

**CULTURAL COMPETENCE STANDARDS IN
CHILDREN'S BEHAVIORAL HEALTH SERVICES
BROWARD COUNTY, FLORIDA**

Administrative Standards

Human Resource Development

STANDARD: Staff recruitment, retention, training and development in the areas of cultural competence shall be implemented at all levels and across all disciplines, for leadership and governing entities, as well as for management and support staff.

PERFORMANCE INDICATORS:

1. The organization demonstrates ongoing recruitment, retention, and career development of culturally diverse individuals (i.e., through the advertisement of vacancies in culturally diverse print and broadcast media and through community networks and organizations representing diverse groups).
2. The organization's clinical workforce is culturally and linguistically representative of the population served.
3. The organization provides and makes available formal and informal ongoing cultural competence training opportunities to all staff and governing entities.
4. The organization tracks the percentage and number of individuals receiving initial and ongoing cultural competence training.
5. The organization maintains culturally-based policies of practitioner behavior and performance-based demonstration of implementation.
6. The organization tracks the percentage and number of personnel related complaints, grievances, and commendations based on cultural factors relative to service delivery. This information is then factored into the development of performance evaluations.
7. The organization's leadership, including administrators and supervisors, are evaluated on, among other skills, their cultural competence.
8. The organization's job descriptions indicate that candidates must have an understanding of and sensitivity to serving culturally diverse populations.

Governance

STANDARD: Each organization's governing entity shall incorporate a board or advisory committee that shall be proportionally representative of the populations to be served and the community at large.

PERFORMANCE INDICATORS:

1. The organization's Board of Directors or Advisory Committee is representative of the population served.
2. In selecting new members, the organization's Board of Directors or Advisory Committee considers the representation of its membership and its reflection of the population served.
3. New members of the Board of Directors or Advisory Committee receive an orientation that includes a review of statistical data, policy statements, and client service information, including demographic information and the services rendered to individuals served, their family members and/or legal guardians, and the community.
4. Members of the Board of Directors or Advisory Committee consistently review that the mission and values statement and organizational goals reflect the diverse needs of the community.
5. The organization's CEO regularly reports to the Board of Directors or Advisory Committee on progress made in the area of cultural competence and on the impact of cultural issues.
6. The organization includes formal procedures for decision-making related to policies and practices relative to grievances in accordance with state and federal law.
7. Individuals served and their family members and/or legal guardians are informed of grievance procedures in their own language at intake and are supported linguistically at the time of any steps in the complaint and grievance process.

Leadership

STANDARD: The organization's leadership is reflective of the population and community it serves, and incorporates cultural factors when planning and designing policies and procedures.

PERFORMANCE INDICATORS:

1. The organization ensures that employment opportunities for senior management positions are circulated through culturally diverse networks.
2. The organization's leadership collects and analyzes demographic and statistical information on culturally diverse populations for use in its planning process.
3. The organization's leadership develops goals and objectives for allocating resources and delivering services in a manner that addresses the needs of multicultural populations.
4. The organization's leadership involves culturally diverse groups in planning.
5. The organization's leadership receives training in planning to specifically meet the needs of multicultural communities.
6. There are policies and procedures that promote the integration of services to effectively serve culturally diverse clients.

Quality Monitoring and Improvement

STANDARD: Each organization shall have a regular quality monitoring and improvement program with diverse representation that promotes culturally based policies and practices and evaluates the process and outcome of service delivery.

