordinator incorporates and uses all data to improve the service and support delivery system.

DOMAIN 3: Planning and Continuous Quality Improvement (CQI)
FOCUS AREA 3: Conflict and Grievance Resolution

STANDARD 1: Conflict and grievance resolution data is used to improve policy, program and operations

Implementation Strategies	Community Examples/ Best Practices	Resources/ Tools	Performance Indicators/ Performance Measures
1. Systems of care ensure that conflict and grievance resolution processes identify, prevent, and resolve cross-cultural conflicts or grievances by children, youth and families, staff and partner organizations (CLAS).			Performance Indicator: Conflict and grievance processes are co-written, reviewed and updated by the Cultural and Linguistic Competence Committee.
2. Conflict and grievance processes are conducted in a manner that is consistent with the cultural norms, preferences and communication styles of the populations of focus.			Performance Indicator: The CLC Committee advises on the appropriate processes for resolving conflicts and grievances on a case-by-case basis.
3. The CQI report includes a record of, and regular reporting on, all appeals, grievances, and law suits, as well as informal complaints, differentiated by ethnicity of the complainant and the specific provider.			Performance Indicator: The CQI report contains ethnicity data that is shared with staff on a regular basis and informs quality improvements. Performance Indicator: Each CQI report contains a section devoted to the reporting of appeals, grievances, informal complaints and/or law suits.
4. Disproportionate trends by ethnicity and other culturally-relevant groups shall require measurable and timely corrective action.			Performance Indicator: A corrective action plan is developed and implemented within 30 days of identification of disproportionate trend.
5. Evidence of a pattern of discrimination by a practitioner/provider is a reason for termination of contract.			Performance Indicator: Discrimination is not tolerated and immediate remedial action is taken. Performance Indicator: Antidiscrimination policies and procedures specific to the system of care are developed in addition to federally required mandates.

DOMAIN 4: COLLABORATION

This domain addresses the specific strategies that support the development of effective working relationships between provider organizations, consumers, and the community at large to promote culturally and linguistically competent practice.

DOMAIN 4: Collaboration
FOCUS AREA 1: Outreach and Engagement with Interagency Partners

STANDARD 1: Collaborative cross-cultural interagency partnerships are developed to facilitate mutually defined understanding, responsibility and accountability in the design and implementation of culturally and linguistically competent systems of care (CLAS).

Implementation Strategies	Community Examples/ Best Practices	Resources/ Tools	Performance Indicators/ Performance Measures
1. Each interagency partner has its own unique organizational culture, statutory and administrative requirements, funding priorities and populations of focus which are respected, and therefore outreach, engagement and collaboration strategies are designed specifically for each individual interagency partner.	*Culture, Collaboration, and Capacity: A Call to a Healthier Community* Destino: The Hispanic Legacy Fund; Ventura County Community Foundation Web site: http://www.vccf.org/dldest/CCCFullReport0906.pdf Models of Community Engagement Minnesota Department of Health Web site: http://www.health.state.mn.us/communityeng/intro/models.html	*Strategic Plan to Eliminate Health Disparities in New Jersey* 2007 New Jersey Department of Health & Senior Services http://www.state.nj.us/health/omh/documents/healthdisparityplan07.pdf When Collaboration Hurts: Ways to Address Conflict in Building Partnerships (October 2007; TA Partnership Webinar) http://www.tapartnership.org/events/webinars/webinarArchives/searchByDate.php?id=topic2#200710	Performance Indicator: An individualized outreach, engagement and collaboration strategy is developed for each interagency partner that is based upon the unique organizational characteristics of the partner. Performance Indicator: An interagency partnership plan is developed that contains all the prospective partners and the individual strategies for connecting with each.
2. Include interagency partners in the development and implementation of the cultural and linguistic competence organizational self-assessment.	Erie County Family Voices Network – Have effectively engaged subcontracting provider agencies in CLC self-assessment processes. Contact: Lenora Reid, CLC Coordinator Doris Carbonell-Medina, Director Cultural Competency & Diversity Initiatives. Web site: http://www.familyvoicesnetwork.org/en/	*Organizational Cultural Competence: A Review of Assessment Protocols* Harper, M.; Hernandez, M.; Nesman, T.; Mowery, D.; Worthington ,J.; Issacs, M. http://rtckids.fmhi.usf.edu/rtcpubs/CulturalCompetence/protocol/CultCompProtocol.pdf Is Your Organization Supporting Meaningful Youth Participation in Collaborative Team Planning? A Self-Assessment Quiz. (AMP) Achieve My Plan project at the Research and Training Center on Family Support and Children's Mental Health, Portland State University, Portland, OR. http://www.rtc.pdx.edu/PDF/pbAMPQui	Performance Indicator: Interagency partners serve on the CLC organizational assessment workgroup or committee, Performance Indicator: Interagency partners complete CLC implementation assessment instruments.

DOMAIN 4: Collaboration **FOCUS AREA 1:** Outreach and Engagement with Interagency Partners			
		zBrochure.pdf	
3. The system of care seeks areas of common interest and potential overlapping priorities with interagency partners to facilitate relationship building and agenda-setting throughout the partnering process.	Butte County SOC – CLC committee has been very purposeful and respectful. Every convening they are careful to have something to emphasis the cultural relevance to one community or another. They had a "smudging" ritual. Another time they presented a display of Hmong items and spoke of the history. They respect and honor the cultures of their collaborative partners. They openly talk about racism. They have ethnic and racial clinical treatment teams. Contact: Joyce Gonzales, TA Coordinator/CLC Coordinator, Joyce.Gonzales@frth.org	Bridging Refugee Youth and Children's Services (BRYCS) www.brycs.org Making Public Programs Work for Communities of Color: An Action Kit for Community Leaders Families USA http://www.familiesusa.org/resources/tools-for-advocates/kits/minority-health-tool-kit.html Developing a Plan for Increasing Participation in Community Action http://ctb.ku.edu/tools/en/section_1078.htm	Performance Indicator: Areas of common interest and potential overlapping priorities are documented in memoranda of understanding.
4. Co-locate staff in each others' work spaces so as to more fully integrate the culture of the respective interagency partners in daily work.			Performance Indicator: Potential co-location possibilities are identified with input from all partners.
5. Integrate advisory/governing/steering bodies with interagency partners to focus the work on common goals and to promote efficiencies and greater participation by community members.	Monroe County, NY System of Care - Has integrated efforts of the Cultural and Linguistic Competence Committee with the already existing county CLC Committee. Web site: http://www.tapartnership.org/docs/MonroeCountyCLCCouncil.pdf Puerto Rico System of Care – The Comite Interagencial y Comunitario (Interagency and Community Committee) includes representatives from child serving agencies and mental health service providers included in the Governor's Health Plan, as well as representation from family and community organizations. The CIC		Performance Indicator: Identify potential opportunities to use the same meeting bodies to fulfill dual roles.

DOMAIN 4: Collaboration **FOCUS AREA 1:** Outreach and Engagement with Interagency Partners			
	works collaboratively with the administrative team and families representing the communities served in the planning, design, development and evaluation of their system of care. Contact: Norma Delgado, ndelgado@assmca.gobierno.pr Honolulu, HI System of Care – Established a two level governance structure: a state-level governance body whose focus is high level policy and community governance body that is driving the direction of implementation and planning. Contact: Carol Matsuoka caroltm@hawaii.edu San Francisco System of Care– Have reached out and supported the development of coalitions within the specific ethnic and cultural communities (Asian, homeless). They also established a high level governance council comprised of city/county level directors of child serving agencies whose focus is policy. The governing councils role has the authority to impact systems level policy and to inform the Board of Supervisors who hold ultimate decision-making authority. The coalitions and partnerships with community collaboratives have served to inform the direction of System of Care and to build community level capacity. Contact: Sai-Ling San Chew Sai-Ling.Chan-Sew@sfdph.org; Web site: http://sfcsoc.org/index.html		

DOMAIN 4: Collaboration **FOCUS AREA 1:** Outreach and Engagement with Interagency Partners			
6. Share human resources and expertise to increase the efficient use of limited resources and to build a common culture based on shared knowledge.	Arkansas Action for Kids — Use effective outreach and collaboration with the African-American and Latino faith-based community. Contacts: Pam Marshall and Walter Darnell Web site: http://www.arsoc.org/ Native American Youth and Family Center Web site: www.nayapdx.org	Coalitions: Is Your Coalition on the Road to Success? Minnesota Department of Health http://www.health.state.mn.us/communityeng/needs/success.html	Performance Indicator: Identify potential areas for sharing of resources and training and document them through a memorandum of agreement.
7. Develop shared interagency trainings (both common core and specialized trainings) to provide opportunities to share knowledge, and to increase access and exposure to experts from diverse cultural backgrounds.	San Francisco System of Care – Youth and family partners from diverse backgrounds train agency partners on implementing a youth-guided and family driven system of care. Contact Victor Damian, Youth Coordinator.		Performance Indicator: Training and capacity-building teams include diverse representation from all interagency partners/stakeholder groups.

DOMAIN 4: Collaboration
FOCUS AREA 2: Outreach and Engagement with Community Partners

STANDARD 1: Participatory, collaborative cross-cultural community partnerships are developed to ensure child, youth, family and community involvement in designing and implementing culturally and linguistically competent systems of care (CLAS).
STANDARD 2: Outreach and engagement with community partners is developed and implemented in a respectful and inclusive manner.

Implementation Strategies	Community Examples/ Best Practices	Resources/ Tools	Performance Indicators/ Performance Measures
1. Cultural collaboration is based upon a process-oriented egalitarian approach of relationship building that comes from the concept of "soft power" which promotes the sharing of power to collectively generate more constructive and growth producing energy that benefits those involved.	Jeff King, President of First Nations Behavioral Health Association, described the distinguishing characteristics of "Hard" versus "Soft" Power: Soft Power is: 1.Shared 2.Followed 3. Egalitarian 4. De-centralized 5. Collaborative 6. Respect and accept 7. Building trust 8. Bottom Up 9. Process-Oriented 10. Being Here and Now 11. Appreciative Inquiry 12. Trust in Process and in one another Hard Power is: 1. Owned 2. Harnessed/Manipulated 3. Hierarchical 4. Centralized 5. Competitive 6. Assumes intellectual and moral superiority 7. Paranoia/mistrust 8. Top Down 9. Outcomes Focused 10. Time Driven 11. Forced Results	*National Network to Eliminate Disparities in Behavioral Health Care* (presentation) http://www.tapartnership.org/docs/presentations/NNED_NewOrleans_200708.pdf	Performance Indicator: Use "soft power" strategies in outreach, engagement and partnership building.
2. Systems of care have an outreach and engagement effort that is	Center for Multicultural Human Services Web site: www.cmhs.org	*Strengthening Latino Parental Involvement Forming Community-Based*	Performance Indicator: Outreach and engagement efforts are tailored to each

DOMAIN 4: Collaboration **FOCUS AREA 2:** Outreach and Engagement with Community Partners			
tailored to meet the needs of the diverse communities served (CMHS).	Guam SOC– Example of effective outreach and engagement with their indigenous populations. The SOC did a lot of education and relationship building, and youth and families have become the strongest advocates, going before state legislature to support the SOC. They've done excellent work in building capacity within the community and the parents, in a culturally competent manner. Contact: Berni Grajek, bernieg@ite.net McHenry County System of Care – Good example of effective outreach to Latino community leaders through the local Latino Coalition. Juan Escutia, CLC Coordinator, jescutia@mc708.org Rhode Island System of Care - Has developed a good relationship with a tribal community and tribal school and its principal who serves as a "cultural ambassador" with other tribes. Contact: Frank Pace, Clinical Director, Frank.Pace@dcyf.ri.gov	*Organizations/School Partnership* Osterling, J.P.; Garza, A. www.tapartnership.org/docs/Latino_parents_involvement_in_schools.pdf	community partner.
3. Youth, families and community-based organizations from the diverse populations guide the development of outreach and engagement activities.	Bridgeport PARK Project SOC- Has made tremendous strides with Latino community, specifically to families and caregivers. Families are represented within their staff; two major decision-making bodies have included Latino family members and youth. There is on-going communication with much dialogue with focus groups on Latino families. Their goal is to engage Latino families in the development and implementation of service delivery, family empowerment and leadership. Contacts: LaChelle Davis, CLC	*African American Outreach Resource Manual* http://www.nami.org/Template.cfm?Section=Outreach_Manuals&Template=/ContentManagement/ContentDisplay.cfm&ContentID=20986 *Working with Congregations to Reach African American Families with Mental Illness* http://www.nami.org/Template.cfm?Section=MIO&Template=/ContentManagement/ContentDisplay.cfm&ContentID=24395	Performance Indicator: Outreach and engagement is family driven, youth guided and community based as evidenced by their involvement in all levels of effort.

