Making Children's Mental Health Services Successful

Organizational Cultural Competence: A Review of Assessment Protocols

A Monograph by

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Organizational Cultural Competence: A Review of Assessment Protocols

1
Introduction

Introduction

Cultural competence is understood at the most basic level to be the practice of considering culture in order to effectively serve people of diverse backgrounds. A foundational definition for the concept, and one of the most widely cited, comes from Cross, Bazron, Dennis, and Isaacs (1989): "Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enable effective interactions in cross-cultural situations." (p. 13). Cross et al. (1989) further elaborate that "a culturally competent system of care acknowledges and incorporates—at all levels—the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally-unique needs" (p. 13). Despite much that has been written about cultural competence since the publication of the Cross et al. definition, the concept has remained largely ideological and lacks operationalization in a format that is measurable, understandable, and usable by organizations (Geron, 2002; Vega & Lopez, 2001). However, instruments have been developed to assess cultural competence in a variety of settings, with the individual items within instruments representing a starting point for operationalization of the concept. Of particular interest to this review is how assessment instruments operationalize the concept for application at the organizational level of mental health services.

A focus on the organizational level is prompted by the recognition that cultural competence supports are needed at all levels of organizations.

Cultural competence assessment instruments designed for use at the organizational level are the reflection of the developers' theories concerning which organizational factors are most closely associated with cultural competence in that context. These theories are commonly developed with the use of data derived from literature reviews, field experience, and/or case studies. While there are certainly commonalities among the resources utilized in developing individual instruments and similarities in the reasoning behind the factors they include, a collective understanding has not been established. In addition, some cultural competence assessment instruments lack explanation of the underlying theories concerning the factors associated with cultural competence in organizations. For these reasons, a closer examination of cultural competence theories and how they are operationalized in assessments is needed. A focus on the organizational level is prompted by the recognition that cultural competence supports are needed at all levels of organizations, including decision-making and funding mechanisms, and not only at the level of the individual service provider.

This monograph presents the findings from a review of cultural competence assessment tools designed for use at the organizational level. It serves to inform the larger goals of the Florida Mental Health Institute's (FMHI) Research and Training Center Study 5: Accessibility of Mental Health Services: Identifying and Measuring Organizational Factors Associated with Reducing Mental Health

Disparities (Research and Training Center for Children's Mental Health, 2004). The goals of Study 5 are to identify and describe measurable organizational factors that lead to cultural competence in organizations and are therefore associated with increasing service accessibility for racially/ethnically diverse children with serious emotional/behavioral disorders and their families. This monograph describes the factors perceived by the developers of cultural competence assessment instruments to influence accessibility and utilization of services by ethnically diverse individuals. The findings contribute to the goal of developing cultural competence in systems of care, wherein participating organizations must support the delivery of culturally competent services and develop collaborative relationships with diverse communities. The findings will ultimately be utilized in combination with a literature review and organizational case studies to development an organizational cultural competence assessment instrument.

2
Literature Review

Literature Review

The Supplement to the Surgeon General's Report focusing on culture, race, and ethnicity (U.S. Department of Health and Human Services [U.S. DHHS], 2001a) indicated the importance of considering cultural influences in mental health, mental illness, and mental health services when considering health disparities. The role of culture in service delivery includes not only the culture of the patient, but also the culture of the clinician, societal influences on mental health services, and broader societal issues and historical circumstances that affect economic, social, and political status (U.S. DHHS, 2000; U.S. DHHS, 2001a). All of these circumstances affect access to and appropriateness of services.

Applications of cultural competence in health care settings have been promoted by the U.S. DHHS Office of Minority Health (U.S. DHHS, 2001b). The U.S. DHHS articulated 14 standards of Culturally and Linguistically Appropriate Services (CLAS) and presented them in three major thematic areas, including Culturally Competent Care (Standards 1-3), Language Access Services (Standards 4-7), and Organizational Supports for Cultural Competence (Standards 8-14) (2001b). The U.S. DHHS (2000) also categorized these CLAS standards by levels, including overall system standards, clinical standards, and provider competencies, which point out the need for application across organizational domains. This work has not only made cultural competence a public priority, but has provided specific guidelines for acceptable practices within key areas of service provision.

The Center for Mental Health Services (CMHS) (1997) has issued cultural competence standards for managed care mental health services targeting four major ethnic groups in the United States (African American, Asian/Pacific Islander, Latino, and Native American). These standards addressed cultural competence in areas including planning, governance, benefit design, prevention, education and outreach, quality monitoring and improvement, management information systems, and human resource development (CMHS, 1997). For each standard, the CMHS also developed implementation guidelines, performance indicators, and recommended outcomes (with benchmarks). These components provided examples of ways in which cultural competence could be applied to mental health settings.

The issue of cultural competence has also been addressed in children's mental health settings through its incorporation as a core value of systems of care (Stroul & Friedman, 1986). Systems of care are broadly defined as integrated systems of services that recognize the multidimensional needs of children and families. An underlying value of systems of care is that services must be appropriate to the cultural contexts of the lives of the children and families they serve in order to truly benefit children and youth with serious mental health issues and their families.

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The application of the concept of cultural competence to systems of care was elucidated by Cross et al. (1989). Five key organizational qualities were identified as important to serving culturally diverse children and their families: valuing and adapting to cultural diversity; ongoing organizational self-assessment; understanding and managing the dynamics of cultural difference; institutionalization of cultural knowledge and skills through training, experience, and literature; and instituting service adaptations.

Isaacs and Benjamin (1991) provided additional guidance for implementing cultural competence in systems of care by conducting organizational case studies. Eleven organizations were described in case studies that documented the steps being taken to make their services more accessible and effective for children and families of color. The programs provided unique examples of operationalizing cultural competence for specific communities and contributed to a greater understanding of the importance of appreciating the challenging process of moving towards cultural competence within specific contexts. Although these examples were helpful, strategies that are generalizable across contexts and diverse populations were not identified.

It is suggested that organizations "go beyond rhetoric and find ways to make culturally competent services a reality."

Support for developing cultural competence in systems of care at the organizational as well as individual level was provided in Hernandez and Isaacs (1998). The authors suggested that organizations "go beyond rhetoric and find ways to make culturally competent services a reality" (Hernandez, Isaacs, Nesman, & Burns, 1998, p. 21). The need to identify strategies and methods for advancing and measuring cultural competence in organizations involved in systems of care was also described (Aguirre, 1998; Jordan, 1998). For example, Jordan (1998) outlined methods for developing advanced cultural competence through organizational efforts to improve access, availability and outcomes of services, and conducting on-going assessment as summarized in Figure 1.

Figure 1
Methods for Developing Advanced Cultural Competence

Component	Description	Measure
Access	Equal access to services regardless of differences in language, cultural background, social status, or other demographic variables	Comparison of populations, risk pool, and client base demographic characteristics
Availability	Appropriate services tailored for all groups	Tracking enrollment and retention in services for each group served
Outcomes	Equitable outcomes that are relevant to all groups served and reflect equivalent quality of services across groups	Comparing satisfaction and functional outcomes across groups served (Jordan, 1998)

In addition to describing the components of cultural competence at various levels, there have also been efforts to compare the measures used in cultural competence assessment protocols. The Technical Assistance Center for the Evaluation of Children's Mental Health Systems conducted an evaluation of 14 cultural competence assessment instruments, publishing its findings in Roizner (1996). Nine of the 14 cultural competence protocols reviewed were designed to measure cultural competence at the organizational level, while the remaining 5 were intended for use at the level of the individual provider. In their examination of cultural competence instruments, both Geron (2002) and Sue (2003) conclude that there is support for the incorporation of cultural competence into agency practice, but there is a lack of standardized definitions and measures. As noted by Geron (2002), "existing efforts to measure the cultural competency of healthcare and social service providers have been developed adhoc and suffer from several shortcomings" (p. 44). Shortcomings that were mentioned included lack of definitions, minimal client/consumer input, and the need for reliability, validity, and psychometric property testing (Geron, 2002). Although these observations provide some direction for further development of the general concept of cultural competence, a focus at the organizational level is needed to better understand this specific aspect of cultural competence.

This review aims to increase the understanding of how organizational cultural competence has been defined and measured.

Focus of Monograph

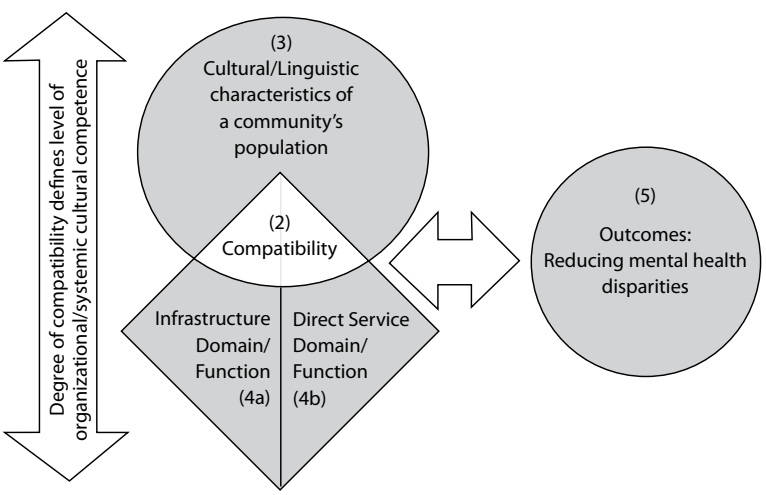
The purpose of the review described in this monograph is to advance the understanding of how organizational cultural competence has been operationalized in existing organizational level assessment tools. The review did not include a comprehensive evaluation of all of the cultural competence assessment protocols in existence. Rather, it focused attention on 17 assessment instruments with potential application in mental health contexts that were designed for use at the organizational level. This review aims to increase the understanding of how organizational cultural competence has been defined and measured.