PERFORMANCE INDICATORS:

1. The organization maintains a Quality Improvement Plan for Behavioral Health services that is culturally grounded.
2. There is evidence of the continuous monitoring, evaluation, and improvement of policies and procedures in accordance with the Quality Improvement Plan.
3. There is a proportional diverse representation of individuals served, family members and/or legal guardians and practitioners participating on quality improvement teams.
4. The organization provides access to, and utilizes the results of quality studies that focus on best practices that promote the well-being of individuals served and their families and/or legal guardian.
5. The organization utilizes linguistically, culturally, and developmentally factored satisfaction surveys. Surveys are available in various formats to facilitate the participation of clients at all socioeconomic and educational levels.
6. The organization verifies periodically that outcome measures are valid and applicable to the population served.
7. The organization tracks and trends the percentage of complaints, grievances, and commendations based on cultural factors that impact service outcomes. This information is then factored into the development of the Quality Improvement Plan.
8. The organization conducts periodic reviews of current and past utilization patterns, by modality and level of care based on cultural factors. The organization tracks, trends and utilizes this information in the development of new programs, outcome measures, and other areas relative to quality monitoring and improvement.
9. The organization tracks and trends the use of flexible funds (where applicable), based on cultural factors and utilizes this information relative to quality monitoring and improvement.

Prevention, Education, and Outreach

STANDARD: Each organization that receives prevention funding shall have a prevention, education, and outreach program which is an integral part of its operations and which is guided in its development and implementation by individuals, family members and/or legal guardians and community-based organizations that represent the diverse population served.

PERFORMANCE INDICATORS:

1. The organization incorporates cultural, linguistic, and developmental considerations in the planning and implementation of its prevention, education, and outreach activities.
2. Activities and materials, including an updated listing of community resources, are provided in the language(s) of the population served.
3. Education, training, and the coordination of outreach activities are made with community-based groups and organizations. Such groups may include self-help groups, faith-based organizations, neighborhood-based groups and associations, or other organizations that are responsive to the unique needs of the individuals being served.
4. The organization assesses the demographic profile of the population served, including their strengths, needs, and unique factors. These elements are then incorporated into the development of prevention, education, and outreach activities.
5. The organization maintains an updated listing of community resources that may be beneficial in providing prevention, education, and outreach services to the population served.

Public/Community Relations

STANDARD: Each organization shall maintain a public/community relations program that actively seeks opportunities to promote its services to culturally relevant populations and organizations.

PERFORMANCE INDICATORS:

1. The organization uses a current list of culturally diverse media contacts and organizations.
2. The organization advertises special events and program information in culturally diverse print and broadcast media and through community networks and organizations representing culturally diverse groups.
3. The organization ensures that its brochures, annual reports, newsletters, and publications reflect the diversity of the populations it serves.
4. The organization makes available resources, videotapes, publications, guides, and service manuals that address cultural competence and services specifically designed to reach culturally diverse groups.

Self-Help

STANDARD: Self-help resources shall be identified that are responsive to the unique needs of the individuals served, their family members and/or legal guardians. The resources shall function as part of a continuum of care/recovery. Publicly funded self-help resources shall incorporate client-driven goals and objectives that are developmentally appropriate, culturally and linguistically competent, functionally defined.

PERFORMANCE INDICATORS:

1. Resources and in-kind contributions are made available by provider organizations to support self-help activities, including meeting rooms, advertising, and/or conducting meetings.
2. Individuals served and family members and/or legal guardians participate in self-help or support activities, based on their individual needs and preferences.
3. Self-help activities and resources are provided in a culturally, linguistically, and developmentally competent manner.
4. The planning of self-help activities incorporate the involvement of diverse population groups and individuals.

Decision Support and MIS

STANDARD: Each organization shall develop and maintain a database that tracks utilization and outcomes for the population served across all levels of care, ensuring comparability of access and outcomes.

PERFORMANCE INDICATORS:

1. The organization maintains a data system that is current and accurate, and includes gender, age, ethnicity, socioeconomic status, linguistic proficiency, geographic area, and health insurance status.
2. The organization utilizes a unified clinical record across all levels of care that legally allows for sharing of information to facilitate data collection and tracking.
3. The organization collects and tracks aggregated diagnostic and assessment information, service utilization trends and costs, drop-outs, and behavioral and functional outcomes.
4. Individual data is kept confidential with data sets coded in such a manner that the individual may not be readily identified.
5. The information collected is utilized to continually assess, improve and inform for strategic planning purposes for the population served.