DOMAIN 4: Collaboration **FOCUS AREA 2:** Outreach and Engagement with Community Partners			
	Coordinator. Web site: http://www.theparkproject.org/	Models of Community Engagement from the Minnesota Department of Health (Examples) http://www.health.state.mn.us/communityeng/multicultural/index.html Mental Health Association in Hawaii (MHAH). Document describes recruitment and training of mental health consumers from diverse cultural backgrounds. (Example; Best Practices; Curriculum) http://www.ncstac.org/content/culturalcompetency/chapter4.pdf http://www.ncstac.org/content/culturalcompetency/chapter4app.pdf	
4. Sponsor and/or co-sponsor community and cultural events and celebrations.	The following are examples of agencies who co-sponsor community and cultural events and celebrations with their populations of focus: Center for Multicultural Human Services Web site: www.cmhs.org Native American Youth and Family Center Web site: www.nayapdx.org Native American Health Center Web site: www.nativehealth.org	Community Engagement: Multicultural Community Resources Minnesota Department of Health http://www.health.state.mn.us/communityeng/multicultural/index.html	Performance Indicator: a budget line item is created to sponsor and/or co-sponsor cultural events and celebrations.

DOMAIN 4: Collaboration **FOCUS AREA 2:** Outreach and Engagement with Community Partners			
5. Attend and participate in community forums such as town hall meetings, issue-oriented forums, and other venues to become acquainted with the community and their issues prior to, and after, introducing the system of care to the community.	Broward County One Community Partnership - Sheryl Schrepf, Project Director, Sheryl_Schrepf@doh.state.fl.us Web site: http://www.broward.org/onecommunity/welcome.htm Butte County CA System of Care - Contacts: Rosalind Hussong, Co- Project Director, rosalind.hussong@frth.org; Joyce Gonzales, TA Coordinator/CLC Coordinator, Joyce.Gonzales@frth.org		Performance Indicator: Staff at all levels, including management, are assigned to attend community forums at least once per quarter.
6. Relationship building is based on respect and reciprocity, which are the keys to successful outreach and engagement, such that all interactions are framed within the context of sharing resources, knowledge, experience and expertise.	Butte County SOC – CLC committee has been very purposeful and respectful. Every convening they are careful to have something to emphasis the cultural relevance to one community or another. They had a "smudging" ritual. Another time they presented a display of Hmong items and spoke of the history. They respect and honor the cultures of their collaborative partners. They openly talk about racism. They have ethnic and racial clinical treatment teams. Contacts: Joyce Gonzales, CLC Coordinator and Scott Palmer, Clinical Director.	Community engagement strategies: opportunities to participate Minnesota Department of Health http://www.health.state.mn.us/communityeng/needs/strategies.html *Cultural Strengths and Challenges in Implementing a System of Care Model in American Indian Communities* National Indian Child Welfare Association; Comprehensive Community Mental Health; Services for Children and Their Families Program http://cecp.air.org/promisingpractices/2000monographs/vol1.pdf	Performance Indicator: Performance appraisals will include at least one goal that is focused on the respectful development of mutually reciprocal relationships with members of the cultural community.
7. Multiple methods for engaging community partners will be chosen based on the cultural and linguistic norms and preferences of the communities served.		Encouraging Involvement in Community Work http://ctb.ku.edu/tools/en/chapter_1006.htm	Performance Indicator: Procedures for engaging community partners and stakeholders include at least two different methods, one of which is attempted face-to-face contact.
8. Engage with community cultural organizations such as the Hispanic/ African American Chambers of Commerce, the National Association for the Advancement of Colored People (NAACP), the League of United Latin American	NAACP Portland, ME Chapter Web site: www.naacpportland.org National Black Chamber of Commerce Web site: http://www.nationalbcc.org/	*How Cultural Heritage Organizations Serve Communities: Priorities, Strengths, and Challenges* http://www.urban.org/UploadedPDF/311376_cultural_heritage_orgs.pdf *Brown Fifty Years and Beyond: Promise*	Performance Indicator: Develop informal and formal relationships with cultural organizations through engagement and written memoranda of agreement describing the mutually beneficial aspects and terms of the relationships.

DOMAIN 4: Collaboration **FOCUS AREA 2:** Outreach and Engagement with Community Partners			
Citizens (LULAC), GI Forum, etc. to develop meaningful culturally rooted community connections.		*and Progress Advocacy Report* http://www.naacp.org/about/resources/publications/education_brown_advocacy_report.pdf *Partnerships Between Large and Small Cultural Organizations: A Strategy for Building Arts Participation* Ostrower,F. http://www.urban.org/UploadedPDF/311028_partnerships.pdf	
9. Use culturally and linguistically diverse media outlets such as community radio stations, public television and community television stations, linguistically diverse newspapers, etc. as part of the social marketing plan to outreach to diverse communities.		Social Marketing of Successful Components of the Initiative http://ctb.ku.edu/tools/en/chapter_1045.htm	Performance Indicator: Data related to the cultural population's use of multiple preferred media outlets is incorporated into the design of social marketing strategies.
10. Outreach, engagement and collaboration involve participation in already existing community, cultural and faith-based activities, celebrations and forums.	Some examples of appropriate community settings might include: • Community and recreation centers • Cultural arts programs in schools • After-school programs • Churches • Parks and other public outdoor spaces • Schools and daycares Center for Multicultural Human Services. Web site: www.cmhs.org Arkansas ACTION for Kids SOC– Effective outreach and collaboration with the African American faith-based community and Latino churches. Contacts: Pam Marshall and Walter Darnell. Web site: http://www.arsoc.org/	*Partnerships Between Large and Small Cultural Organizations: A Strategy for Building Arts Participation* Ostroyer, F. http://www.urban.org/UploadedPDF/311028_partnerships.pdf Community Engagement: Groups, Meetings, and Events: Planning, Organizing, and Conducting; Minnesota Department of Health http://www.health.state.mn.us/communityeng/groups/index.html	Performance Indicator: Develop memoranda of agreement or other formalized relationships with community groups to facilitate mutual sharing of resources. Performance Indicator: The system of care participates in preexisting civic, social and/or cultural community activities at least once quarterly.

DOMAIN 4: Collaboration **FOCUS AREA 2:** Outreach and Engagement with Community Partners			
11. Outreach and engage ethnic/racial fraternities/ sororities in community and public service work.		Alpha Kappa Alpha http://www.aka1908.com/ Alpha Phi Alpha http://www.alphaphialpha.net/ Delta Sigma Theta http://www.deltasigmatheta.org/ Kappa Alpha Psi http://www.kappaalphapsi1911.com// Omega Psi Phi http://www.omegapsiphifraternity.org/ Sigma Gamma Rho http://www.sgrho1922.org/ Alpha Rho Lambda http://www.alpharholambda.org/Alpha%20Rho%20Lambda/Home.html Sigma Lambda Beta http://www.sigmalambdabeta.com/ Hermandad De Sigma Iota Alpha http://www.hermandad-sia.org/ Kappa Phi Lambda http://www.kappaphilambda.org/	Performance Indicator: Engage in mutually benefiting activities with fraternities/sororities.

DOMAIN 4: Collaboration **FOCUS AREA 2:** Outreach and Engagement with Community Partners			
12. Outreach and engage faith-based communities that are frequently the hubs of the cultural community, including their social service arms that assist families with life essentials and social justice issues.	Arkansas Action for Kids — Use effective outreach and collaboration with the African-American and Latino faith-based community. Contacts: Pam Marshall and Walter Darnell. Web site: http://www.arsoc.org/	*Working with Congregations to Reach African American Families with Mental Illness*, Carrasco, M., NAMI, 2005 www.nami.org/Template.cfm?Section=MIO&Template=/ContentManagement/ContentDisplay.cfm&ContentID=24395 *African American Outreach Resource Manual*, Carrasco, M., NAMI http://www.nami.org/Template.cfm?Section=Outreach_Manuals&Template=/ContentManagement/ContentDisplay.cfm&ContentID=20986 *Why should African American Churches Care about Mental Illness?* Gibson, E.B. http://www.nami.org/Template.cfm?Section=Fact_Sheets1&Template=/ContentManagement/ContentDisplay.cfm&ContentID=40192	Performance Indicator: Both faith based leaders and their respective communities are formally engaged to partner on mutually benefiting activities.
13. Outreach with the business community including profession-based organizations such as the builders and realtors associations, police or fireman's unions, local behavioral health guilds and others to engage in civic activities so the system of care becomes part of the fabric of the community.		*Culture, Collaboration, and Capacity: A Call to a Healthier Community* Destino: The Hispanic Legacy Fund; Ventura County Community Foundation http://www.vccf.org/dldest/CCCFullReport0906.pdf	Performance Indicator: Establish relationships with the business community through ongoing documented efforts to make individual contacts with the local Chamber of Commerce or similar associations.
14. Offer space to community partners to meet, celebrate or worship.	Center for Multicultural Human Services Web site: www.cmhs.org		Performance Indicator: A sign-up schedule and contract for using space is developed and made known to community partners for their use

DOMAIN 4: Collaboration **FOCUS AREA 2:** Outreach and Engagement with Community Partners			
15. Offer to co-locate services, workers or resources in systems of care office space or in community partners' space.	Cuyahoga Tapestry System of Care – Have a dedicated CLC budget that follows the lead of the CLC Committee. Contact: Beth Dague, Project Director, bdague@cuyahogacounty.us. Web site: http://www.cuyahogatapestry.org/about.htm The Dawn Project, Indianapolis, IN. Contact: Dan Embree, dembree@choicesteam.org.		Performance Indicator: Terms to share resources, including facilitities and human resources, are spelled out in memoranda of agreements
16. Provide learning opportunities for community members that might include personal skill-building or community development so that the space, expertise and resources of the system of care are viewed and used as part of the joint community's resources.	Native American Youth and Family Center. Web site: www.nayapdx.org IMPACT System of Care, Ingham County, MI. Contact: Matt Wojak, Project Director. Web site: http://www.impactsystemofcare.org/ Center for Multicultural Human Services Web site: www.cmhs.org		Performance Indicator: Offer space and instructors for classes that the cultural community needs.
17. Provide space and resources for cultural learning opportunities such as traditional dance and song teaching, regalia making, cultural history classes, etc.	Native American Youth and Family Center Web site: www.nayapdx.org		Performance Indicator: Offer space and instructors to implement cultural learning opportunities.