A conceptual model for organizational cultural competence was informed by and guided this review (Hernandez & Nesman, 2006). The conceptual model illustrates the relationships between the community's populations, organizational structures and processes, direct service structures and processes, and the overall community context (Figure 2).

The model shows that alignment or discordance between the community context, cultural/linguistic population characteristics, and organizational components (i.e., infrastructure and direct service domains/functions) can facilitate and/or impede access, availability, and utilization of needed mental health services/supports. Ultimately, the level of compatibility between the community's populations and the organization is linked to the level of mental health disparities. This monograph will elaborate upon the organizational infrastructure domain/function (4a) within the conceptual model.

Alignment or discordance between the community context, cultural/linguistic population characteristics, and organizational components can facilitate and/or impede access, availability, and utilization of needed mental health services/supports.

Figure 2
Conceptual Model of Organizational Cultural Competence: Compatibility Between the Community and Organizational Domains



Definition: Within a framework of addressing mental health disparities within a community, the level of a human service organization's/system's cultural competence can be described as the degree of compatibility and adaptability between the cultural/linguistic characteristics of a community's population AND the way the organization's combined policies and structures/processes work together to impede and/or facilitate access, availability and utilization of needed services/supports.

Hernandez, M., & Nesman, T. (2006).

3 Method

Method

The methodology of this review involved exploration, iteration, and the application of an evolving understanding of what was relevant and important to assessing organizational cultural competence. The key processes in the methodology were:

1. The identification and selection of cultural competence instruments,
2. The analysis of the measurable factors associated with organizational cultural competence (i.e., domains),
3. The compilation of a comprehensive list and accompanying definitions of those domains, and
4. The assessment of methods used for instrument development and applicability to mental health organizations and systems of care.

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Protocol Selection

The instruments selected for inclusion in this review were identified primarily from a search of the tools on the National Center for Cultural Competence (NCCC)'s online resource database (http://gucchd.georgetown.edu/nccc/), with other sources including Roizner's (1996) review, and tools referenced in the bibliographies of relevant instruments. An online bibliography developed by a contributor to a listserv of CLAS (Gilbert, 2004) was also consulted and helped in substantiating that the compilation was comprehensive.

Instruments were selected for review based on their utility in assessing organizational cultural competence, with the specific criteria for inclusion being that the instrument:

1. Was designed to address cultural competence,
2. Was focused at the organizational level,
3. Included operationalized domains of cultural competence,
4. Was focused on health or mental health, and
5. Was obtainable for the review.

The search for assessment tools meeting the above criteria yielded 45 instruments, 27 of which were identified in the original search of the NCCC database.

In the process of protocol selection, 7 instruments were not included because they did not meet the selection criteria. As an example, an instrument developed by Eng & Parker (1994) was not included in the list because it was designed to assess community competence, which is a construct similar to but not synonymous with cultural competence. Instruments assessing linguistic competence were determined to measure a critical element of cultural competence but not an equivalent construct. In addition, those instruments assessing cross- or multi-cul-

Individual level assessments are designed to address the skills, knowledge, and attitudes of practitioners, while organizational level assessments address institutional manifestations of cultural competence.

tural counseling and cultural sensitivity were considered to have a much narrower focus than cultural competence and therefore were not included in this review.

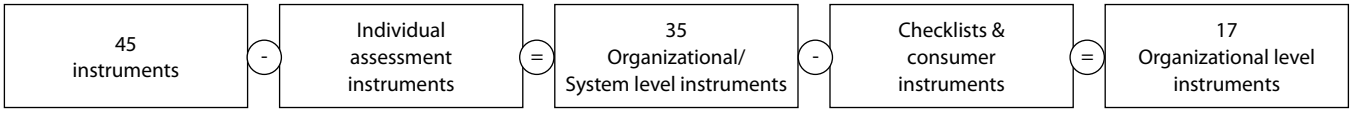
Ten instruments intended for use in assessing the cultural competence of individual practitioners (e.g., counselors and other direct service personnel) were not included in the analysis, as they were determined to lack a significant focus at the organizational level. The importance of assessing cultural competence at the level of the individual is widely acknowledged, given the role of individuals in daily operations and direct service. Organizations, however, are guided by structural characteristics such as policies, procedures, mission statements, and service availability, which must be considered in assessing cultural competence at the organizational level. As Isaacs and Benjamin (1991) argued, "It is not enough to merely assess the cultural level of clients, and then continue to have them treated by culturally insensitive staff or come to agencies with culturally insensitive policies and practices" (p. 31). Individual level assessments are designed to address the skills, knowledge, and attitudes of practitioners, while organizational level assessments address institutional manifestations of cultural competence, in areas such as policies or staffing.

Further refinement of the list of assessment instruments to be reviewed was completed by selecting only those instruments that assessed more than one component of cultural competence and those designed for use within a health/mental health care context. Five planning and screening checklists were not included due to their lack of operationalization of cultural competence through domains or subcategories. Checklists were not included as a rule, given that they tended to test only for the presence or absence of elements rather than evaluating the degree of attainment. In addition, most checklists were designed for use in the preliminary screenings of organizations or as one of the first steps in planning a cultural competence strengthening strategy. For example, Goode's (2003) checklist was described as a guide in planning for cultural competence improvements and therefore was not included in the review.

Finally, four instruments that were available only in a consumer version were not included in this review. While consumer input is necessary and useful (Scholle, 2002) and certainly informs organizational cultural competence, the structure of these instruments was substantially different from organizational assessments and consequently lacked sufficient relevance to organizational cultural competence to justify an independent analysis.

Figure 3 depicts the process of selecting cultural competence assessment instruments. Ten (10) instruments out of the initial 45 were not included because they measured only individual level cultural competence. Seventeen (17) instruments remained for analysis after additional instruments were removed for the following reasons: 1) instrument measured a construct other than cultural competence in health/mental health; 2) instrument was a planning/screening checklist; 3) instrument was only available in a consumer version; and 4) instrument was not obtainable.

Figure 3
Selection Process of the Organizational Level Cultural Competence Instruments



Given the particular interest in supporting cultural competence within organizations serving the most diverse populations, further classification of the instruments involved identifying those with a documented application for use in systems of care for children's mental health. Of the final 17 instruments, six met the criteria. This applicability was determined by explicit statements made to this effect within the instrument, the inclusion of system of care principles within the instrument, or a documented association with a system of care in related articles or background material. For example, authors of one instrument published research in an article discussing the measurement of culturally competent services in systems of care, yet made no explicit statement about relevance to systems of care within the instrument itself (Siegel, Haugland, & Chambers, 2004).

Table 1 indicates the author and title of each of the 17 organizational level cultural competence instruments that were analyzed for this monograph. Included in the table is information on how to obtain each instrument.

Table 1
Organizational Level Cultural Competence Assessment Instruments

AUTHOR	TITLE OF INSTRUMENT
Amherst H. Wilder Foundation (2002)	Cultural Competence Program Self-Assessment (order info) http://www.wilder.org/contact_us.0.html
Andrulis, Delbanco, Avakian, & Shaw-Taylor (n.d.)	Conducting a Cultural Competence Self-Assessment http://erc.msh.org/mainpage.cfm?file=9.1g.htm&module=provider&language=English
Association of University Centers on Disabilities (AUCD) (2001)	Assessment of Organizational Cultural Competence http://www.aucd.org/councils/multicultural/Cultural_Competence_Survey.htm
Child Welfare League of America (CWLA) (2002)*	Cultural Competence Agency Self-Assessment Instrument (Revised) (order info) http://www.cwla.org/pubs/pubdetails.asp?PUBID=8404
Connecticut Department of Children & Families (CT DCF) (2002)*	Assessment Guidelines for Developing A Multiculturally Competent Service System for An Organization or Program http://www.ct.gov/dcf/cwp/view.asp?a=2546&q=314458
Connecticut Department of Mental Retardation (CT DMR) (2005)	Cultural Competence Organizational Self-Assessment http://216.239.51.104/search?q=cache:ocbdytZbrHAJ:www.dmr.state.ct.us/forms/CI_CC_SelfAssmt.pdf+Cultural+competence+organizational+self-assessment&hl=en&gl=us&ct=clnk&cd=4
The COSMOS Corporation (2003)	Final Report: Developing a Self-Assessment Tool For Culturally And Linguistically Appropriate Services In Local Public Health Agencies http://www.cosmoscorp.com/publications.html
La Frontera Center, Inc. (2002)	Building Bridges: Tools for Developing an Organization's Cultural Competence (order info) http://www.lafrontera.org/assmnt_tools.htm
The Lewin Group (2002)	Organizational Cultural Competence Assessment Profile http://www.lewin.com/Lewin_Publications/Special_Populations/CultCompAssessProfile.htm
Mason (1995)*	Cultural Competence Self-Assessment Questionnaire: A Manual for Users http://www.rtc.pdx.edu/pgPubsScript.php
National Center for Cultural Competence (NCCC) (2002)	Cultural Competence Policy Assessment http://www11.georgetown.edu/research/gucchd/nccc/siteindex.html
National Technical Assistance Center for State Mental Health Planning (NTAC) & National Association of State Mental Health Program Directors (NASMHPD) (2004)	Cultural Competency: Measurement as a Strategy for Moving Knowledge into Practice in State Mental Health Systems http://www.nasmhpd.org/publications.cfm#cultcomp
North West Indian Child Welfare Association (NWICWA) (1991)*	Organizational Self-Study on Cultural Competence for Agencies Addressing Child Abuse and Neglect (order info) https://www.nicwa.org/resources/catalog/index.asp
Office of Minority Health (OMH) (n.d.)	CLAS Standards Assessment Tool http://www.qsource.org/uqiosc/CLAS Standards Assess Tool.doc
Ohio Dept. of Mental Health (ODMH) (2003)*	Consolidated Culturalogical Assessment Tool Kit (order info) http://www.ccattoolkit.org/
Siegel, Haugland, & Chambers (2004)*	Cultural Competence Assessment Scale (order info) http://csipmh.rfmh.org/projects/id9.shtm
Weiss & Minsky (1996)	Program Self-Assessment Survey for Cultural Competence: A Manual http://www.med.umich.edu/multicultural/ccp/Assessments.doc

Note. *Reflects systems of care values and principles.