Cultural Competence Planning

STANDARD: Each organization considers cultural factors when planning and designing programs and services. A Cultural Competence Plan for all SED Children's Providers shall be developed and integrated within the overall organization, using an incremental strategic approach for its achievement, to assure attainment of cultural competencies within manageable but concrete timelines. The Cultural Competence Plan shall incorporate the following areas: human resource development, governance, quality monitoring and improvement, prevention, education and outreach, self-help, decision support and MIS, assessment, plan of treatment/service planning, discharge/transition planning, case management, communication styles and cross-cultural linguistic and communication support, and provider competencies.

PERFORMANCE INDICATORS

1. The organization maintains a Cultural Competence Plan that includes defined steps for its integration, implementation and evaluation. The Plan includes evidence of related policy/procedure changes and modifications.
2. The organization maintains interagency agreements to coordinate services with diverse organizations.

Clinical Standards

Assessment

STANDARD: Assessment shall include a multi-dimensional focus including individual and family or legal guardian needs, functional, psychiatric, medical, developmental and social status as well as family and community support.

PERFORMANCE INDICATORS:

1. The organization utilizes an assessment tool and procedures that address culture and demographic factors relating to age, gender, the individual and family and/or legal guardian's perception of their race and ethnicity.
2. The assessment identifies the individual and family and/or legal guardian's beliefs and practices, family organization, beliefs related to health/mental health, spirituality, and history of help seeking and treatment.
3. The assessment identifies the effects of stressors such as poverty and discrimination.
4. The assessment addresses a history of immigration, language acquisition, cultural values, ethnic orientation, and geographic neighborhood.
5. The assessment identifies the strengths (capabilities, skills, and competencies) of the individual served, their family and/or legal guardian.
6. The assessment identifies the individual's and family and/or legal guardian's preferences in regards to services requested.
7. The organization utilizes clinical and functional scales that are culturally valid and reliable.
8. Assessments are performed in a culturally and linguistically competent manner.
9. The assessment results in an interpretive summary of the individual's needs, strengths, preferences, and abilities.

Plan of Treatment/Service Planning

STANDARD: The Treatment Plan/Service Plan shall be relevant to the individual's culture and life experiences. It shall be developed by or under the guidance of a culturally competent provider in conjunction with the individual and their family and/or legal guardian, where appropriate.

PERFORMANCE INDICATORS:

1. The organization utilizes a treatment/service plan that reflects both the individual and their family and/or legal guardian and others' involvement (where appropriate) in its development and agreement.
2. As applicable, the organization has a written policy and a demonstrated practice linking families to advocacy and education groups.
3. There is evidence in the treatment/service plan of the use of culturally relevant community services and resources.
4. There is evidence of training in the development of treatment/service plans that incorporate the use of effective culturally competent interventions and models of care.
5. When psychopharmacological interventions are necessary, there is evidence that informed consent was obtained prior to prescribing and/or dispensing medication. The informed consent is specific regarding the nature of the medication, its potential, demonstrated benefits, and side effects. There is evidence that the prescribing physician ensured that medication information was explained to the individual and their family member and/or legal guardian in a culturally and linguistically specific and clear manner.

Discharge/Transition Planning

STANDARD: Discharge/transition planning begins upon admission and shall include involvement of the individual, family and/or legal guardian, and interested others (as appropriate) in the development and implementation of the plan and evaluation of outcomes. Discharge/transition planning shall be done within a culturally and linguistically competent framework. The plan shall allow for transfer to less restrictive levels of care in addition to termination of treatment based on accomplishment of mutually agreed upon goals and objectives.

PERFORMANCE INDICATORS:

1. There is evidence of individual and family and/or legal guardian and other interested parties (as appropriate) in the development of discharge/transition plans.
2. Discharge/transition plans include the identification of personal, familial, community, and other support systems to help individuals maintain healthy lifestyles.
3. Discharge/transition planning includes outreach to assure that contact is made with the individual to maximize successful linkages.
4. There is evidence of documented efforts of active follow-up to contact individuals who fail to return for treatment.