DOMAIN 5: COMMUNICATION

This domain addresses efforts to promote the exchange of information and collaborative relationships among the system of care, providers, consumers, the community at large and internally among staff, in ways that promote cultural competence.

DOMAIN 5: Communication
FOCUS AREA 1: Language and Communication Styles

STANDARD 1: Systems of care assure access, availability and quality of services/supports in the language and communication styles of the population of focus.
STANDARD 2: Systems of care develop and implement processes that promote cultural competence in communications among staff and among agencies.

Implementation Strategies	Community Examples/ Best Practices	Resources/ Tools	Performance Indicators/ Performance Measures
1. Offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation (CLAS).	*Minnesota Department of Human Services LEP Plan* http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4210-ENG More than Words: Language Barriers in Medicine – helping to forge connections between health care providers and the Latino community. RWJF Grantee Profile http://www.rwjf.org/portfolios/interestarea.jsp?iaid=133 The Children's Partnership (graduated SOC community) – Provide language access services to the deaf community, and have Spanish-speaking care coordinators. http://www.childrenspartnership.com/ Trained Interpreters: Programs and Tools http://www.health.state.mn.us/divs/idepc/refugee/immigrant/intermodels.html	Information and resources for working with persons with Limited English Proficiency (LEP); Minnesota Department of Health http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_000073 National Standards on Culturally and Linguistically Appropriate Services (CLAS) http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=15 *CLAS A-Z: A Practical Guide for Implementing the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care* http://www.omhrc.gov/assets/pdf/checked/CLAS_a2z.pdf Hablamos Juntos: Language Policy and Practice in Health Care http://www.hablamosjuntos.org/ Let everyone participate: meaningful access for people who are Limited English Proficient (LEP)	Performance Indicator: Time between point of first contact and securing access to language/ communication support services, across all levels of care, and to all children, youth and their families (CMHS). Performance Measure: 100% of all consumers who require language/ communication support receive it within one day. Performance Indicator: System is in place for informing children, youth and families served of right to free interpretation/ translation services (Lewin). Performance Indicator: System is in place for identifying and recording language preferences, level of proficiency, and literacy of children, youth and families served at intake (Lewin). Performance Indicator: System is in place for accessing qualified interpreters trained in behavioral health (Lewin). Performance Measure: 100% of limited

DOMAIN 5: Communication **FOCUS AREA 1:** Language and Communication Styles			
		http://www.lep.gov/ *Teaching cultural competence in health care: A review of current concepts, policies and practices*. Report prepared for the Office of Minority Health. Washington, DC: Author. http://www.omhrc.gov/assets/pdf/checked/em01garcia1.pdf *Crossing The Language Chasm: An in-depth analysis of what language-assistance programs look like in practice* Brach, C.; Fraser, I.; Paez, K. http://content.healthaffairs.org/cgi/reprint/24/2/424.pdf *Paying for Language Services in Medicare: Preliminary Options and Recommendations* http://www.hablamosjuntos.org/newsletters/2006/October/pdf/PayingForLanguageServicesMedicine_2006_Lu.pdf	English-proficient individuals served will be provided with qualified interpreter services (CMHS). Performance Measure: 100% of children, youth and families will be served in their preferred language (CMHS).
2. Ensure that the mental health organization maintains an annual updated directory of paid trained interpreters who are available within 24 hours for routine situations and within one hour for urgent situations (CMHS).	*Directory of Interpreter & Translation Services*, Georgia DHR Office of Communications http://www.cobbk12.org/departments/ss/sssocialwork/listingofinterpretors.pdf	California's Medical Leadership Council on Cultural Proficiency Language Access Resources Database http://www.medicalleadership.org/resource_interpreter.shtml	Performance indicator: Yearly updated directory of trained interpreters is available within 24 hours for routine situations and within one hour or less for urgent situations (CMHS).
3. Systems of care provide consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services (CLAS).	Cuyahoga County Tapestry System of Care, OH - Has translated their Web site into Spanish and will soon it translate it into Russian. Contact and Co-Chair of the CLC committee; Valeria Harper, Co-chair of the CLC committee. Web site: http://www.cuyahogatapestry.org/about.htm	*Overcoming Language Barriers to Public* *Mental Health Services in California* http://www.ucop.edu/cpac/documents/cpacfindings4.pdf	Performance Indicator: At intake, consumers are given oral and written notice of their rights to receive language assistance services. Performance Measure: 100% of all consumers are given oral and written notice of their rights to receive language assistance services.

DOMAIN 5: Communication **FOCUS AREA 1:** Language and Communication Styles			
4. Family and/or friends are not used to provide interpretation services (except on request by the consumer) (CMHS/CLAS).		*National Standards for Culturally and Linguistically Appropriate Services in Health Care: Final Report (CLAS)* U.S. Department of Health and Human Services Office of Minority Health http://www.nhmamd.org/pdf/CLASfinalreport.pdf	Performance Indicator: Only upon request by the consumer will family and/or friend be used to provide translation. Performance Measure: 100% of the time, qualified interpreters will be used unless the consumer requests family and/or friend to be used.
5. Ensure that all pertinent written, oral and symbolic consumer and family materials (including consent forms, statement of rights forms, posters, signs, and audio tape recordings) are interpreted from the appropriate cultural perspective (CMHS).	San Francisco Children's System of Care Therapist Selection Forms for Youth http://sfcsoc.org/db3/00209/sfcsoc.org/_download/YTF_Therapist_Forms_v2.pdf	*National Standards for Culturally and Linguistically Appropriate Services in Health Care: Final Report (CLAS)* U.S. Department of Health and Human Services Office of Minority Health http://www.nhmamd.org/pdf/CLASfinalreport.pdf	Performance Indicator: Ethnic/racial/ cultural consumer satisfaction surveys and other methods of assessing satisfaction related to oral, written and symbolic consumer and family materials will be conducted. Performance Measure: 90% satisfaction will be achieved in methods mentioned above (CMHS)..

DOMAIN 5: Communication **FOCUS AREA 1:** Language and Communication Styles			
6. Ensure that all staff providing services and supports have the capacity to communicate effectively with monolingual, non-English speakers and individuals with culturally different or unique communication styles (CMHS).	Erie County SOC-provides Spanish language classes to its care coordinators. Contact: Doris Carbonell-Medina, CLC Coordinator. http://www.familyvoicesnetwork.org/en/cultural_competency_overview.php Martti (My Accessible Real-Time Trusted Interpreter) http://www.languageaccessnetwork.com Community Partnership for Southern Arizona (CPSA) – Increasing access to telemedicine in remote tribal locations, and promoting the Promotoras de Salud public health model to effectively reach rural Latino communities. Contacts: Melina Perez-McKenna, CPSA Cultural Diversity Specialist, Melina.perez-mckenna@cpsa-rbha.org ; Vanessa Seaney, vanessa.seaney@cpsa-rbha.org , Cyndi Deines, Cyndi.deines@cpsa-rbha.org ; and Cindy Greer, Clinical Director for CPSA, cindy.greer@cpsa-rbha.org .	*National Standards for Culturally and Linguistically Appropriate Services in Health Care: Final Report (CLAS)* U.S. Department of Health and Human Services Office of Minority Health http://www.nhmamd.org/pdf/CLASfinalreport.pdf	Performance Indicator: Mono-lingual, non-English speakers or those with limited English proficiency are surveyed to determine level of satisfaction with the communication and communication styles used by all staff providing services and supports. Performance Measure: 90% of those surveyed are satisfied (CMHS).
7. Designate a single fixed point of administrative responsibility for cross-cultural communication support services (CMHS).	Cuyahoga County, OH – The SOC is based out of century old Settlement Houses that are in the heart of the community and from which many services and supports are delivered in environments that are trusted by the community.	*Caring Across Cultures: The Provider's Guide to Cross-Cultural Health Care Center for Cross-Cultural Health* http://www.crosshealth.com/provider.htm	Performance Indicator: The system of care has a fixed point of administrative responsibility in place for cross-cultural communication and support services (Lewin) Performance Indicator: The system of care has a documented procedure for monitoring and evaluating cultural and linguistic competence in organizational and provider communications

DOMAIN 5: Communication **FOCUS AREA 1:** Language and Communication Styles			
8. The system of care provides for communication styles congruent with the consumers' styles and values (CMHS).	Los Angeles SOC– The evaluation team field tests social marketing products and acquires information from the community to inform their design. They obtained family feedback on the SOC logo, which is the process they use for any of their products. Contact: Tara Rose, trose@usc.edu Butte County SOC – CLC committee has been very purposeful and respectful in their communication with the cultural populations served, including: emphasizing the cultural relevance of topics to one community or another at meetings; engaging in traditions and rituals of the populations served on a regular basis (i.e. "smudging" ritual); respecting and honoring the cultures of their collaborative partners; openly talking about racism; operating ethnic and racial clinical treatment teams. Contact: Scott Palmer, Clinical Director, Joyce Gonzales, TA Coordinator/CLC Coordinator, Joyce.Gonzales@frth.org	Telling the Stories: Native American Language and Cultural Resources in New Mexico's Libraries, Museums, and Monuments http://www.tellingthestories.org/ *Cultural Competency and Quality of Care: Obtaining the Patient's Perspective* Ngo-Metzger, Q.; Telfair, J.; Sorkin, D.H.; Weidmer, B.; Weech-Maldonado, R.; Hurtado, M.; Hays, R.D. http://www.cmwf.org/usr_doc/Ngo-Metzger_cultcompqualitycareobtainpatientperspect_963.pdf	Performance Indicator: Misdiagnosis and inadequate treatment plans resulting from failure to communicate effectively with children, youth and families served are reduced (CMHS)

DOMAIN 5: Communication **FOCUS AREA 1:** Language and Communication Styles			
9. Cross-cultural communication support is provided to participate in all services and supports from the first point of entry and throughout the course of services for children, youth and families at no additional cost to them (CMHS).	Community Partnership for Southern Arizona (CPSA) – Increasing access to telemedicine in remote tribal locations, and promoting the Promotoras de Salud public health model to effectively reach rural Latino communities. Contacts: Melina Perez-McKenna, CPSA Cultural Diversity Specialist, Melina.perez-mckenna@cpsa-rbha.org ; Vanessa Seaney, vanessa.seaney@cpsa-rbha.org , Cyndi Deines, Cyndi.deines@cpsa-rbha.org ; and Cindy Greer, Clinical Director for CPSA, cindy.greer@cpsa-rbha.org . Cape Atlantic Care Management, NJ – Use community resource development specialists to identify community resources, to grow and generate new ones, grassroots efforts, find and maintain a listing of providers and help them to meet the cultural needs of youth and families. Contact: Andrea Fogg, Cape Atlantic Care Management Organization. http://www.capeatlanticink.org	*Indicators of Cultural Competence in Health Care Delivery Organizations: An Organizational Cultural Competence Assessment Profile* Linkins, K.; McIntosh, S; Bell, J; Chong, U. http://www.hcbs.org/moreInfo.php/topic/222/ofs/20/doc/306/Indicators_of_Cultural_Competence_in_Health_Care_D *Promising Practices for Patient-Centered Communication with Vulnerable Populations: Examples from Eight Hospitals*; Wynia, M.; Matiasek, J.; Institute for Ethics, American Medical Association. http://www.hablamosjuntos.org/newsletters/2006/October/pdf/PromisingPracticesPatientCenteredCommunication_2006_Wynia.pdf	Performance Indicator: Time between point of first contact and communication support services is appropriate to the need, across all services and supports, and to all children, youth and their families (CMHS). Performance Measure: 100% of all consumers who require cross cultural communication support receive it within one day.
10. Systems of care make available easily understood child, youth and family-related materials and post signage in the languages of the population(s) of focus (CLAS).		*Minnesota Department of Human Services LEP Plan* (Example) http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4210-ENG *National Standards for Culturally and Linguistically Appropriate Services in Health Care: Final Report (CLAS)* U.S. Department of Health and Human Services Office of Minority Health http://www.nhmamd.org/pdf/CLASfinalreport.pdf	Performance Indicator: Policy and procedures exist that require all materials and signage to use languages spoken by the population(s) of focus.