A domain was defined as an element essential to an organization's progress toward cultural competence.

Analysis and Compilation of Domains

After isolating the tools to be analyzed, a detailed review was undertaken to compile a comprehensive and representative list of domains used to organize and define the assessment of cultural competence at the organizational level. A domain was defined as an element essential to an organization's progress toward cultural competence (The Lewin Group, 2002; Siegel, Haugland, & Chambers, 2002). These included items identified in the selected assessment instruments as key components (Amherst H. Wilder Foundation, 2002) and/or organizational characteristics (ODMH, 2003) and pertained to specific organizational issues such as staffing patterns or the allocation of funds for services.

The primary goal of this process was to understand the domains utilized in existing organizational level cultural competence instruments and ultimately to operationalize cultural competence for further examination. The process of identifying these domains was iterative, involving repeated sorting and comparisons of the categories and individual questions across instruments.

The guiding analytical question of the review was *what domains did the authors consider to be critical components of cultural competence?* Also of interest were the context, criteria and method for selecting the categories included in each instrument, with the following questions further guiding the analysis of the selected protocols:

- For what type of organization was the instrument developed and for what purpose (e.g., organizational assessment, evaluation, program planning, etc.)?
- How did the authors define cultural competence?
- What was the level of research behind the development of the instrument, if any (e.g., review by an expert panel, reliability and validity testing, etc.)?
- Did the instrument developers provide a systematic way of analyzing and applying the results (e.g., answer key, scoring system, or planning guide)?

Guided by these questions, the examination sought to provide additional understanding about the purpose, evidence base, and applicability of the instruments considered.

The process of analyzing and compiling the domains involved the following steps:

- Describing the categories assessed by each instrument,
- Compiling a representative list of categories based on those descriptions,
- Grouping the categories of each instrument under common domain names,
- Developing comprehensive definitions of the common domains, and
- Identifying and defining sub-domains.

Analysis of the domains was designed to establish a representative list across the assessment instruments reviewed and involved determining the criteria for a domain, coding domains, and identifying common and unique domains across instruments.

The assessment instruments were initially examined for the purpose of identifying commonalities in specific categories of questions. Like categories were coded to create domains, with domain names being adopted or created

to represent similar categories of questions across instruments. Determining the appropriate domain name also took into account any definitions supplied by the authors of the instruments as well as individual items in existing subscales/subcategories. Some instruments, most notably those developed by Siegel et al. (2004) and the NTAC and NASMHPD (2004) did not categorize items into domains. Siegel et al. (2002) explains the development of domains in a previously published article (Siegel, Chambers, Haugland, Bank, Aponte, & McCombs, 2000). In NTAC and NASMHPD (2004) the questions were organized around sub-categories, making it necessary to match the sub-categories with their relevant domains. Another instrument (NWICWA, 1991) utilized the five organizational qualities identified by Cross et al. (1989) as organizing concepts but did not name the categories/subcategories of assessment. (See Appendix A for a complete list of categories found in each instrument).

A final list of domains was derived from this examination, and the frequency of occurrence across the assessment instruments was tallied. Definitions were then developed for each domain by examining those provided in the instruments, sorting these into the relevant domains, comparing their content, and compiling a representative statement. As a final step, the content of the domains was examined and used to establish representative sub-domains. This involved coding and categorizing sub-categories used in the instruments (e.g., focus areas, sub-scales, and/or individual questions).

The identification and definition of the common domains was then used to create a conceptual model of organizational cultural competence. These findings are addressed in detail and discussed in the remainder of this monograph.

4

Findings

The tools examined in this review provided examples of how organizational cultural competence has been operationalized and formed the basis for reflection on the current state of organizational cultural competence assessment.

Findings

The 17 organizational assessment instruments examined in this review were developed for use within a health and/or mental health context at the organizational level. One of the instruments also included items for assessing cultural competence at the level of the individual practitioner, and three included items for assessing system-level cultural competence. Six instruments were found to be applicable to organizations participating in systems of care: CWLA (2002), CT DCF (2002), Mason (1995), NWICWA (1991), ODMH (2003); Siegel et al. (2004). These instruments did not explicitly state that they were developed for systems of care, but many SOC principles and values were contained within individual items (Stroul & Friedman, 1986).

The tools examined in this review provided examples of how organizational cultural competence has been operationalized and formed the basis for reflection on the current state of organizational cultural competence assessment. Included in the following sections are comparisons of the various ways these 17 assessment instruments defined cultural competence, operationalized it into domains and measures, assessed an organization's level of cultural competence, applied results to organizations and systems of care, and ensured the validity and reliability of the assessment.

Definitions of Cultural Competence

Fifteen of the 17 instruments selected for review included a definition of cultural competence, with these definitions having numerous similarities and notable differences (see Appendix B). The remaining two instruments did not offer explicit definitions. The most common definition, occurring in 8 of the 17 instruments, was one offered by Cross et al. (1989): "A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enable them to work effectively in cross-cultural situations" (p. 13).

Four of the 8 instruments referencing the Cross et al. (1989) made slight modifications. For example, Siegel et al. (2004), expanded upon the Cross et al. (1989) definition as follows: "The attribute of a behavioral health care organization that describes the set of congruent behaviors, attitudes, skills, policies *and procedures* [italics added] that enable its caregivers to work effectively and efficiently in cross/*multi-cultural* [italics added] situations at all of its organizational levels" (p. 3).

Seven of the instruments provided unique definitions that did not utilize Cross et al. (1989) in their definition of cultural competence. Among those CWLA's (2002) is particularly notable for its emphasis on diversity. The CWLA defines cultural competence as:

> The ability of individuals and systems to respond respectfully and effectively to people of all cultures, races, ethnic backgrounds, sexual orientations, and faiths or religions in a manner that recognizes, affirms, and values the work of the individuals, families, tribes, and communities and protects the dignity of each (p. viii).

A similar emphasis on respect for diversity is seen in Amherst H. Wilder (2002). This instrument considers cultural competence to include relevance to and respect for the "unique features, cultural beliefs, language and lifestyles" (p. 49) of clients. Finally, the NCCC's (2002) definition of cultural competence also addressed diversity by including linguistic and community competence in its definition.

Key elements of the definitions of cultural competence offered across instruments included:

- Specific behaviors, knowledge, attitudes, policies, and procedures (e.g., acceptance, respect, regard, flexibility; knowledge about culture and ethnicity),
- Working effectively when faced with cultural differences in diverse populations (e.g. responding effectively; linguistic competence; improved access to care, quality of care),
- Congruence across system components/levels (e.g. policies and procedures that enable effective work in cross/multi-cultural situations at all organizational levels),
- Engagement in self-assessment and quality assurance, and
- On-going development of knowledge, resources, and service models (e.g. knowledge and skills to use appropriate assessment and treatment methods).

The categories utilized in the instruments typically measured similar areas, as evidenced by their definitions and/or the content of individual questions within categories.

Categories for Assessing Organizational Cultural Competence

All of the instruments grouped items of similar content together and most used category headings to denote major components of cultural competence. These major content areas were referred to in the instruments as domains, categories, key components, factors, organizational characteristics, and subscales. Despite the variety in nomenclature, the categories utilized in the instruments typically measured similar areas, as evidenced by their definitions and/or the content of individual questions within categories. For the purposes of clarity and consistency, these categories are herein referred to as domains.

Further analysis of the instruments revealed the existence of sub-categories or minor areas of content, represented as focus areas or measures. For example, the Lewin Group (2002) included a Leadership focus area within the Organizational Values domain. Siegel et al. (2004) used the term "measures" for categories such as Commitment to Cultural and Linguistic Competence and Assessment and Adaptation of Services.

Sub-categories were frequently found to overlap, which may be attributed to the "multi-faceted and interconnected nature of cultural competence" (The Lewin Group, Inc., 2002, p.7). In order to avoid complicating the analysis unnecessarily, each sub-domain was assigned to a domain based on similarities in wording or meaning.

The most commonly used domains were Facilitation of a Broad Service Array, Human Resource Development, and Policies/Procedures/ Governance.

Identification of Common Domains

Domains identified in this review were defined as major content areas for addressing cultural competence in organizations (Siegel et al., 2002). The analysis of the 17 organizational assessment instruments yielded a compilation of 8 common domains (see Table 2).

The most commonly used domains were Facilitation of a Broad Service Array, Human Resource Development, and Policies/Procedures/Governance, occurring in 14 out of 17 tools. Least consistently represented across the instruments were the Planning/Monitoring/Evaluation domain (10 out of 17 tools), and the Organizational Resources domain (9 out of 17 tools). Descriptions of the 8 common domains follow. (See Appendix C for detailed descriptions of sub-domains).

Table 2

Domain Frequencies Across Organizational Level Cultural Competence Assessment Instruments

	Domains of Cultural Competence							
Instruments	Organizational Values	Policies/ Procedures/ Governance	Planning/ Monitoring/ Evaluation	Communication	Human Resource Development	Community & Consumer Participation	Facilitation of a Broad Service Array	Organizational Resources
Amherst H. Wilder (2002)	X				X	X	X	
Andrulis et al. (n.d.)				X	X	X		X
AUCD (2001)	X	X	X	X	X	X	X	
CWLA (2002)	X	X					X	
CT DCF (2002)		X	X	X	X		X	X
CT DMR (2005)	X	X	X			X		X
The COSMOS Corp (2003)	X	X	X	X	X		X	X
La Frontera Center, Inc. (2002)	X				X	X	X	
The Lewin Group (2002)	X	X	X	X	X		X	X
Mason (1995)		X		X	X	X	X	X
NCCC (2002)	X	X		X	X	X	X	X
NTAC & NASMHPD (2004)		X	X			X		X
NICWA (1991)	X	X	X	X	X	X	X	
OMH (n.d.)	X	X	X	X	X	X	X	X
ODMH (2003)	X	X	X	X	X	X	X	
Siegel et al. (2004)	X	X	X	X	X		X	X
Weiss & Minsky (1996)		X		X	X	X	X	
Total 17	12	14	10	12	14	12	14	10

Domain 1: Organizational Values

- Commitment to cultural competence displayed through documentation
- Staff and administrator belief
- Actions indicative of beliefs

The Organizational Values domain is defined as expressions and actions that illustrate the organization's perspective and attitudes regarding the worth and importance of cultural competence and commitment to providing culturally competent care. It is an indication of how the organization intends to serve the community appropriately. Categories and items reflecting this definition were included in 11 of the instruments in this review.