Case Management

STANDARD: Case management shall be central to the operation of the service implementation team and shall be based on the level of care needed by the individual, their family and/or legal guardian. Case managers shall have special skills in advocacy, access of community-based services and systems, and interagency coordination.

PERFORMANCE INDICATORS:

1. The organization ensures the provision of cultural competence training as part of the credentialing process.
2. The organization ensures that case managers are knowledgeable about the population served, resources, and natural supports as part of the credentialing process.
3. Service plans include community resources and natural supports.
4. The organization ensures sufficient numbers of case managers to support caseload and workload needs and are consistent with industry standards, accounting for severity of impairment and cultural stressors.
5. There is evidence of involvement in treatment decisions across all levels of care by individuals, family members and/or legal guardians.

Communication Styles and Cross-Cultural Linguistic and Communication Support

STANDARD: Cross-cultural communication support to participate in all services shall be provided at the option of individuals, family members and/or legal guardians. Access to these services shall be available at the point of entry into the system and throughout the course of services.

PERFORMANCE INDICATORS:

1. The organization maintains policies and procedures regarding the utilization of interpreters.
2. The organization maintains an annually updated directory of trained interpreters who may be available within 24 hours for routine situations and within one hour or less for urgent situations.
3. There is evidence of training of staff in the access and use of interpreters.
4. Forms and other paperwork are available in the language of the population being served.

Provider Competencies

Knowledge, Understanding, Skills and Attitudes

STANDARD: Each organization shall include the following areas of knowledge and understanding, skills, and attitudes as essential components of core continuing education to ensure cultural competence among clinical staff and to promote effective response to the needs of individuals served and their family members and/or legal guardian:

1. **Knowledge and Understanding of Client Populations' Backgrounds:**
 - a. factors which define cultural differences between and among various populations, including differences relating to history, traditions, values, belief systems, acculturation and migration patterns, reasons for immigration/migration, and dialect and language fluency.
 - b. The knowledge and understanding of particular social stressors and trauma that include, but are not limited to, war, violence, migration, unique aspects of cultural survival and maintenance, socioeconomic status, political unrest, racism, and discrimination.
 - c. The knowledge and understanding of how class, ethnicity, social status and racism influence behavior, attitudes, values, belief systems, and the unique needs of individuals served.
2. **Knowledge and Understanding of Clinical Issues:**
 - a. differences in symptom expression, symptom language and symptomatic patterns of individuals from the population served.
 - b. how culture-bound syndromes are associated with various cultural groups and the differences in thresholds of psychiatric distress and tolerance of symptomatology by natural support systems.
 - c. the nuances of verbal and nonverbal language, speech patterns, and communication styles in the population served, including the dynamics of language use.
 - d. the differences in the attribution of mental illness and issues of stigma specific to various cultural groups.
 - e. differences between "culturally acceptable" behaviors and psychopathology within various cultural groups.
 - f. Help-seeking behaviors of individuals from various cultural groups.
 - g. The role and manifestation of spiritual, tradition, values, and practice beliefs and their integration into treatment.
 - h. The knowledge and understanding of individuals and their family members within a family life cycle and an intergenerational conceptual framework as well as an individual identity development framework.
 - i. The varying effects of commonly used medications on individuals from various cultural groups.
 - j. Assessment tools and their limitations, particularly their uses and limitations for individuals from various cultural groups.
3. **Knowledge and Understanding of How to Provide Appropriate Treatment**