DOMAIN 5: Communication **FOCUS AREA 1:** Language and Communication Styles			
11. Systems of care regularly make available to the public, information about their progress and successful innovations in implementing cultural and linguistic competence standards, and provide public notice in their communities about the availability of this information (CLAS).		*Promising Practices for Patient-Centered Communication with Vulnerable Populations: Examples from Eight Hospitals* Wynia, M.; Matiasek, J.; Institute for Ethics, American Medical Association http://www.hablamosjuntos.org/newsletters/2006/October/pdf/PromisingPracticesPatientCenteredCommunication_2006_Wynia.pdf	Performance Indicator: Systems of care disseminate information to the public about the progress made in implementing cultural and linguistic competence standards on an annual basis.
12. Telephonic communication, including voice mail, is provided in the languages and at a literacy level appropriate for the populations of focus.	Community Partnership for Southern Arizona (CPSA) – Increasing access to telemedicine in remote tribal locations. Contacts: Melina Perez-McKenna, CPSA Cultural Diversity Specialist, Melina.perez-mckenna@cpsa-rbha.org ; Vanessa Seaney, vanessa.seaney@cpsa-rbha.org , Cyndi Deines, Cyndi.deines@cpsa-rbha.org ; and Cindy Greer, Clinical Director for CPSA, cindy.greer@cpsa-rbha.org .	*Telemedicine and telecare: what can it offer mental health services?* Paul McLaren *Advances in Psychiatric Treatment (2003), vol. 9, 54–61* http://apt.rcpsych.org/cgi/reprint/9/1/54.pdf *Telemental Health: Delivering Mental Health Care at a Distance: A Summary Report.* Henry A. Smith, Ronald A. Allison ftp://ftp.hrsa.gov/telehealth/mental.pdf *Telemedicine Technical Assistance Documents: A Guide to Getting Started in Telemedicine* (Chapter 9: Mental Health) Thelma McClosky Armstrong, Rob Sprang http://telehealth.muhealth.org/general%20information/getting.started.telemedicine.pdf	Performance Indicator: Satisfaction survey determines consumers' satisfaction with telephonic communication. Performance Measure: 90% of consumers surveyed are satisfied with telephonic communications.

DOMAIN 5: Communication
FOCUS AREA 2: Social Marketing

STANDARD 1: Systems of care develop and implement a social marketing plan focused on diverse communities and their input informs the (1) development of the plan, (2) the development of the messages and (3) the vehicles for conveying the messages.

Implementation Strategies	Community Examples/ Best Practices	Resources/ Tools	Performance Indicators/ Performance Measures
1. Systems of care implement social marketing strategies and interventions based upon cultural, familial and community relevance and community-designed and informed research on the characteristics, values, behaviors, norms, attitudes, benefits and conditions/barriers to behavior change within the populations served	Los Angeles SOC – The evaluation team field tests social marketing products and acquires information from the community to inform their design. They obtained family feedback on the SOC logo, which is the process they use for any of their products. Contact: Tara Rose, trose@usc.edu *Promising Practices for Patient-Centered Communication with Vulnerable Populations: Examples from Eight Hospitals* http://www.hablamosjuntos.org/newsletters/2006/October/pdf/PromisingPracticesPatientCenteredCommunication_2006_Wynia.pdf	Social Marketing Plan Template http://www.tapartnership.org/docs/social_marketing_plan_template.doc Social Marketing Plan Instructions and Template http://www.tapartnership.org/docs/SOC_social_marketing_plan_instructions-template.doc	Performance Indicator: The social marketing campaign includes youth and family members and others in the cultural community who contribute to writing the plan, developing the messages and deciding the distribution/dissemination media.
2. Social marketing messages and communications channels are selected to disseminate/distribute the messages that are tailored to meet the linguistic and cultural needs of individual communities, populations of focus and cultural groups.	Cuyahoga County SOC – Includes culturally competent social marketing strategies that are reflective of the cultures, families and youth of the community. Contact: Valeria Harper, Co-chair of the CLC committee. http://www.cuyahogatapestry.org/about.htm Los Angeles SOC– The evaluation team field tests social marketing products and acquires information from the community to inform their design. They obtained family feedback on the SOC logo, which is the process they use for any of their products. Contact: Tara Rose, trose@usc.edu	*Reaching Out to High School Youth: The Effectiveness of a Video-Based Anti-stigma Program* http://ww1.cpa-apc.org:8080/Publications/Archives/CJP/2006/september/cjp-sept-06-stuart-OR.pdf	Performance Indicator: Each cultural/ ethnic/racial group in the population(s) of focus has messages and dissemination/distribution plans that are individualized to fit their linguistic and cultural needs. Performance Indicator: Concepts and messages are tested with the target audiences to ensure their efficacy, such as through informal discussion groups or as part of the responsibility of the social marketing advisory group of each community.

DOMAIN 5: Communication **FOCUS AREA 2:** Social Marketing			
3. Systems of care have overlapping membership, goals and responsibilities between their CLC and Social Marketing Committees.	Monroe County, NY – The SOC CLC Committee is the same one that functions for the County to reduce duplication and increase efficiency. http://www.monroecounty.gov/mh-index.php		Performance Indicator: The charters for each committee require joint membership.
4. The Social Marketing and CLC Plans are developed in conjunction with one another.			Performance Indicator: The Social Marketing and CLC plans contain shared actionable and observable goals.
5. The SOC designs and distributes materials to communities to educate and promote children's mental health and systems of care.		Choosing and Adapting Culturally and Linguistically Competent Health Promotion Materials Georgetown University Child Development Center http://gucchd.georgetown.edu/object_view.html?objectID=3604	Performance Indicator: Documentation exists that activities and material are regularly disseminated in the primary language(s) and reading levels of the populations being served.
6. Create a Social Marketing Plan that is developed by a team comprised of a communications coordinator, project director, key family contact, cultural and linguistic competence coordinator, youth coordinator and other key staff	Communications Academy, Caring For Every Child's Mental Health Campaign http://systemsofcare.samhsa.gov/TechnicalAssistance/smc.aspx	*A Social Marketing Approach to Challenging Stigma* Kirkwood, A.D.; Stamm, B.H. http://www.hcbs.org/moreInfo.php/doc/1800	Performance Indicator: A Social Marketing Plan is developed and completed by key stakeholders.
7. Use culturally and linguistically diverse media outlets such as community radio stations, public television and community television stations, linguistically diverse newspapers, etc. as part of the social marketing plan to outreach to diverse communities.		Social Marketing of Successful Components of the Initiative http://ctb.ku.edu/tools/en/chapter_1045.htm	Performance Indicator: Data related to the cultural population's use of multiple preferred media outlets is incorporated into the design of social marketing strategies.

DOMAIN 6: WORKFORCE

An organization's efforts to (a) recruit and retain a culturally and linguistically representative staff; and (b) ensure that staff and other service providers have the requisite attitudes, knowledge, and skills for delivering culturally competent services.

DOMAIN 6: Workforce
FOCUS AREA 1: Recruitment and Retention of Diverse Staff

STANDARD 1: Systems of care recruit, retain, and promote a diverse staff at all levels, including leadership positions, that are reflective of the community served (CLAS).

Financing and Budget Issues

Implementations Strategies	Community Examples/ Best Practices	Resources/ Tools	Performance Indicators/ Performance Measures
1. Designate dedicated line-item budget for diverse workforce development activities including, but not limited to, the following: • Identification and implementation of CLC training curricula for supervisors, managers, program developers, and other staff at orientation, training, and continuing education in CLC • Community outreach and engagement activities • Performance evaluation activities and procedures associated with CLC • Staff incentives for engagement in activities and practices associated with CLC • Development of guidelines for certification program and licensure of diverse staff • Development of programmatic resources for externship, internship, and/or practicum experiences for students from Tribal Colleges, Historically Black Colleges and Universities (HBCUs), and Latino serving institutions (CAFB; CMHS).			Performance Indicator: A dedicated line item in the budget is invested in adequate CLC activities within the organization. Performance Measure: At least 5–10% of the annual budget is dedicated to cultural competence expenditures. Note: The 5–10% allocated for CLC activities does not include the salary of the CLC coordinator. That salary is in addition to the dedicated 5–10% budget allocation.