Categorizing of items in this domain varied considerably across instruments. The Lewin Group included an Organizational Values domain, defined as "an organization's perspective and attitudes regarding the worth and importance of cultural competence, and its commitment to providing culturally competent care" (2002, p. 8).

The NCCC (2002) described a related domain, identified as Organizational Philosophy, which examined organizational commitment to the provision of culturally and linguistically competent services and the extent to which it is legitimized in policy. It probed the incorporation of cultural competence into the organization's mission statement, structures, practice models, collaboration with consumers and community members, as well as consumer advocacy.

In some instruments the incorporation of cultural competence within policies was included in a policy-related domain, whereas others linked it to the organization's mission statement. Inclusion of cultural competence in mission statements was mentioned in the Organizational Values domain of several instruments, with some also including the concept of assessing the personal beliefs of both the administration and staff to determine the degree to which values are put into action. One example of this concept is assessing whether administration and service providers "embrace empowerment" as a goal for their clients (NWICWA, 1991). Mason (1995) and the NCCC (2002) also considered personal involvement as one of the strongest indicators of personal beliefs and included items such as attendance in cultural competence forums and actively advocating for issues affecting members of the community being served as measures of this construct.

The Organizational Values domain is an indication of how the organization intends to serve the community appropriately.

Policies/Procedures/Governance is defined as the elements of organizational oversight that pertain to establishing goals and policies to ensure the delivery of culturally competent care.

Domain 2: Policies/Procedures/Governance

- Culturally and linguistically competent policies and procedures
- Governing body's investment in cultural competence

Policies/Procedures/Governance was identified by most of the instruments reviewed (14 out of 17) and is defined as the elements of organizational oversight that pertain to establishing goals and policies to ensure the delivery of culturally competent care. It incorporates every aspect of organizational management and governance, including the responsibilities of administrators, the board of directors, and committees, as well as the content of documents, rules, and plans that support culturally competent practices.

The Culturally and Linguistically Competent Policies and Procedures sub-domain consists of documented policies and agency procedures that support cultural competence. It also addresses the need for cultural competence across all policies (Siegel et al., 2002). For example the Policies/Procedures domain in the CT DCF (2002) instrument assesses the presence of "culturally appropriate policies and procedures communicated orally and/or written—in the principle language of the client/consumer to address confidentiality, individual patient rights and grievance procedures, medication fact sheets, legal assistance, etc. as needed and appropriately" (p. 4).

The Governing Body's Investment in Cultural Competence sub-domain consists of "the goal-setting, policy-making, and other oversight vehicles an organization uses to help ensure the delivery of culturally competent care" (The Lewin Group, 2002, p. 9). This investment is suggested for the board of directors, advisory committee, and policy-making groups, and includes proportional representation of staff, client/consumers and the community (CT DCF, 2002). It also includes the presence of a governing board or committee that takes responsibility for leadership in monitoring adherence to culturally competent policies and development of a cultural competence plan (Siegel et. al., 2002).

Domain 3: Planning/Monitoring/Evaluation

- Understanding the community/needs assessment
- Cultural competence plan
- Agency demographic data
- Quality monitoring and improvement
- Creation and evaluation of specific programs

The Planning/Monitoring/Evaluation domain was one of two domains included least often in the cultural competence assessment instruments (10 out of 17). It is defined as the mechanisms and processes used for the systematic collection of baseline and on-going information about groups served (e.g. needs assessment), along with planning, tracking, and assessment of cultural competence.

Some instruments mentioned only one aspect of this domain, while others addressed multiple aspects. For example, Mason focused on Understanding the Community in assessing "awareness of the respective cultural groups, how they differ from the dominant culture, how they differ internally, and how they differ from non-mainstream cultural groups" (1995, p. 47). In contrast, Siegel et al. (2002) included Needs Assessment activities in conjunction with Cultural Competence Plans. The instrument states that "a baseline of information is needed that profiles cultural groups within the target, or service area of a mental health authority… In addition, the special mental health, cultural and service preference needs of the groups served need to be known in order to plan and develop more comprehensive culturally competent treatment plans" (Siegel et al., 2002, p. 16).

The Lewin Group (2002) crossed several of the identified sub-domains by assessing for consumer input, cultural competence planning, and quality monitoring and improvement. The authors' definition of this domain includes "the mechanisms and processes used for: a) long- and short-term policy, programmatic, and operational cultural competence planning that is informed by external and internal consumers; and b) the system and activities needed to proactively track and assess an organization's level of cultural competence" (Lewin Group, 2002, p. 10).

The Creation and Evaluation of Specific Programs sub-domain addressed the creation of programs that fit the cultural and historical aspects of communities served as well as staff characteristics (Andrulis et al., n.d.; NWICWA, 1991). Evaluation aspects included both short-term and long-term effectiveness of programs and policies based on outcomes at the individual or family level, organization level, and system level (Andrulis et al., n.d.). Evaluation also involved assessing the level of disparity in outcomes. As Siegel et al. (2002) explained, "For individual consumers, the goal of achieving desirable outcomes will be evidenced by clinical change, improved social functioning, recovery and self-empowerment. Outcomes for any one cultural group should be consistent with the outcomes for the entire population served by the mental health administrative entity." (p. 19).

The Planning/Monitoring/Evaluation domain is defined as the mechanisms and processes used for the systematic collection of baseline and on-going information about groups served, along with planning, tracking, and assessment of cultural competence.

The Communication domain involves the exchange of information within different levels of the organization as well as between the organization and the community, target population, and partner organizations.

Domain 4: Communication

- Intra-organizational communication
- Communication with consumers
- Making information available to the public

The Communication domain involves the exchange of information within different levels of the organization as well as between the organization and the community, target population, and partner organizations. It addresses content (e.g., conceptions of mental health, prevention, stigma reduction, health care planning, and consumer rights), direction of exchange (e.g., community to organization and organization to community), and format and method or frequency (e.g., written documents, radio, television, e-mail, website, community forums). Community outreach activities included in this domain are distinguished from the Community and Consumer Participation domain, which focuses on the process of collaboration.

The focus of the Intra-Organizational Communication sub-domain is on how leadership communicates with staff about cultural competence, and the degree to which staff are encouraged to discuss their cross-cultural interactions, either with supervisors or in other contexts. The Lewin Group's (2002) definition of Communication includes "the exchange of information between the organization/providers and the clients/population, and internally among staff, in ways that promote cultural competence" (p.11).

The Communication with Consumers sub-domain emphasizes culturally and linguistically appropriate oral and written communication, solicitation of community feedback, and an organization décor that communicates a culture-affirming message to consumers. The NCCC (2002) defined linguistic competence as the capacity of personnel to communicate effectively and convey information in ways that are easily understood by diverse audiences, including individuals with limited English proficiency, low literacy skills, or disabilities. The CT DCF (2002) instrument also includes linguistic competence as part of the overall cultural competence of providers, stating "culturally competent behavioral health care providers have, at a minimum, linguistic competence and also some knowledge about the culture and ethnicity. They should also have the knowledge and skills to use assessment and treatment methods that are appropriate for multicultural clients/consumers" (p. 9).

Making Information Available to the Public involves targeted outreach activities to diverse communities in the service area. For example, an agency might make the community aware of its services through outreach to churches, cultural organizations, natural healers, radio advertisements, and pamphlets. The agency might also make information on staff diversity and other culturally relevant aspects of the organization available to the community. Siegel et al. (2002) emphasizes this aspect of communication in a domain titled Information Exchange, in which "the mental health administrative entity receives information about the cultural characteristics of the community" …and …"in addition the extent to which information is given to community groups in such areas as prevention, stigma reduction, health care plan contents, benefits, and rights of consumers" (p. 16).

Domain 5: Human Resource Development

- Recruiting diverse staff
- Retaining and promoting diverse staff
- Cultural competence training programs
- Evaluation of staff

Human Resource Development is defined as an organization's efforts to ensure that staff and other service providers have the requisite attitudes, knowledge, and skills for delivering culturally competent services.

Human Resource Development is defined as an organization's efforts to ensure that staff and other service providers have the requisite attitudes, knowledge, and skills for delivering culturally competent services. It includes requirements for recruitment and hiring (e.g., language/culture), training, coaching and mentoring, supervision and evaluation, and incentives and criteria for retention and promotion that support organizational cultural competence. The Lewin Group (2002) defined this domain as Staff Development: "An organization's efforts to ensure staff and other service providers have the requisite attitudes, knowledge and skills for delivering culturally competent services" (p. 12). Siegel et al. (2002) included similar ideas in its Human Resources domain, which is described in the following statement: "Receipt of the training and evidence of the incorporation of cultural competence principles into practice should become part of employee evaluations and criteria for retention and promotion. Recruitment and hiring activities must include cultural competence requirements and finding staff with linguistic capacity" (p. 19).

Recruiting diverse staff is one way that an organization ensures culturally competent human resources and includes recruiting staff with knowledge of and prior experience with the community they serve and/or members of ethnic minority groups. It also includes retaining and promoting diverse staff, not only passively through nondiscrimination but also by actively assisting staff who are members of ethnic minority groups to attain the skills required to achieve and sustain positions within the higher rungs of the organization (Andrulis et al., n.d.; NWICWA, 1991).