- a. The differences in the acceptability and effectiveness of various treatment modalities for individuals from various cultural groups.
 - b. The use of culturally informed and qualified interpreters for monolingual individuals when qualified bilingual clinicians are not available.
 - c. The use of culturally informed individuals, including family members when appropriate, by clinicians serving individuals from various cultural groups.
 - d. The social, political, and economic conditions in the community when developing, implementing, and evaluating programs for individuals and families from various cultural groups.
 - e. The use of natural community supports and other community resources for the population served.
 - f. The role of indigenous healing practices and belief systems (religion and spirituality) in the treatment of individuals from the population served.
- 4. Knowledge and Understanding of Agency/Provider Role**
- a. Personal and cultural biases of staff and how they may affect service design and delivery.
 - b. The roles and types of power relationships within the community, agency, or institution and their effect on the population served.
 - c. Ways that mainstream professional values may conflict with, or be responsible to, the needs of individuals from various cultural groups.
 - d. Effects of institutional racism and historical barriers on social service policies for individuals from various cultural backgrounds, and knowledge of how to reduce barriers through use of and participation in systems change efforts.
 - e. Resources (agencies, persons, informal helping networks, research) that shall be utilized on behalf of the population served and their communities.
- 5. Knowledge and Skills to Communicate Effectively Across Cultures**
- a. Communicate and listen effectively across cultures, and across all levels of care.
 - b. Engage and establish rapport with individuals from various cultures using socially and culturally appropriate conventions.
- 6. Knowledge and Skills to Provide Quality Assessments**
- a. Conduct culturally competent interviews that take into account the psychological, social, biological, physiological, cultural, political, spiritual, and environmental aspects of the individuals' experience.
 - b. Assess individuals from various cultural groups with an understanding of cultural differences in symptom expression, thresholds of psychiatric distress, substance use and dependence, and culture-bound syndromes.
 - c. Appropriately refer for and use assessment tools, recognizing the limitations of psychological tests and testing procedures.
- 7. Knowledge and Skills to Formulate and Implement Quality Care and Treatment Plans**
- a. Formulate culturally competent service plans (case management and treatment) that fit the individual and family's concept of behavioral health issues.

- b. Create and implement multidimensional service plans (case management and treatment) that include culture, family, and community.
 - c. Utilize culturally appropriate community resources (e.g., family, clans, societies, church, community members, and other groups).
 - d. Provide psychotherapeutic and psychopharmacological interventions with an understanding of different biological and physiological responses to medications based on physical, cultural and racial/ethnic differences.
- 8. Knowledge and Skills to Provide Quality Treatment**
- a. Provide psychoeducational interventions which promote individuals' and family voice and ownership in shaping the service delivery system.
 - b. Empower and advocate for individuals, families, and communities.
 - c. Use the preferred language and dialect of the individual and family served to elicit the range and nuances of emotions, feelings, dynamics, etc.
 - d. Refer to providers for ancillary services who shall use the preferred language/dialect of the individual/family served.
 - e. Know when and how to use trained interpreters.
 - f. When indicated, appropriately address racial/ethnic issues in treatment.
- 9. Knowledge and Skills to Use One's Self and Knowledge in the Treatment Process**
- a. Recognize one's own limitations, and know when to refer individuals/families to consultants from various cultural groups.
 - b. Evaluate applications of new techniques, exemplary practices, research, and knowledge as to their validity and applicability in working with individuals from various cultural groups.
- 10. Knowledge and Skills: Attitudes**
- a. Demonstrate attitudes that indicate a respect for the individual and their family's immigration, migration, colonization, and acculturation experiences.
 - b. Demonstrate attitudes that indicate a respect for the diverse heritages, cultures, and experiences of individuals and their families.
 - c. Demonstrate attitudes that indicate a willingness to work with culturally, ethnically, and racially diverse populations.
 - d. Demonstrate an understanding of and respect for how one's self as provider (especially the degree of one's cultural, ethnic, and racial match to the population served) may influence the therapeutic relationship. Recognize the need to process this dynamic, and in some cases refer the individual and their family for his/her treatment benefit.

PERFORMANCE INDICATORS:

1. The organization demonstrates ongoing program implementation of services that meet the needs of individuals, their family members and/or legal guardians, and the community.
2. There is evidence of staff attendance at an approved cultural competence planning and education and training program that incorporates the above areas.