DOMAIN 6: Workforce
FOCUS AREA 1: Recruitment and Retention of Diverse Staff

Recruitment Outreach and Networking

2. Employ a workforce that includes and implements specific policies and procedures to recruit and retain at least a proportional representative percentage of staff from the racial, ethnic, and/or cultural populations of focus (CMHS).	The Center for Multicultural Human Services, Falls Church, VA (Example) Contact: Dennis Hunt, Ph.D., Executive Director, dhunt@cmhs.org http://www.cmhs.org Mental Health Association in Hawaii (MHAH). Document describes recruitment and training of mental health consumers from diverse cultural backgrounds (Best Practice; Manual/Curriculum; Example) http://www.ncstac.org/content/culturalcompetency/chapter4.pdf http://www.ncstac.org/content/culturalcompetency/chapter4app.pdf *Creating the Multicultural Organization: A Strategy for Capturing the Power of Diversity* (Resource) http://www.josseybass.com/WileyCDA/WileyTitle/productCd-0787955841.html ISBN: 0-7879-5584-1	Diverse workforce: Programs, tools, and examples from the Minnesota Department of Health (Example; Resource) http://www.health.state.mn.us/divs/idepc/refugee/immigrant/divmodels.html *Promoting Cultural Competence in Children's Mental Health Services* (Resource) http://www.brookespublishing.com/store/books/hernandez-2878/index.htm ISBN 1-55766-287-8 *Staff Recruitment, Retention, & Training Strategies for Community Human Services Organizations*. Focuses on critical workforce issues, including fostering diversity and cultural competence (Resource) http://rtc.umn.edu/docs/brooksflier.pdf ISBN 1-55766-708-X *Getting Ready for Quality: The Critical Importance of Developing and Supporting a Skilled, Ethnically and Linguistically Diverse Early Childhood Workforce* (Resource) http://www.californiatomorrow.org/files/pdfs/gettingready.pdf	Performance Indicator: A recruitment, retention, and career development plan exists for racial/ethnic/culturally and linguistically competent staff (CMHS). Performance Indicator: Employ a diverse staff at all levels, including in administrative and management positions (Lewin). Performance Measure: Racial/ethnic staffing is proportional to the populations of focus (CMHS). Performance Measure: A "critical mass" exists of at least three professionals from the ethnic and cultural groups of the populations served (Torralba-Romero, 1998).
3. Adopt a "grow your own" strategy to identify potential staff, cultivate their skills and experiences, and subsidize their higher education (Torralba-Romero, 1998).		Torralba-Romero (1998) identified the following community sources as ideal candidates for employment as aides at mental health agencies: • "Social services staff doing eligibility-related work • Local community mental health agency staff (e.g., health aides,	Performance Indicator: A process to promote the success of staff by cultivating their skills and creating incentive through financial assistance for higher education. Performance Indicator: Liaisons and/or contacts are established within local community-based agencies to assist in

DOMAIN 6: Workforce
FOCUS AREA 1: Recruitment and Retention of Diverse Staff

		outreach workers, school liaisons, teacher's aides) • Local residential care facility staff • Aides working in nursing homes • Church group leaders • Hospital language interpreters • Courthouse language interpreters • Local elementary, junior high school, and high school outreach staff • University/college-based workplace reentry programs designed for women as well as continuing education programs • The local state employment office…for profiles of qualified unemployed people in the area"	identifying and recruiting potential aide staff. Performance Indicator: Job descriptions, employment contracts, and/or benefits packages for staff that include professional development to cultivate their skills and financial subsidization of higher education.
4. Provide staffing, through direct employment or subcontracts, to facilitate community outreach and communication to the population of focus (Lewin).	Diversity Partners Action Team, Minnesota Department of Health (Example) http://www.health.state.mn.us/communityeng/multicultural/divpartactionteam.doc MHAH—describes recruitment and training of mental health consumers from diverse cultural backgrounds (Best Practice; Manual/Curriculum; Example) http://www.ncstac.org/content/culturalcompetency/chapter4.pdf http://www.ncstac.org/content/culturalcompetency/chapter4app.pdf	The Power of Diversity: Supporting the Immigrant Workforce (2001). This curriculum helps administration and other agency staff members find, support, and retain immigrant workers. Includes a facilitator guide and a learner guide (Manual/Curriculum). http://rtc.umn.edu/docs/iw_facguide.pdf http://rtc.umn.edu/docs/iw_lrnguide.pdf	Performance Indicator: The staffing structure includes position(s) that engage in outreach to the population of focus and the racial/ethnic/cultural community.
5. Assign specific staff the task of offsite recruitment and outreach of potential multicultural and multilingual staff (Torralba-Romero, 1998).			Performance Indicator: Identify specific staff to actively recruit multicultural and multilingual staff.

DOMAIN 6: Workforce **FOCUS AREA 1**: Recruitment and Retention of Diverse Staff			
6. Establish and maintain positive working relationships with undergraduate and graduate schools of social work, psychology, marriage and family therapy, and so on to develop a range of experiences for bilingual/bicultural students which includes field placements, rotations, and paid internships (Cross et al., 1989; Torralba-Romero, 1998).	The Center for Multicultural Human Services, Falls Church, VA, provides placements, rotations, and internships for bilingual/multilingual human services students (Example). Contact: Dennis Hunt, Ph.D., Executive Director, dhunt@cmhs.org http://www.cmhs.org Multicultural Clinical Psychology Predoctoral Internship Program, University of New Mexico, Department of Psychiatry, Division of Child and Adolescent Psychiatry http://hsc.unm.edu/som/psychiatry/training/psychintern.shtml		Performance Indicator: A partnership mechanism is formed with local colleges/universities to recruit a culturally and linguistically competent workforce. Performance Measure: A field placement (i.e., externship, internship, practicum) is actively implemented for bilingual/bicultural students from local colleges and universities.
7. Network with cultural/civic/business/fraternal organizations who are knowledgeable about existing workforce as an avenue of recruitment, including religious organizations, military bases, international student offices at universities, and local returned Peace Corps volunteer groups.	The Center for Multicultural Human Services, Falls Church, VA (Example) Contact: Dennis Hunt, Ph.D., Executive Director, dhunt@cmhs.org http://www.cmhs.org		Performance Indicator**:** A recruiting plan exists for recruitment of culturally and linguistically competent staff through community networking and support.
8. Modify staffing patterns by adding a combination of professional and aide staff. For aide-level positions, publicize potential opportunities for advancement within the agency as educational credentials increase (Torralba-Romero, 1998).			Performance Indicator: Ensure a combination of educationally credentialed and noneducationally credentialed but experienced professionals, including family members and youth, is hired in the system of care and offer career advancement opportunities for all staff.
9. Identify and contact different ethnic organizations. Mail specific job postings and follow up with a telephone call (Cross et al., 1989).		National Association of Multiethnic Behavioral Health Associations http://www.nambha.org Latino Social Workers Organization http://www.lswo.org	Performance Indicator: A cultural organization contact and dissemination mechanism is developed to advertise job listings.

DOMAIN 6: Workforce
FOCUS AREA 1: Recruitment and Retention of Diverse Staff

		National Latino Behavioral Health Association http://nlbha.org Association of American Indian Physicians http://www.aaip.com Minorities in Medicine http://www.aamc.org/students/minorities/start.htm The Association of Black Psychologists http://www.abpsi.org Asian Community Mental Health Services http://www.acmhs.org National Asian-American Pacific Islander Mental Health Association http://www.naapimha.org National Association of Black Social Workers http://www.nabsw.org/mserver/Default.aspx Native American Center of Excellence http://faculty.washington.edu/dacosta/nacoe/nacoehome.html National Indian Child Welfare Association http://www.nicwa.org/ First Nations Behavioral Health Association http://www.fnbha.org	

DOMAIN 6: Workforce
FOCUS AREA 1: Recruitment and Retention of Diverse Staff

		The National Leadership Consortium of African American Behavioral Health http://www.nlcouncil.org Lesbian and Gay Child and Adolescent Psychiatric Association http://www.lagcapa.org Association of Gay & Lesbian Psychiatrists http://www.aglp.org/ Association for Gay, Lesbian & Bisexual Issues in Counseling http://www.aglbic.org	
10. Utilize current staff to assist in recruitment activities (Cross et al., 1989).			Performance Indicator: Develop an internal mechanism to solicit staff input and involvement in recruitment activities.
11. Participate in career day and job fair programs (Cross et al., 1989).			Performance Indicator: Develop mechanisms to foster career growth.
12. Organize and host receptions for professionals of color to familiarize potential candidates with the system of care (Cross et al., 1989).			Performance Indicator: Organize forums with professionals of color to educate them on systems of care and foster collaboration.
13. Sponsor, support, and host cultural events and celebrations to acknowledge cultural diversity and collaboration among partners (NICWA, 1990).			Performance Indicator: The system of care sponsors, supports, and hosts cultural events and celebrations.
Employment Criteria, Standards, and Job Descriptions			
14. Review and evaluate current job descriptions of the organization to determine whether they represent the abilities and attributes of staff who can effectively serve the demographics of the community		Family CARE job description: Cultural Competency & Linguistic Coordinator of the Family CARE Project of McHenry County http://www.tapartnership.org/docs/FamilyCARECLCJobDescription.pdf	Performance Indicator: Develop a procedure to review and evaluate current job descriptions to determine whether they represent the abilities and attributes of staff to serve the populations of focus.

(Torralba-Romero, 1998).		San Bernardino job announcement for Cultural Competency Officer http://www.tapartnership.org/docs/SanBernardinoJobDescription.pdf	
15. Create job descriptions that are inviting and emphasize the values of the organization.		Family CARE job description: Cultural Competency & Linguistic Coordinator of the Family CARE Project of McHenry County http://www.tapartnership.org/docs/FamilyCARECLCJobDescription.pdf	Performance Indicator: Job descriptions are written to reflect the values of the system of care.
16. Have a written policy that lists employment criteria that will be used to recruit and retain staff members with a knowledge base and experience to effectively provide services to racial/ethnic, culturally, and linguistically diverse populations of focus.	The Center for Multicultural Human Services, Falls Church, VA (Example) Contact: Dennis Hunt, Ph.D., Executive Director, dhunt@cmhs.org http://www.cmhs.org		Performance Indicator: Develop and implement a policy that requires employment criteria to contain the requisite knowledge and experience from employees to provide services to racial/ethnic, culturally, and linguistically diverse populations of focus.
17. There are a core set of qualifications and competencies required for the CLC coordinator position. These are reflected in a written job description.		Department of Residential Life/University Housing Multicultural Advocate Job Description 2006–2007 (Example) http://www.housing.uiuc.edu/employment/reslife/Parapro_Selection/MA_Job_Description_2006_2007.doc Family CARE job description: Cultural Competency & Linguistic Coordinator of the Family CARE Project of McHenry County (Example) http://www.tapartnership.org/docs/FamilyCARECLCJobDescription.pdf	Performance Indicator: A job description for the CLC coordinator contains all the requisite qualifications for hiring the most qualified individual.
18. Ensure that managing an ethnically and culturally diverse team is a skill requirement for all managers (Torralba-Romero, 1998).			Performance Indicator: Write manager/supervisor job descriptions that require knowledge, skills, abilities, or experience in managing ethnically and culturally diverse staff.

DOMAIN 6: Workforce **FOCUS AREA 1**: Recruitment and Retention of Diverse Staff			
			Performance Indicator: Ensure that the performance appraisal system for managers/supervisors includes appraisal of their ability to manage an ethnically and culturally diverse staff.
19. Ensure that standards exist for job functions such as cultural and linguistic coordinator and diversity officer. Standards should be developed locally and based on performance-based qualifications as determined by the local governance structure consistent with state, local, and tribal laws (CMHS).			Performance Indicator: Establish and evaluate a process for the development and implementation of cultural and linguistic competency standards (CMHS).
Application and Hiring Process			
20. Develop and implement hiring incentives for individuals with specialized skills in CLC.		Examples of positions that might be targeted for hiring incentives include the following: • CLC coordinator • Diversity officer • Any individual with a portion of his/her job devoted to CLC	Performance Indicator: Incentives are developed and used for those who possess and use specialized skills in CLC in the performance of their job duties. Performance Indicator: A policy for providing hiring incentives is promulgated and implemented. Performance Measure: There is an increase in the number of multilingual/multicultural staff proportional to the demographics of the populations served.
21. Involve key community stakeholders in the staff hiring process to provide a community perspective (Lewin).			Performance Indicator: Key community stakeholders are included in the staff hiring process (Lewin).