Other instruments suggested that training programs should be mandatory for all staff and competence should be assessed regularly (Andrulis et al., n.d.; CWLA, 2002; Weiss & Minsky, 1996). Specifically, the CWLA (2002) instrument included an item stating: "Staff are given opportunities to become knowledgeable about federal and state statutes and regulations relating to culturally and linguistically diverse populations (e.g., Title VI of the Civil Rights Act and the Indian Child Welfare Act)" (p. 20). In addition, Andrulis et al. (n.d.) included an item for the purpose of evaluating staff on their level of cultural and linguistic competence and include the means for indicating if the results of the evaluation are part of performance evaluations and promotion decisions. A specific aspect to be evaluated was the ability of bilingual interpreters to accurately translate in mental health settings (Andrulis et al., n.d.). Assessing competency was also related to quality improvement or evaluation activities, as outlined in the Planning/Monitoring/Evaluation domain.

The Community and Consumer Participation domain represents the extent to which the agency and its members participate in the community, as well as to what degree the community has participation in agency activities.

Domain 6: Community and Consumer Participation

- Agency collaboration with community groups and businesses
- Community and consumer input into services and agency activities
- Staff members/administrators' personal involvement with community

Community and Consumer Participation is defined as the engagement of community members, organizations, and clients in planning, implementing, assessing, and adapting organizational cultural competence strategies. The domain represents the extent to which the agency and its members participate in the community, as well as to what degree the community has participation in agency activities (including input into decision-making). Twelve of the seventeen instruments included a Community and Consumer Participation domain, and two included this concept in other domains.

CT DCF's (2002) definition of the sub-domain of Community and Consumer Input into Services and Agency states that "the agency values the opinions of the people being served and their families" (p. 2). Part of this involves soliciting feedback about the agency and its services and instructing families in how to file grievances, as well as other activities that extend beyond simply conducting consumer surveys (CT DCF, 2002).

The Agency Collaboration with Community Groups and Businesses subdomain includes a specific process for agency collaboration with communities, involving attempts to "develop participatory, collaborative partnerships with communities and utilize formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities" (OMH, n.d., p. 12). Agency collaboration with the community is also described as including the purchase of goods and services from community-based and/or minority-owned businesses (Mason, 1995; NCCC, 2002). The reciprocal aspect of this process is described in the Reaching out to Communities domain in Mason (1995), which included outreach efforts that appropriately engage culturally-sanctioned helpers, leaders, and community supports in a system of care.

The Community and Consumer Participation domain also includes a Personal Involvement sub-domain, which measures the degree to which agencies participate in community improvement on the community's terms. Mason describes this component as "the degree to which professionals and agencies demonstrate reciprocity to a given ethnic community or community of color" (1995, p. 48). Weiss and Minsky (1996) describe such activities as including advocacy for "social issues (such as employment, housing, education, the law, etc.) that concern persons who differ in culture or color from the majority" (p.7).

Domain 7: Facilitation of a Broad Service Array

- Appropriateness of services
- Accessibility of services

The Facilitation of a Broad Service Array domain is defined as the delivery or facilitation of a variety of needed services offered equitably and appropriately to all cultural groups served.

The Facilitation of a Broad Service Array domain is defined as the delivery or facilitation of a variety of needed services, including outreach, navigation, translation/interpretation, and bilingual/bicultural services offered equitably and appropriately to all cultural groups served. For example, Siegel et al. (2002) stated, "a process for developing culturally competent services that are offered equitably to all cultural groups needs to be in place. The mental health administrative entity needs to ensure that open access to all services is provided" (p. 17). A similar domain used by the Lewin Group (2002) emphasized "facilitation" rather than "access" to services. Their Services/Interventions domain was described as "an organization's delivery or facilitation of clinical, public health, and health-related services" (The Lewin Group, 2002, p. 14).

The Appropriateness of Services sub-domain is described by the CT DCF (2002) instrument as addressing community culture (including the use of culturally appropriate diagnostic and assessment tools, using the client's cultural strengths and resources in treatment planning, effective cross-cultural communication in clinical interactions, and compatible management of care for different ethnic/cultural backgrounds). Accessibility of Services included the provision of supports that facilitate consumers' use of services (such as hours, location, affordability, transportation, outreach, child care, flexible intake process, bilingual staff, trained medical interpreters) and provide for continuity of care (fluid arrangements between agencies or providers that allow people to go from one service to another). NWICWA (1991) addresses this sub-domain by including the following item: "Does the agency consider collateral services that address basic human needs as part of the helping role?" (p. 6-20, Question 2.25), and NTAC and NASMPHD (2004) asks does the state mental health agency "provide or help organizations to obtain educational materials translated into the identified languages?" (p. 16).

The Organizational Resources domain pertains to those resources required to deliver or facilitate delivery of culturally competent services. It involves both the internal and external resources needed by an organization to support its culturally competent activities in all other domains.

Domain 8: Organizational Resources

- Community-based resources
- Database systems
- Financial resources
- Language and communication capacity
- Materials

The Organizational Resources domain pertains to those resources required to deliver or facilitate delivery of culturally competent services, including financial/budgetary, staffing, technology, physical facility/environment, and alliances/links with community and other partners. It involves both the internal and external resources needed by an organization to support its culturally competent activities in all other domains. The components of a similar domain in the Lewin Group's (2002) instrument, called Organizational Infrastructure, included financial/budgetary, staffing, technology, physical facility/environment, and alliances/links with community and other partners (The Lewin Group, 2002). Mason (1995) defined this domain (which he called Resources and Linkages) as "an indication of the system's ability to effectively utilize both formal and informal networks of support within a given cultural community to develop a comprehensive system of care" (p. 49). Siegel et al., (2000) addressed organizational resources within their Services domain by mentioning the use of informal mental health supports and other systems as resources. Examples given for informal supports/other systems were clergy, social services, and housing. Mason (1995) went even further to include community-based networks such as civil rights groups, community-based organizations, community leaders, and social service groups as resources in developing culturally competent systems of care (Mason, 1995).

Database Systems and Financial Resources are commonly recognized components of organizational infrastructure. The Database System sub-domain includes those management information systems or other data-tracking systems that help an organization to plan, monitor, and evaluate its programs. And the Financial Resources sub-domain represents the finances that an agency must have in order to support cultural competence services such as diversity training or compensation for bilingual capacity.

The Language and Communication Capacity sub-domain comprises communication resources that determine the organization's capacity for providing culturally competent services and includes communication technologies, and the number and type of interpreters and bilingual staff. Similarly, the Materials sub-domain includes resources such as culturally/linguistically appropriate educational videotapes, translated forms, culturally-oriented literature, and service directories cataloguing culturally and linguistically diverse resources. Together these two sub-domains incorporate key communication resources that an organization must have to carry out its activities in a manner that reaches diverse communities.

How Results are Measured or Given Meaning

Content of assessment instruments considered in this review was developed in a variety of ways. Among the instruments that described the process of development, the following methods were specified: literature reviews, focus groups, expert panels, case studies, pilot testing and validity/reliability analyses. Each instrument and the methods used in their development are shown in Table 3.

Comparisons between the goals for cultural competence assessment and methods for analyzing the results varied across cultural competence instruments. Most instruments indicated that they were developed as self-assessment tools for use in internal organizational analysis, rather than external evaluation, and it was this specified purpose that gave meaning and directed the application of the results. For example, Mason (1995) included a statement that discouraged comparison across organizations. Other instruments also suggested that a variety of people in the organization answer the questions, thereby ensuring that a cross-section of individuals representing the organization were included in the responses. For example, the CWLA suggested, "This self-assessment is not intended to provide an empirical or scientific review of agency functioning, but to gather what information is available that may be grounded in data about agency functioning or information that is based on the collective experiences and wisdom of staff" (CWLA, 2002, p. xiii).

Most instruments indicated that they were developed as self-assessment tools for use in internal organizational analysis, rather than external evaluation, and it was this specified purpose that gave meaning and directed the application of the results.

Table 3
Instrument Development

Instrument	Literature Review/ Protocol Review	Focus Groups	Expert Panel	Validity/ Reliability Analysis	Derived from a Document, Law, or Model	Pilot Data Testing	Case Studies	Not Stated
Amherst H. Wilder Foundation (2002)	X		X					
Andrulis et al. (n.d.)	X		X		X		X	
AUCD (2001)	X							
CWLA (2002)								X
CT DCF (2002)	X							
CT DMR (2005)								X
The COSMOS Corporation (2003)	X					X		
La Frontera Center, Inc. (1995)	X				X			
The Lewin Group (2002)	X		X		X		X	
Mason (1995)	X			X		X		
NCCC (2002)								X
NTAC & NASMHPD (2004)			X		X			
NWICWA (1991)	X		X		X			
OMH (n.d.)	X				X			
ODMH (2003)	X		X	X	X			
Siegel et al. (2004)	X	X	X		X		X	
Weiss & Minsky (1996)	X		X			X		
TOTAL	13	1	8	2	8	3	3	3

Some instruments provided specific direction as to how to use the results. Instruments that provided detailed procedures for analyzing results included scoring guidelines for the use of Likert-type scales for individual items and instructions for making comparisons across sub-scales (Andrulis et al., n.d.; CT DCF, 2002; CT DMR, 2005). For example, the Andrulis et al. (n.d.) instrument featured a code book to guide the scoring of each item. Receiving a higher ratio of positive to negative responses in a given subsection was indicative of making progress toward cultural competence in that area. The CT DMR (2005) instrument also utilized Likert scales to assess four domains. Each question was scored on a scale from 1 to 5, with ratings of 1 and 2 being indicative of priority issues and concerns; 3 reflecting a need for improvement, and 4 and 5 identifying strengths. In this process, an individual item, such as "Does the agency have a clear statement of mission?" (p. 1) could be selected either as an area of strength or in need of improvement, based on the total score for the item. In this example, there were no overall scores provided for the overarching domains. Scores for individual items could, however, be transferred to The Continuous Quality Improvement Plan Form, which was intended to assist agencies in developing a Quality Improvement Plan by mapping out their strengths and weaknesses. For each priority improvement area identified, space was provided for the agency to detail desired outcomes, baseline information, measures, improvement strategies, and progress review.