DOMAIN 6: Workforce **FOCUS AREA 1**: Recruitment and Retention of Diverse Staff			
22. A CLC coordinator is hired at 50% time at least, and full time is preferable.			Performance Indicator: The CLC coordinator position is funded at least at 50% time. Performance Indicator: The CLC coordinator is dedicated to the promotion and implementation of CLC in the system of care (not to translation or interpreter duties, and/or other duties that otherwise would be contracted).
23. The CLC coordinator should be hired at a high enough level within the system of care to have input and decision-making authority to be able to influence/infuse the system of care with CLC at all levels.		San Bernardino Job Announcement for Cultural Competency Officer http://www.tapartnership.org/docs/SanBernardinoJobDescription.pdf Massachusetts Department of Mental Health; Scope of Work Description for the Office of Multicultural Affairs http://www.tapartnership.org/docs/MADHCLCJobDescription.pdf	Performance Indicator: The CLC coordinator job description describes the position with the responsibility and authority to have input and decision-making authority.
24. Improve the convenience of the application process, such as offering options to fax or mail applications, and decreasing the wait time between submitting an application and receiving an interview (Torralba-Romero, 1998).			Performance Indicator: Alternative methods of submitting applications will be instituted to reduce burden on applicants.
25. Ensure that personnel in charge of hiring are knowledgeable of the agency's mission and values, know what the agency needs and wants, and can effectively identify new staff with comparable qualifications and backgrounds (Torralba-Romero, 1998).			Performance Indicator: Ensure that the human resources staff members use the systems of care mission and values in the process of identifying new staff.
Staff Development and Supports			
26. Establish a zero-tolerance policy against overt and covert forms of			Performance Indicator: Develop, implement, and enforce a zero-

racism in the workplace that is actively enforced (Torralba-Romero, 1998).			tolerance policy against racism in the workplace.
27. Provide mentoring and individual supports to aid in the professional advancement of new staff and those who are engaged in CLC work (Cross, NICWA, 1990).			Performance Indicator: A mentoring program is developed for new staff and those who are engaged in CLC work.
28. Develop an incentive system (individual and team) to promote cultural competence behaviors/activities throughout the system of care (Lewin).			Performance Indicator: An incentive system exists to promote cultural competence behaviors and activities among staff.
29. Develop clearly written, consistently implemented, and effective policies and procedures to incorporate CLC into human resources and staff development at all levels (NCCC; Cross et al., 1989; CLAS).	Diversity Partners Action Team, Minnesota Department of Health (Example) http://www.health.state.mn.us/communityeng/multicultural/divpartactionteam.doc		Performance Indicator: Policies and procedures exist to incorporate CLC into human resources and staff development at all levels.
30. Advocate for flexibility in the admissions criteria used by graduate programs and for additional supports for students without traditional academic credentials who possess strong CLC skills in the populations served.	The Center for Multicultural Human Services, Falls Church, VA, provides placements, rotations, and internships for bilingual/multilingual human services students (Example). Contact: Dennis Hunt, Ph.D., Executive Director, dhunt@cmhs.org http://www.cmhs.org Multicultural Clinical Psychology Predoctoral Internship Program, University of New Mexico, Department of Psychiatry, Division of Child and Adolescent Psychiatry http://hsc.unm.edu/som/psychiatry/training/psychintern.shtml		Performance Indicator: Work with colleges and universities to provide for flexible admissions criteria to graduate programs by including nontraditional criteria such as CLC skills.
31. Provide a program of intense clinical supervision, peer support, mentoring, clinical training, and any skill-based training as an	The Center for Multicultural Human Services, Falls Church, VA, provides clinical supervision, peer support, mentoring, clinical training, and other skill-		Performance Indicator: A trainee skill and support program is developed as an incentive to attract trainees for potential employment.

DOMAIN 6: Workforce
FOCUS AREA 1: Recruitment and Retention of Diverse Staff

incentive to hire the college/graduate student interns as employees upon graduation.	based supports to trainees (Example) Contact: Dennis Hunt, Ph.D., Executive Director, dhunt@cmhs.org http://www.cmhs.org		
32. Encourage and support the development of support/issues groups for culturally diverse staff if desired by staff (Cross, NICWA, 1990).			Performance Indicator: The system of care sponsors and facilitates support/issues groups for culturally diverse staff.
33. Provide information to staff on the formal and informal politics, culture, and communication styles of the work place (Cross, NICWA, 1990).			Performance Indicator: The system of care develops a mechanism to provide information to staff on workplace dynamics and communication styles.
34. Adjust leave time to accommodate cultural differences in holidays or important community events (Cross, NICWA, 1990).			Performance Indicator: Leave times are adjusted to accommodate cultural differences in holidays and community events.
35. Support certification programs and licensure of individuals from diverse ethnic/racial/cultural backgrounds based on expertise in CLC, life experiences, and nontraditional approaches to service delivery (CAFB).		Promotura Benefits handout on the benefits of certification for community health workers. *Why Is Certification Important? And What Does It Mean to Me?* California Statewide Family Organization Technical Assistance Center. United Advocates for Children of California (Tool; Example) http://www.tapartnership.org/docs/Promotora_Benefits.pdf Rules regarding training and certification of promotores(as) or community health workers. California Statewide Family Organization Technical Assistance Center United Advocates for Children of California (Tool; Example) http://www.tapartnership.org/docs/Rules_for_Certification.pdf Legislative mandates promotor(a) or	Performance Indicator: Life experiences and nontraditional approaches will be part of the criteria used in the certification or licensure process for providers of services/supports.

DOMAIN 6: Workforce **FOCUS AREA 1**: Recruitment and Retention of Diverse Staff			
		community health worker training and certification. California Statewide Family Organization Technical Assistance Center. United Advocates for Children of California (Tool; Example) http://www.tapartnership.org/docs/Legislative_Mandates_CHW_Certification.pdf	
36. Institute culturally and linguistically appropriate processes to promote effective communication and joint problem solving among diverse staff (Lewin).	The Center for Multicultural Human Services, Falls Church, VA (Example) Contact: Dennis Hunt, Ph.D., Executive Director, dhunt@cmhs.org http://www.cmhs.org	*Beyond Awareness: Skills for Managing a Culturally Diverse Workforce, a Trainer's Guide.* Emphasis on increasing skills in building and maintaining workforce diversity, including exercises: cultural change, intercultural communication, employee development, and conflict. Contact: Lambert & Associates 708–298–0143 or Myers at 619–755–3160 http://www.myersconsulting.net/smyerspb.htm *Managing Cultural Diversity: A Trainer's Guide* (Selma Myers, Intercultural Development; Jonamay Lambert, Lambert & Associates, 1990). Myers and Lambert developed this and a number of other resources for the National Center for Cultural Competence (NCCC) Resource Bank. Although it is older (1990), it contains excellent exercises on cultural awareness, knowledge about culture, and skills that make a difference. Also includes tips for communicating effectively with limited-English-speaking employees. This resource may prove particularly helpful to those who are interested in increasing skills to deal with workforce diversity (Manual/Curriculum). http://www.myersconsulting.net/smyers	Performance Indicator: Staff orientation, training, and continuing education curricula teaches effective communication and joint problem-solving among diverse staff.

		pb.htm *Conflict Resolution Across Cultures: From Talking It Out to Third Party Mediation*. This 91-page paperback book offers an approach to resolving conflicts that involve a cross-cultural component (Manual/Curriculum). http://www.myersconsulting.net/smyerspb.htm Plan for Culturally Competent Specialty Mental Health Services, California Department of Mental Health (Example) http://www.dmh.ca.gov/DMHDocs/docs/notices02/02-03_Enclosure.pdf	
Performance Evaluation			
37. Include core cultural competence knowledge, skills, and abilities in performance evaluations (Cross et al., 1989; CAFB; Lewin; NCCC).	1. The Center for Multicultural Human Services, Falls Church, VA (Example) Contact: Dennis Hunt, Ph.D., Executive Director, dhunt@cmhs.org http://www.cmhs.org		Performance Indicator: Job descriptions include core CLC knowledge, skills, and abilities required to perform job duties. Performance Measure: 100% of all job descriptions include core CLC knowledge, skills, and abilities required to perform the duties. Performance Measure: 100 % of all performance evaluations will contain specific measures to assess knowledge skills and abilities in the area of CLC.
38. Ensure that the system of care performance appraisal system utilizes CLC criteria to assess staff performance (Lewin).			Performance Indicator: The performance appraisal system contains CLC criteria by which employees are assessed. Performance Measure: 100% of staff members are assessed in the practice of CLC in their individual performance

DOMAIN 6: Workforce **FOCUS AREA 1**: Recruitment and Retention of Diverse Staff			
			employee appraisal.
39. Establish accountability mechanisms and evaluation of providers and other contractors in their implementation of CLC (CAFB; NASMHPD).			Performance Indicator: Assess contractual performance by providers and other contractors by compliance with contractual requirements related to CLC principles/practices by their staff.
40. Establish accountability mechanisms to assess the performance of senior management in their implementation of CLC (CAFB; NASMHPD).			Performance Indicator: Assess performance by senior management staff in their performance appraisal by ability to implement CLC principles/practices as assessed by the population of focus (Lewin).

DOMAIN 6: Workforce
FOCUS AREA 2: Linguistic Competence

STANDARD 1: Systems of care ensure that all staff members communicate effectively in the preferred languages of the population of focus. This includes sign language for individuals with limited hearing ability. (Please also see the section titled "Language and Communication" in the Communication Domain for more resources on linguistic competence.)

Standards, Certification, and Competencies of Interpreters

Implementations Strategies	Community Examples/ Best Practices	Resources/ Tools	Performance Indicators/ Performance Measures
1. Ensure that bilingual staff and interpreters are certified or otherwise have formally demonstrated their linguistic competence. Note: Use of family members of consumers as interpreters, especially children, is strongly discouraged except on request by the consumer (CMHS).		*Diversity RX: Bilingual Interpreter Services: Model Programs.* Descriptions and information for model programs in bilingual interpreter services in health care settings including Managed Care Organizations/HMOs and Community Interpreter Services (Example) http://www.diversityrx.org/HTML/MOBISA.htm National Standards of Practice for Interpreters in Health Care (Resource) http://www.calendow.org/reference/publications/pdf/cultural/National_Standards_of_Practice_for_Interpreters_in_Health_Care.pdf Spoken Language Resource Guide, Minnesota Department of Health. Professional standards and codes of ethics for interpreters (Resource) http://www.health.state.mn.us/communityeng/multicultural/slguide.pdf Developing, Translating, and Reviewing Spanish Materials: Recommended Standards for State and Local Agencies, North Carolina Department of Health and Human Services (Resource) http://www.ncpublichealth.com/pdf_misc/DEVSPAN-web.pdf The Commonwealth Fund: National	Performance Indicator: Use language fluency examinations or comparable measures to determine the level of competence of staff and interpreters (CMHS). Performance Measure: All levels of care meet the standards for the provision of linguistically competent services as measured by a language fluency examination or comparable measure.

DOMAIN 6: Workforce **FOCUS AREA 2:** Linguistic Competence			
		Standards for Medical Interpreters http://www.cmwf.org/tools/tools_show.htm?doc_id=318839 NLBHA/NAAPIMHA Mental Health Interpreters Training	
2. Ensure that policies and procedures are present and implemented that demonstrate performance-based clinical, cultural, and linguistic competence of designated trained interpreters (CMHS).		The Center for Multicultural Development, California Institute for Mental Health: Mental health training and technical assistance for interpreters (Example; Resource) http://www.cimh.org/projects/multicultural.cfm	Performance Indicator: Policies and procedures require performance-based clinical, cultural, and linguistic competence of trained interpreters. Performance Measure: Performance-based clinical, cultural, and linguistic competencies are contained in all performance appraisals and/or contracts of interpreters.
3. Ensure that interpreters meet accepted standards of practice.		National Standards of Practice for Interpreters in Health Care (Resource) http://www.calendow.org/reference/publications/pdf/cultural/National_Standards_of_Practice_for_Interpreters_in_Health_Care.pdf Spoken Language Resource Guide, Minnesota Department of Health. Document contains professional standards and codes of ethics for interpreters (Resource). http://www.health.state.mn.us/communityeng/multicultural/slguide.pdf Developing, Translating and Reviewing Spanish Materials: Recommended Standards for State and Local Agencies, North Carolina Department of Health and Human Services (Resource) http://www.ncpublichealth.com/pdf_misc/DEVSPAN-web.pdf The Commonwealth Fund: National Standards for Medical Interpreters	Performance Indicator: The system of care adopts and utilizes acceptable standards of practice for interpreters.

DOMAIN 6: Workforce **FOCUS AREA 2:** Linguistic Competence			
		http://www.cmwf.org/tools/tools_show.htm?doc_id=318839 NLBHA/NAAPIMHA Mental Health Interpreters Training	
Training and Use of Interpreters			
4. Discourage the use of tertiary telephone interpreters because of inconsistent availability of interpreters and lack of mental health training, accuracy, and reliability. Note: In areas with limited linguistic support resources, qualified telephone interpreters with training in mental health shall be considered acceptable (CMHS).	Minnesota Department of Human Service Limited English Proficiency Plan (Example) http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4210-ENG		Performance Indicator: To minimize the use of interpreters, hire sufficient numbers of staff competent in the language and communication styles of the population of focus (CMHS). Performance Indicator: Have annually updated directory of trained interpreters available within 24 hours for routine situations and within 1 hour or less for urgent situations (CMHS). Performance Indicator: Contracted qualified telephone interpreters will have training in mental health.
5. Provide training to all staff in the use of interpreters (CMHS; Lewin).	*Communities Can! Communities of Excellence 2000.* Child Find, Early Intervention, and CLC staff, services, and materials. Broward County, FL (p. 28). Addresses training, CLC services, linguistic competence, and consumer involvement (Best Practice; Manual/Curriculum; Example). http://www.aecf.org/publications/data/cctoolkit.pdf	NLBHA/NAAPIMHA Mental Health Interpreters Training	Performance Indicators: Staff training plans include training in the use of interpreters. Performance Measure: All staff training plans will include training in the use of interpreters.

DOMAIN 6: Workforce **FOCUS AREA 2:** Linguistic Competence			
6. Ensure that interpreters and translators are trained in formal interpretation techniques and mental health issues, and are supervised by CLC mental health staff (CMHS; Lewin).		Minnesota Department of Human Service Limited English Proficiency Plan (Example) http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4210-ENG The Center for Multicultural Development, California Institute for Mental Health (Program; Resource). Provides interpreter training in mental health. http://www.cimh.org/projects/multicultural.cfm Culture and Trauma Brief: Translation of English Materials to Spanish The National Child Traumatic Stress Network (Resource) http://www.nctsnet.org/nctsn_assets/pdfs/culture_and_trauma_brief_translations.pdf	Performance Indicator: A curriculum and training program for interpreters is used (CMHS; Lewin). Performance Indicator: Interpreters are supervised by culturally competent mental health staff.

DOMAIN 6: Workforce
FOCUS AREA 3: Training and Supervision

STANDARD 1: Effective models of training, supervision, and development in cultural competence is implemented at all levels of the system of care (CMHS; USF).

Training Plans and Policies

Implementations Strategies	Community Examples/ Best Practices	Resources/ Tools	Performance Indicators/ Performance Measures
1. Staff training and orientation in cultural and linguistic issues is incorporated into every aspect of the system of care functions, policies, and procedures (Isaacs, 2005).	*Communities Can! Communities of Excellence 2000.* Child Find, Early Intervention, and CLC staff, services, and materials. Broward County, FL (p. 28). Addresses training, CLC services, linguistic competence, and consumer involvement (Best Practice; Manual/Curriculum; Example). http://www.aecf.org/publications/data/cctoolkit.pdf	"A Planner's Guide…Infusing Principles, Content, and Themes Related to Cultural and Linguistic Competence into Meetings and Conferences." Excerpt from *Building Culturally Linguistically Competent Services to Support Young Children, Their Families, and School Readiness* (Resource). http://www.aecf.org/publications/data/cctoolkit.pdf *The Crosswalks Toolbox* (Resource; Tools), a searchable database for teaching, training, and staff development tools that reflect diversity in culture, language, and ability in early childhood and intervention http://www.fpg.unc.edu/%7Escpp/crosswalks/toolbox/index.cfm Advancing Cultural Competence in San Francisco's Department of Public Health. A Training Project, Executive Summary (Resource; Example) http://www.tapartnership.org/docs/Advancing_CC_SFDMH.pdf Moving Towards Cross-Cultural Competence in Lifelong Personnel Development: A Review of the Literature (Hains, Lynch & Winton, 2000; Resource) http://www.clas.uiuc.edu/techreport/tech3.html#modelsaddressing	Performance Indicator: System of care training plan and implementation manual contains curricula that specialize in CLC. Performance Indicator: The training plan infuses CLC values, principles, and practices into all training curricula and/or implementation manuals. Performance Indicator: The system of care incorporates CLC values, principles, and practices into all system-of-care functions, policies, and procedures. Performance Indicator: Policies, procedures, workplace design, and other practical mechanisms are in place. Performance Indicator: Specific orientation strategies are in place to promote the integration of staff of various ethnic, racial, and cultural backgrounds into the organizational culture (Lewin).

DOMAIN 6: Workforce **FOCUS AREA 3:** Training and Supervision			
2. Develop a training plan and provide initial and regularly required CLC training, based on agency and individual staff needs assessments, to help expand the knowledge base of individual staff member's at all levels within the organization.	Project Intercultural Connection: Meeting Asian Americans' Mental Health Needs. Describes the design and implementation of a training curriculum for local mental health professionals to learn more about the area's Asian American communities (Best Practice; Example). http://www.ncstac.org/content/culturalcompetency/chapter8.pdf The Campaign to Increase Cultural Competence. Describes how the Mental Health Association in Utah organized a conference for mental health professionals to learn about cultural competency in working with the people of color in Utah, including understanding the culture of the deaf (Best Practice; Manual/Curriculum; Example). http://www.ncstac.org/content/culturalcompetency/chapter9.pdf http://www.ncstac.org/content/culturalcompetency/chapter9app.pdf *Communities Can! Communities of Excellence 2000.* Child Find, Early Intervention and culturally/linguistically competent staff, services, and materials. Broward County, FL (p. 28). Addresses training, CLC services, linguistic competence, and consumer involvement. (Best Practice; Manual/Curriculum; Example). http://www.aecf.org/publications/data/cctoolkit.pdf	TA Partnership Consultant Pool http://www.tapartnership.org/about/consultantPool.php National Center for Cultural Competence Resource Database http://gucchd.georgetown.edu/nccc/ A Manager's Guide to Cultural Competence Education for Health Care Professionals. Developed to help administrators select a cultural competence trainer to fit the needs of the health care professionals working in their organizations, with emphasis on continuing education and in-service training (Manual; Resource). http://www.calendow.org/reference/publications/pdf/cultural/TCE0217-2003_A_Managers_Gui.pdf Resources in Cultural Competence Education for Health Care Professionals. Supplement to the Manager's Guide, and contains document contains data, tools, articles, curricula and other resources related to CLC for professionals (Manual/Curriculum; Resource). http://www.calendow.org/reference/publications/pdf/cultural/TCE0218-2003_Resources_in_C.pdf *Supporting Diversity in Our Communities: Direct Support Professional Curriculum* (2000). Provides faculty and staff development coordinators with skills and knowledge to prepare entry level employees for work in inclusive communities. Includes descriptions of instructional activities, handouts, and pages that can be copied on transparencies	Performance Indicator: Existence of CLC core curriculum and training program for all staff (CMHS; Lewin). Performance Indicator: All staff complete basic/initial and periodic cultural competence training (Lewin). Performance Indicator: As part of a career development plan, have an individual employee training plan for staff development in cultural competence (Lewin). Performance Measure: 100% of staff members receive at least 5 hours of training annually in CLC (CMHS).

DOMAIN 6: Workforce **FOCUS AREA 3:** Training and Supervision			
		(Program; Manual/Curriculum). http://www.ccids.umaine.edu/publications/pubcatalog.pdf Multicultural Development Center (Program; Resource) http://www.mcdc.org/Organizational_information.htm The Center for Cross-Cultural Health (Program; Resource) http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4411-ENG The Center for Multicultural Development, California Institute for Mental Health (Program; Resource) http://www.cimh.org/projects/multicultural.cfm *Ready? Set. Grow! A Starter's Guide for Becoming Culturally Competent.* Helps groups—especially nonprofits focusing on workforce development—understand the concept of CLC and strengthen capacity and effectiveness of diverse staff, better advancing program goals (Resource). http://www.cjc.net/publications/5_Capacity_Building_PDFs/ReadySetGrow_StarterGuide_CultComp.pdf AAMC: Cultural Competence Education for Medical Students (Curriculum/Manual) http://www.aamc.org/meded/tacct/start.htm http://www.aamc.org/meded/tacct/culturalcomped.pdf Advancing Cultural Competence in San Francisco's Department of Public Health. A Training Project, Executive Summary	

DOMAIN 6: Workforce **FOCUS AREA 3:** Training and Supervision			
		(Resource; Example). Plan for Culturally Competent Specialty Mental Health Services, California Department of Mental Health (Example) http://www.dmh.ca.gov/DMHDocs/docs/notices02/02-03_Enclosure.pdf	
Supervisor Roles and Competencies			
3. The diverse population of focus is served by, or under the supervision of, culturally competent bilingual/bicultural staff.		*Culturally Competent Supervision: Myths, Fantasies, and Realities.* Presentation 2005 APPIC Conference by Madonna G. Constantine, Ph.D., Teacher's College at Columbia University. http://www.appic.org/Conference2005/Slides/Madonna.ppt	Performance Indicator: Culturally diverse children, youth. and families are served by, or under the supervision of, culturally competent bilingual/bicultural staff. Performance Measure: 100% of culturally diverse children, youth. and families are served by, or under the supervision of, culturally competent bilingual/bicultural staff (CMHS).
4. Ensure that supervisors take the necessary time to get to know staff members as individuals and to learn about their cultural experiences. Supervisors should allow themselves to be educated about the cultures of diverse staff (Torralba-Romero, 1998).			Performance Indicator: Supervisors provide the opportunity to know and learn about the cultural experiences of their diverse staff.
5. Ensure that supervisors listen to their staff to learn ways to implement culturally responsive and appropriate services, and that they support staff in their efforts to do so (Torralba-Romero, 1998).		Cultural Competency: A Practical Guide for Mental Health Service Providers, Hogg Foundation (Resource) http://www.hogg.utexas.edu/PDF/Saldana.pdf	Performance Indicator: Supervisors provide an atmosphere of mutual learning and support that encourages the use of culturally responsive and appropriate services by their staff.
6. Train supervisors to identify strengths and unique needs in their supervisees and to maximize staff development and retention (Torralba-Romero, 1998).			Performance Indicator: Supervisors use a strengths-based approach to identify the unique needs of supervisees and maximize staff development and retention.