The CT DCF was the only instrument that specifically instructed agencies to focus cultural competence planning around specified areas of concern such as access, engagement, and retention (2002)..

The CT DCF instrument (2002) also utilized a rating scale and provided organizations a format for use in developing a cultural competence plan. Organizations were directed to focus on those areas that were determined to be priority concerns or in need of improvement. The CT DCF was the only instrument that specifically instructed agencies to focus cultural competence planning around specified areas of concern such as access, engagement, and retention (2002).

The ODMH (2003) provided a hard copy guide for analysis of results along with a software program, with the software allowing organizations to compute results and generate reports of different types, and to represent different levels such as system, organization, or individual (youth service recipient, shareholder, etc.). The program also allowed for the report to be tailored by the organization or system based on their chosen criteria, simply by selecting specific data fields (ODMH, 2003). Similarly, Mason (1995) provided procedures for comparing across subscales and suggested that the data be presented in ways that were comprehensible and useful for the intended audience(s). Specific suggestions included using a table to present the mean scores for each subscale and highlighting those with lower scores in order to stimulate discussion within the group (Mason, 1995).

Some instruments included a planning guide to assist organizations in making sense of and applying results (CWLA, 2002; NICWA, 1991). For example, the section in the CWLA (2002) instrument titled Interpreting Assessment Results included questions to guide the process of interpretation and creating a plan of action. The La Frontera Center (2002) provided organizations a means to assess their current level of cultural competence utilizing a matrix showing the stages from cultural oppression to cultural advocacy. Participants chose the stage from the matrix that best represented their organization, and scores for each indicator were compiled to obtain an aggregate score. From there, the organization could

devise a cultural competence action plan. As with other instruments, however, the La Frontera Center (2002) provided a caveat to define the limitations of the results in the planning process: "The stages illustrated in this assessment are not meant to grade organizations on their level of cultural competence but to help staff identify the next, most logical step for development planning" (p. 3). Table 4 shows which assessment instrument included a guide for use in planning.

The final comparison made across instruments was for the purpose of determining if they had been tested for validity and reliability. A few indicated that pilot studies and limited statistical testing had been conducted (Mason, 1995; ODMH, 2003). Mason (1995) performed reliability testing by calculating alpha coefficients of subscales. Validity was not tested, although content validity was examined by consultation with experts concerning the questionnaire items (Mason, 1995). The ODMH established initial reliability and statistical validity, although the authors state that testing continues (2003). Other instruments (The COSMOS Corporation, 2003; Weiss & Minsky, 1996) performed pilot testing but as of this writing have not tested revised versions. Siegel et al. (2004) also had not completed testing of the validity and reliability of their instrument (G. Haugland, personal communication, May 3, 2005).

Table 4

Guide for Interpreting Results Obtained from Instruments

	Guides	
Instrument Authors	**Planning**	**Scoring**
Amherst H. Wilder Foundation (2002)	Yes	No
Andrulis et al. (n.d.)	Yes	Yes
AUCD (2001)	No	No
CWLA (2002)	Yes	No
CT DCF (2002)	Yes	Yes (8 "Sections" are to be rated based on a scale from 1-5.)
CT DMR (2005)	Yes (Continuous Quality Improvement Plan)	Yes
The COSMOS Corporation (2003)	No	No
La Frontera Center, Inc. (2002)	Yes	Yes
The Lewin Group (2002)	No	No
Mason (1995)	No	Yes (By individual item and subscale mean)
NCCC (2002)	No	Yes
NTAC & NASMHPD (2004)	No	Yes Status codes from 1-3 for each question (1 =not implementing, 2= planning to implement this year, 3=yes/currently implementing).
NICWA (1991)	Yes	Yes (Choices: met, not met, exceeded)
OMH (n.d.)	Yes	No
ODMH (2003)	Yes	Yes
Siegel et al. (2004)	No	Yes
Weiss & Minsky (1996)	No (General planning guidelines)	Yes

5 Conclusions

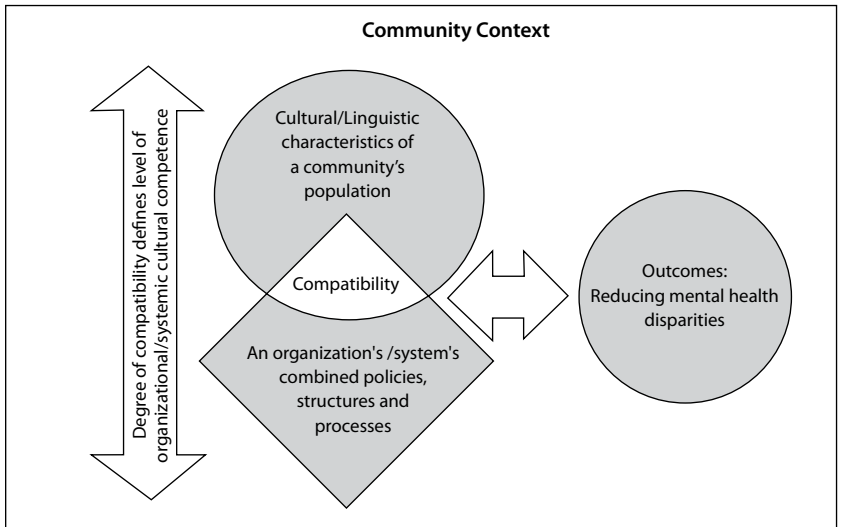
Additional research is needed to determine if the use of assessment instruments facilitates organizational cultural competence, specifically how the results have been used for improving services, and whether increased cultural competence is linked to improved outcomes.

Conclusions

Based on this review of 17 organizational level cultural competence assessment instruments, several general conclusions can be drawn about the state of the science of cultural competence assessment and the implications for future research and practice. Further study is required to test the validity of domains used in cultural competence instruments. Additional research is also needed to determine if the use of assessment instruments facilitates organizational cultural competence, specifically how the results have been used for improving services. Research also needs to focus on whether increased cultural competence is linked to improved outcomes.

The findings of this monograph have contributed to the operationalization of organizational cultural competence through providing a list of common domains. Although the instruments showed varying levels of research to support the domains they used, the consistency in the types of domains and definitions of cultural competence suggest a certain level of consensus about the key characteristics of a culturally competent organization. However, the reliance on literature reviews, expert panels, and case studies in arriving at these domains confirms the assertions of Geron (2002) and Sue (2003) that work remains to be done before cultural competence can be operationalized clearly enough to measure its effectiveness.

Figure 4
Conceptual Model for Organizational Cultural Competence



Definition: Within a framework of addressing mental health disparities within a community, the level of a human service organization's/system's cultural competence can be described as the degree of compatibility and adaptability between the cultural/linguistic characteristics of a community's population AND the way the organization's combined policies and structures/processes work together to impede and/or facilitate access, availability and utilization of needed services/supports.

Hernandez, M., & Nesman, T. (2006).

The common domains identified in this review have been included in a definition of organizational cultural competence and an accompanying conceptual model that will guide future research of Study 5. The conceptual model developed by Hernandez and Nesman (2006) is shown in Figure 4.

As Figure 4 indicates, the compatibility between the organization's/system's structures and processes and the community's populations determines the level of cultural competence. As described in the Community and Consumer Participation domain of this monograph, understanding the community context is important to the development of compatibility between organizations and populations served. This is because both clients and providers respond to mental health issues within the context of a larger social environment. In addition, organizations and systems

function within larger community, state, and national contexts that impact their attempts to serve their local community.

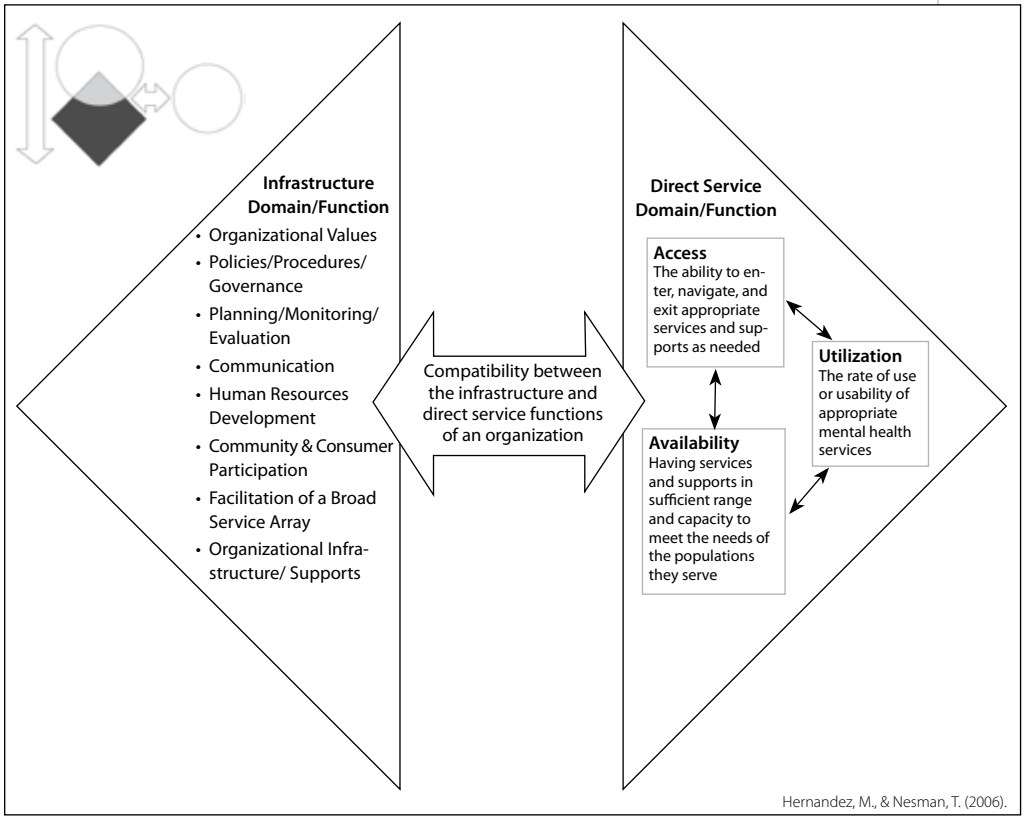
The model also shows the need for compatibility with the community. This is dependent upon having information about the community's populations, context, and the organization's policies, structures, and processes as indicated in the Planning/Monitoring/Evaluation domain in this monograph. Knowing the community's populations includes awareness of the influences of culture, ethnicity, race, socioeconomic status, and related social factors on the provision of services and help-seeking. Development of compatible strategies will not be possible without this information.