DOMAIN 6: Workforce **FOCUS AREA 3:** Training and Supervision			
7. Encourage supervisors to exercise flexibility and openness when situations or services must be provided in a manner unfamiliar to them (Torralba-Romero, 1998).			Performance Indicator: Supervisors are flexible and open to the provision of services/supports that are unfamiliar to them.
8. Ensure that supervisors develop the skills to promote positive working relationships among teams from diverse ethnic and cultural backgrounds, and to serve as coaches and mentors (Torralba-Romero, 1998).			Performance Indicator: Supervisors promote positive working relationships among diverse staff and serve as coaches and mentors.
9. Supervisors should promote and demonstrate team support, and encourage team members from similar cultural backgrounds to share new experiences (Torralba-Romero, 1998).			Performance Indicator: Supervisors promote and demonstrate team approaches to encourage culturally diverse staff to share new experiences.
10. Encourage supervisors to recognize the contributions of their supervisees, no matter how small or large (Torralba-Romero, 1998).			Performance Indicator: Supervisors recognize all staff contributions.
Training Standards			
11. Develop performance standards for training in CLC.		Bridges to Engagement: Tools to Support Cultural Competence C2P2 Tools Team, UJIMA Community Services (Resource; Tools; Example) http://home.earthlink.net/~ococujima/sitebuildercontent/sitebuilderfiles/BridgesToEngagement.pdf AAMC Tool for Assessing Cultural Competence Training http://www.aamc.org/meded/tacct/tacct.pdf Plan for Culturally Competent Specialty Mental Health Services, California Department of Mental Health (Example)	Performance Indicator: Staff trained in CLC will meet performance standards. Performance Measure: 80% of all staff trained in CLC will meet performance standards.

DOMAIN 6: Workforce **FOCUS AREA 3:** Training and Supervision			
		http://www.dmh.ca.gov/DMHDocs/docs/notices02/02-03_Enclosure.pdf Moving Towards Cross-Cultural Competence in Lifelong Personnel Development: A Review of the Literature (Hains, Lynch & Winton, 2000; Resource) http://www.clas.uiuc.edu/techreport/tech3.html#modelsaddressing	
Training Content			
12. Conduct a needs assessment to address training needs in the design and delivery of culturally competent interventions, services, and supports (NCCC).		*Promoting Cultural Diversity and Cultural Competency*. Self-assessment checklist for personnel providing services and supports to children with disabilities and special health needs and their families, National Center for Cultural Competence (Example; Resource). http://gucchd.georgetown.edu/nccc/documents/Checklist.CSHN.doc.pdf Moving Towards Cross-Cultural Competence in Lifelong Personnel Development: A Review of the Literature (Hains, Lynch & Winton, 2000; Resource) http://www.clas.uiuc.edu/techreport/tech3.html#modelsaddressing	Performance Indicator: A community-accepted annual needs assessment will be conducted to assess training needs.
13. Ensure that cultural competence-related knowledge, understanding, skills, abilities, and attitudes are essential components of orientation, training, and core continuing education (CMHS).		AAMC Tool for Assessing Cultural Competence Training http://www.aamc.org/meded/tacct/start.htm http://www.aamc.org/meded/tacct/tacct.pdf	Performance Indicator: Orientation, training and continuing education content contains cultural competence related material. Performance Measure: All orientation, training and continuing education content contains cultural competence related material.

DOMAIN 6: Workforce **FOCUS AREA 3:** Training and Supervision			
14. Avoid CLC training curricula or strategies that utilize a "cookbook" format, play into stereotypes and/or ignore within-group differences (Torralba-Romero, 1998).			Performance Indicator: Systems of care are aware and acknowledge the cultural heterogeneity of all cultural, ethnic, racial groups by avoiding a one size fits all approach.
15. Ensure that orientation, training, and continuing education content addresses the needs of staff and the populations served (Cross et al., 1989; USF; Lewin).	Kmihqitahasultipon Passamaquoddy Training Manual Contact: Marjorie Withers, Northern Door Opportunities, 246 Camp Road, Cooper, ME 04657 mwithers@maineline.net 207–454–7693 SAMHSA Resource Center to Address Discrimination and Stigma Associated with Mental Illness (ADS Center) — Archived Training Teleconference Calls http://www.stopstigma.samhsa.gov/archtel.htm Examples of appropriate content areas to address in orientations, training, and continuing education might include cultural dilemmas, biases, crossing cultural boundaries, accommodating different languages, acculturation and assimilation, recognizing generational and class differences, addressing stigma and discrimination, family systems, dynamics of difference, values, histories and etiquette.	AAMC Tool for Assessing Cultural Competence Training http://www.aamc.org/meded/tacct/start.htm http://www.aamc.org/meded/tacct/tacct.pdf	Performance Indicator: Orientation, training, and continuing education content addresses the issues specified under the implementation strategy. Performance Measure: All orientation, training, and continuing education content addresses the issues within the implementation strategy.
16. Ensure that cultural competence curricula are customized to staff roles (e.g., clinical, front-line, administration, marketing, etc.) (Lewin).			Performance Indicator: Cultural competence curricula have training components that are customized to staff roles. Performance Measure: All cultural competence curricula have training components that are particularized to staff roles.

DOMAIN 6: Workforce **FOCUS AREA 3:** Training and Supervision			
17. Training in cultural competence is linked to continuous quality improvement efforts (Lewin).		AAMC Tool for Assessing Cultural Competence Training http://www.aamc.org/meded/tacct/tacct.pdf	Performance Indicator: The continuous quality improvement plan includes the satisfactory completion and demonstration of knowledge and skill development in the area of CLC training, as an indicator of quality. Performance Indicator: Staff demonstrate cultural competence in knowledge, skills, abilities, attitudes, and behaviors (as generally applicable and as related to specific relevant groups) as evidenced by consumer satisfaction surveys and performance appraisal reviews (Lewin).
Staff Development and Supports			
18. Provide individual case consultation and coaching to all staff (Cross et al., 1989; CMHS).			Performance Indicator: Supervisors assist identified staff to acquire skills needed to provide culturally and/or linguistically competent services (CCAT).
19. Develop an onsite curriculum for interns. Place a student intern in the role of coordinator of the internship program, to develop the training curriculum for both interns and supervisors (Torralba-Romero, 1998).			Performance Indicator: Internships are coordinated by interns who also develop the training curriculum for both interns and supervisors.
20. Make consultation available to staff on CLC, upon request (Lewin).	National Center for Cultural Competence Consultant Pool https://www4.georgetown.edu/research/gucchd/nccc/app/consultants/index.cfm	Technical Assistance Partnership's Cultural and Linguistic Competence Consultant Pool http://www.tapartnership.org/about/consultantPoolSearchExpertise.php?id=topic7#topicContent7	Performance Indicator: Staff requests for consultation on CLC will be addressed. Performance Measure: All staff requests for consultation on CLC will be addressed within 5 working days.

DOMAIN 6: Workforce **FOCUS AREA 3:** Training and Supervision			
21. Provide on-the-job technical training (including clinical care management) for noneducational professionals who possess CLC skills in working with the populations of focus (Torralba-Romero, 1998).			Performance Indicator: The system of care provides on-the-job training for professionals without educational credentials, including family members and youth, who possess CLC skills in working with the population of focus.
22. Provide an incentive system to support participation in CLC training (CAFB; Lewin).		Systems of incentives could include the following: • Financial bonuses • Certificates, awards, or plaques • Parking spaces • Public recognition at staff meetings and on Web sites • Luncheons • Complimentary day off • Gift certificates	Performance Indicator: An incentive system is written and implemented to support mandatory participation in cultural and linguistic competency training. Performance Measure: All staff members participate in the CLC training incentive program.
23. Encourage providers to assess and explore the role of their own cultural framework through cultural self-assessment and mapping techniques (CCAT).		Hogg Foundation for Mental Health Cultural Competence Tools for Providers (Example; Resource) http://www.hogg.utexas.edu/Pages/CAI_tools.html#provider Cultural Competency Survey for Mental Health Professionals. Developed by the Asian American Family Counseling Center of Houston, TX (Example; Resource). http://www.ncstac.org/content/culturalcompetency/chapter8app.pdf Promoting Cultural Diversity and Cultural Competency. Self-assessment checklist for personnel providing services and supports to children with disabilities and special health needs and their families, National Center for Cultural Competence (Example; Resource).	Performance Indicator: Providers engage in a cultural self-assessment and mapping process on an annual basis.

DOMAIN 6: Workforce **FOCUS AREA 3:** Training and Supervision			
		http://gucchd.georgetown.edu/nccc/documents/Checklist.CSHN.doc.pdf Moving Towards Cross-Cultural Competence in Lifelong Personnel Development: A Review of the Literature (Hains, Lynch & Winton, 2000; Resource) http://www.clas.uiuc.edu/techreport/tech3.html#modelsaddressing	
24. Supervisors and supervisees assess and explore the role of their own cultural framework in the delivery of services through cultural self-assessment and mapping techniques.		Promoting Cultural Diversity and Cultural Competency. Self-assessment checklist for personnel providing services and supports to children with disabilities and special health needs and their families, National Center for Cultural Competence (Example; Resource). http://gucchd.georgetown.edu/nccc/documents/Checklist.CSHN.doc.pdf *Multicultural Counseling Competencies 2003: Association for Multicultural Counseling and Development.* This book gives a background and rationale for the development of multicultural competencies for mental health counseling and discusses the importance of a counselor's awareness of his or her own cultural assumptions, values, and biases; the counselor's awareness of the client's worldview; and a critique with recommendations for improving the cultural relevance of evidence-based practice, referred to by these authors as empirically supported treatment (EST). Promoting Cultural and Linguistic Competence: Self-Assessment Checklist for Personnel Providing Services and Supports in Early Intervention and Early	Performance Indicator: Supervisors and supervisees use a cultural self-assessment process to improve CLC. Performance Measure: All supervisors and supervisees use a cultural self-assessment process on an annual basis.

DOMAIN 6: Workforce **FOCUS AREA 3:** Training and Supervision			
		Childhood Settings http://www.aecf.org/publications/data/cctoolkit.pdf	
Community Involvement			
25. Create mechanisms to receive community input and information that will inform the design and implementation of staff training (Lewin).	MHAH (Best Practice; Manual/Curriculum; Example) http://www.ncstac.org/content/culturalcompetency/chapter4.pdf http://www.ncstac.org/content/culturalcompetency/chapter4app.pdf		Performance Indicator: Community members serve on planning committees and/or advisory board for the planning of staff development activities.
26. Encourage staff to interact with the community and participate in cultural community activities as a component of staff development (Lewin).			Performance Indicator: Community involvement by staff is included in every staff member's job description and is regularly assessed in their performance appraisal.
27. Disseminate information on staff training policies and opportunities in cultural competence within and outside the agency (Lewin).			Performance Indicator: Cultural competence training policies and opportunities will be regularly disseminated.