A culturally competent organization seeks compatibility between and within infrastructure and direct service domains.

In addition to the overall conceptual model, a more detailed diagram was developed to show the direct link between the findings of this monograph and cultural competence at the direct service level (Hernandez & Nesman, 2006). As illustrated in Figure 5, two types of organizational structures and processes are important to consider in organizational cultural competence. The Infrastructure component includes organizational functions that are based on the domains identified in this monograph, while the Direct Service component is described elsewhere (Hernandez, Nesman, & Isaacs, 2007).

As shown in Figure 5, the Direct Service domain of an organization, which includes functions related to access, utilization, and service availability, is impacted and has an effect on the organizational infrastructure. A culturally competent

Figure 5
Relationship Between Organizational Infrastructure and Direct Service Functions



organization therefore seeks compatibility between and within infrastructure and direct service domains. Direct service functions are shown as two-way arrows, indicating that change in one area may affect other areas, or lack of change in one area may cancel out efforts in other areas. Incorporating cultural competence into every aspect of the organization or system requires careful consideration of compatibility of policies and strategies with the population served as well as within the organization.

Understanding interrelationships and the dynamic nature of help seeking and service provision within changing communities is key to decreasing disparities.

A culturally competent organization can contribute to reducing mental health disparities (Hernandez & Nesman, 2006), but determining the impact on reducing disparities requires measurement of outcomes at multiple levels. For example, organizational level outcomes might include increased access, decreased dropout, and decreased no show rates for formerly underserved populations. Outcomes might also be seen at the population level, such as increased use of outpatient services or decreased use of crisis and inpatient services. Individual outcomes might include improved clinical outcomes, improved social functioning, and empowerment. Considering outcomes at all levels acknowledges the interrelatedness of organizational infrastructure, direct services, and populations served.

Understanding interrelationships and the dynamic nature of help seeking and service provision within changing communities is key to decreasing disparities and being able to measure changes in access to services. Underserved populations will benefit from such consideration and its application to cultural competence assessment and outcome measurement. The domains of organizational cultural competence found to be common across instruments reviewed in this study contribute to developing a common understanding of the key components of cultural competence. Further verification of essential components, more precise operationalization of domains and sub-domains, and testing to determine their usefulness for research and practice will move the field closer to the goal of ensuring access to services for all children and families.

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Apendices

Appendix A: Cultural Competence Assessment Analysis: Overview of Categories

Appendix B: Definitions of Cultural Competence

Appendix C: Identified Domains and Sub-domains

Appendix A
Cultural Competence Assessment Analysis: Overview of Categories

Instrument	# of Categories	Category and Subcategory Names
Amherst H. Wilder Foundation (2002)	5 Key components of cultural competence	1. Organizational Commitment 2. Culturally Competent Staff 3. Appropriate Services 4. Accessible Services 5. Community Networks
Andrulis et al., (n.d.)	3 sections broken up into sub-sections, 122 items total	1. Ethnic/Cultural Characteristics a. Board, staff and patient/community profiles b. Healthcare organizational recognition of diversity needs 2. Healthcare Organizational Approaches to Accommodating Diversity Needs and Attributes a. Diversity training b. Human resource programs c. Union presence 3. Healthcare Organizational Links to Patients and the Communities You Serve a. Healthcare organizational links to community b. Organizational adaptation to diversity c. Database systems and data development d. Language and communication needs of patients and staff e. Business strategies attracting patients from diverse cultures
AUCD (2001)	7 sections	1. Organization 2. Administration 3. Research and Program Evaluation 4. Community/Continuing Education 5. Education/Training 6. Technical Assistance/Consultation 7. Clinical Services
CWLA (2002)	7 Sections ("Broad areas and common elements that should be included in any agency cultural competence assessment")	1. Valuing Culture And Diversity (6 questions) 2. Documents Checklist (5 questions) 3. Governance (11 questions) 4. Administration (11 questions) 5. Policy Development and Program (29 questions) 6. Service Delivery (20 questions) 7. Children, Youth, and Families Served (14 questions)
CT DCF (2002)	8 sections	1. Agency Demographic Data (Assessment) 2. Policies, Procedures, and Governance 3. Services/Programs 4. Care Management 5. Continuity of Care 6. Human Resources Development 7. Quality Monitoring and Improvement 8. Information/Management System

Instrument	# of Categories	Category and Subcategory Names
CT DMR (2005)	4 sections with 4-9 questions each	1. The Agency mission, organizational structure, and quality improvement efforts reflect a commitment to provide culturally competent services and supports. (6 questions) 2. The agency has culturally appropriate policies, procedures, and practices. (9 questions) 3. The agency values the opinions of the people being served and their families. (4 questions) 4. The agency promotes personal dignity and respect inclusive of cultural identity and preference. (5 questions)
The COSMOS Corporation (2003)	14 standards	Sorted by themes: Cultural Competence Care = Standards 1-3 Language Access Services = Standards 4-7 Organizational Supports for Cultural Competence = Standards 8-14
La Frontera Center, Inc. (2002)	4 categories	1. Organizational Environment 2. Human Resources 3. Public Relations/Working with the Community 4. Service Delivery
The Lewin Group (2002)	7 Domains	1. Organizational Values 2. Governance 3. Planning and Monitoring/Evaluation 4. Communication 5. Staff Development 6. Organizational Infrastructure 7. Services/Interventions
Mason (1995)	7 subscales in Service Provider Version and 6 subscales in Administrative Version; Service Provider Version contains the Service Delivery and Practice Subscale	Service Provider Version 1. Knowledge of Communities (questions q. 1-15) 2. Personal Involvement (q. 16-24) "the degree to which professionals and agencies demonstrate reciprocity to a given ethnic community or community of color" 3. Resources and Linkages (q. 25-41) 4. Staffing (q. 42-53) 5. Service Delivery and Practice ("for direct service staff only") (q. 54-72) 6. Organizational Policy and Procedures (q. 73-75) 7. Reaching Out to Communities (q. 76-79) Administration Version 1. Knowledge of Communities (q. 1-15) 2. Personal Involvement (q. 16-24) 3. Resources and Linkages (q. 25-41) 4. Staffing (q. 42-53) 5. Organizational Policy and Procedures (q. 54-56) 6. Reaching Out to Communities (q. 57-60)

Instrument	# of Categories	Category and Subcategory Names
NCCC (2002)	7 subscales; Policy/Procedures: "Is there supporting policy?" (Question asked in every section – not subscale)	1. Knowledge of Diverse Communities 2. Organizational Philosophy 3. Personal Involvement in Diverse Communities 4. Resources and Linkages 5. Human Resources 6. Clinical Practice 7. Outreach to Diverse Communities
NTAC & NASMHPD (2004)	10 sections, 3-7 questions or indicators for each	1. Commissioner's Personal Leadership 2. Staff and Stakeholder Commitment 3. Responsibility for Cultural Competence 4. Cultural Competence Advisory Committee 5. Organizational Self-Assessment 6. Data Analysis 7. Cultural Competence Plan 8. Linguistic Competence 9. Standards and Contractual Requirements, e.g., CLAS standards 10. Resources, e.g., for cultural competence training
NWICWA (1991)	5 checklists to solicit different perspectives. Most of the checklists consisted of 5 domains	Policy Makers/Governing Body Level 1. Valuing Diversity 2. Self-Assessment 3. Dynamics of Difference 4. Cultural Knowledge 5. Adaptations to Diversity 6. Governing Body 7. Hiring Policies 8. Other Policies Administrative Level 1. Values 2. Self-Assessment 3. Dynamics Of Difference 4. Cultural Knowledge 5. Adaptation Of Services (Employment Practices, Facility/Infrastructure) Service Providers/Practice Level 1. Valuing of Diversity 2. Self-Awareness 3. Dynamics of Difference 4. Cultural Knowledge 5. Adaptation of Services

Instrument	# of Categories	Category and Subcategory Names
OMH (n.d.)	8 CLAS Domains	1. Organizational Governance 2. CLAS Plans and Policies 3. Culturally Inclusive Health Care Environment and Practices 4. Quality Monitoring & Improvement (QMI) 5. Management Information Systems 6. Staffing Patterns 7. Staff Training and Development 8. Communication Support
ODMH (2003)	12 Domains, 3 questions are listed under each domain	1. Leadership - mobilizing others to get the work done 2. Vision/Mission - the organization's desired future state and stated purpose 3. Staff Composition - the people who work for the organization 4. Cultural Concepts - the use of beliefs and language in the organization 5. Work Climate - the environment in which services are delivered 6. Collaboration - partnering and working together 7. Policies and Procedures - the official rules of the organization 8. Service Delivery - the process by which services are delivered 9. Training/Staff Development - education provided to persons working in the organization designed to enhance that effectiveness and efficiency 10. Communication - both written and oral language 11. Outcomes Management - the use of data to improve the organization's effectiveness and efficiency 12. Performance Evaluation - the system for rating workers' job performance
Siegel et al. (2004)	6 domains from Siegel, Chambers, Haugland, Bank, Aponte, and McCombs (2000) and Siegel et al. (2002) 7 sub-scales	1. Needs Assessment 2. Information Exchange 3. Services 4. Human Resources 5. Policies/Procedures 6. Cultural Competence Outcomes 1. Agency Commitment to Cultural Competence 2. Assessment of Service Needs 3. Cultural Input into Agency Activities 4. Integration of Cultural Competence with Agency 5. Culturally Competent Staff 6. Language Capacity 7. Assessment and Adaptation of Services
Weiss & Minsky (1996)	3 sections	1. Program practices a. Consumer issues 2. Program practices a. Program issues 3. Respondent views a. Staff recommendations

Appendix B
Definitions of Cultural Competence

Instrument	Cross et al. 1989	Definition of Cultural Competence
Amherst H. Wilder Foundation (2002)		"A culturally competent program possesses the skills and abilities to work effectively with diverse populations. This is demonstrated by serving particular subgroups of the larger population in a way that understands, is relevant to and respects the unique features, cultural beliefs, language and lifestyles within these populations" (p. 49).
Andrulis et al. (n.d.)		Does not explicitly define cultural competence. Asks agency members to talk about "what comes to mind" when they "hear the term 'cultural competence'" (p. 5); Refers to the "spectrum of cultural competence" (p. 7)
AUCD (2001)		Authors quote Developmental Disabilities Assistance and Bill of Rights Act of 2000, Public Law 106-402: "In the development of the instrument, the term culturally competent means '…services, supports, or other assistance that is conducted or provided in a manner that is responsive to the beliefs, interpersonal styles, attitudes, language, and behaviors of individuals who are receiving services, supports, or other assistance, and in a manner that has the greatest likelihood of ensuring their maximum participation in the program involved…' " (para. 2)
NTAC & NASMHPD (2004)		Does not list a definition for cultural competence, but gives six rationales: (1) Quality of Care • Authors cited The Surgeon General's Report on Mental Health (1999) and its supplement, Mental Health: Culture, Race and Ethnicity (2001) (2) Disparity Reduction (3) Risk Management (4) Parity (within the mental health system) (5) Linguistic Competence (6) Social Responsibility • "Reflects the fundamental value base of the public mental health system, which is committed to being responsive to individual needs and preferences" (p. 3).
CWLA (2002)		"The ability of individuals and systems to respond respectfully and effectively to people of all cultures, races, ethnic backgrounds, sexual orientations, and faiths or religions in a manner that recognizes, affirms, and values the work of the individuals, families, tribes, and communities and protects the dignity of each" (p. viii).
CT DCF (2002)	X	Modification to Cross et al.'s definition. "…a set of knowledge, skills, attitudes, policies, practices, and methods [italics added] that enable care providers and programs to work effectively with culturally diverse client/consumers, families and communities" (p.9). "…At a minimum, linguistic competence and also some knowledge about the culture and ethnicity. They should also have the knowledge and skills to use assessment and treatment methods which are appropriate for multicultural clients/consumers" (p. 9).
CT DMR (2005)		No definition provided
The COSMOS Corporation (2003)	X	(1) CLAS Standards; (2) Ten definitions of cultural competence were listed, including a definition from Andrulis (1997), Campinha-Bacote (1995), and Tirado (1996); (3) Cites Cross et al. (1989), and gives a summary of their definition: "organizations have formal policies, such as mission statements, specifically expressing a commitment to cultural diversity" (p. 2.7).
La Frontera Center, Inc. (2002)		"…Health care providers are becoming more and more aware of the need to provide services that were sensitive to the cultural norms, and delivered in the primary language of, minority clients…." (p. 2). Does not use Cross et al.'s definition but notes that the assessment tool was "developed using six stages of cultural competence…" (p. 2).
The Lewin Group (2002)	X	(1) Cites the US DHHS Office of Minority Health (2001b), for the definition "organizational cultural competence… has the potential to improve access to care, quality of care, and ultimately, health outcomes" (p. 2). (2) "Can be a mechanism for maintaining and increasing an organization's market share among diverse cultural groups… quality and business imperative" (p. 3).

Instrument	Cross et al. 1989	Definition of Cultural Competence
Mason (1995)	X	No definition provided
NCCC (2002)	X	The NCCC embraces a conceptual framework and model of achieving cultural competence based on the Cross et al. (1989) definition but adds that the organization in question must not only 'value diversity' but 'have the capacity to… conduct self-assessment' " (p. 2). NCCC also includes a definition of culture as "integrated pattern of human behavior, which included but was not limited to – thought, communication, languages, beliefs…" (p. 2).
NWICWA (1991)	X	Uses of Cross et al. (1989) definition and the Cultural Competence Continuum.
OMH (n.d.)		CLAS standards were the foundation of protocol.
ODMH (2003)	X	"System, agency, professionals…work effectively in cross cultural situations" (slide 10). Consumers "do not benefit from 'same' services" and "consumers and families", in fact, "represent many cultures that benefit from 'different' services" (slide 5).
Siegel et al. (2004)	X	Adapts Cross et al. (1989) as follows: "The attribute of a behavioral health care organization that describes the set of congruent behaviors, attitudes, skills, policies and procedures that enable its caregivers to work effectively and efficiently in cross/multi-cultural situations at all of its organizational levels" (p. 3).
Weiss & Minsky (1996)	X	Adapts Cross et al. (1989) as follows: "The culturally competent organization or program incorporates behaviors, attitudes, policies, and practices for effective work in cross-cultural situations. Cultural competence exists on a six-point continuum…Cultural competence encompasses these earlier priorities but is particularly well-suited to addressing system-level concerns" (p. 5)

Appendix C
Identified Domains and Sub-domains

Domains	Sub-domain Areas	Examples of Definition/Item
Organizational Values	Commitment to Cultural Competence Displayed Through Documentation	• Clear statement of mission that commits to the importance of providing culturally competent services and supports • The agency staff is familiar with and understands the mission of the agency • Agency "acknowledges that culture is an integral part of the physical emotional, intellectual, and overall development and well-being of children, youth and their families" (CWLA, p.1)
	Staff and Administrator Beliefs	• Do administrators/service providers/program staff believe cultural differences are important variables in service delivery and treatment • Do administrators/service providers/staff embrace empowerment as a desirable outcome for people of color • People within the organization behave in a way that demonstrates an appreciation of and value for diversity • People consider the impact of culture and diversity when making decisions
	Actions Indicative of Beliefs	• Organization supports involvement with and utilization of the resources of forums promoting cultural competence • Organization advocates for accessible, culturally and linguistically appropriate services • Agency identifies opportunities for staff to participate in cultural functions and community education activities • Agency purchases goods and services from community-based and minority businesses • Organizational flexibility in response to needs of the population
Policies/ Procedures/ Governance	Culturally and Linguistically Competent Policies/Procedures	• Accountability systems and procedures • Standards and contractual requirements address cultural competence • Written and oral policies/procedures (regarding confidentiality, patient rights and grievance procedures, medication fact sheets, and legal assistance) in the languages of the clients • Do agency policies and procedures reflect a commitment to culturally competent supports and services • Formal policies regarding culturally sensitive services (such as use of culture-specific assessment instruments, translation of materials, after-hours access through beeper numbers or a crisis number) • Documented policy for interpreters • Policies that require outreach to clients/organizations of color • Policies developed under consultation with people of color • Does the organization place cultural competence requirements on contract service providers • Organization reviews and updates its policies and procedures that address cultural competence as needed • Consequences for insulting/culturally offensive remarks
	Governing Body's Investment in Cultural Competence	• Executives, managers, administrators take responsibility for, and have authority over the development, implementation, and monitoring of the Cultural Competence Plan • Standing committee to advice management on cultural competence service matters • Community involvement & accountability; Board development; cultural competence policies • Committee roles related to CLAS • Integration of cultural competence committee or other group with responsibility for cultural competence within organization • Dissemination of cultural competence plan throughout the organization

Domains	Sub-domain Areas	Examples of Definition/Item
Planning/ Monitoring/ Evaluation	Understanding the Community	• Geographic depiction of community context • Look at visibility, power, money, turf issues, conflicts, collaboration • Show linkages between groups • Interview/dialogue with key community individuals and institutions to get their perception of your program and your role in the community • Organizational knowledge of social problems/strengths/resources • Know "customs/beliefs about mental health" (Mason, 1995) • Knowledge of health disparities • Consumers/families/ researchers from diverse cultures contribute to research projects • Consumer surveys in consumers' preferred languages
	Cultural Competence Plan	• Existence of a cultural competence plan • Strategies to increase access to services for culturally/linguistically diverse groups • Does plan cover all administrative organizational components • Does plan have measurable objectives • Is cultural competence plan "disseminated widely throughout the system"? (CMHS, 2004, p. 16)
	Agency Demographic Data	• Demographic information to assess the needs of the service area • Identification of ethnic, racial, linguistic demographic composition of service area, staff, and consumers • Comparison of staff demographics with client demographics
	Creation and Evaluation of Specific Programs	• Do program staff incorporate cultural and historical issues into the goals, objectives, and evaluation of projects • "Clear process for evaluating the short-term and long-term effectiveness of its programs and policies relative to culturally and linguistically diverse communities" (CWLA, 2002, p. 14) • What initiatives, programs, or policies have been created based on information regarding staff characteristics
	Quality Monitoring and Improvement Activities	• Organizational self-assessment • Regular examination of organizational structure and practices that contribute to the provision of culturally competent services and supports • Workforce analysis of race/ethnicity/linguistic capacities of direct and contracted providers • Self-assessment includes analysis of state population, demographics, poverty level • Quality improvement plan focusing on cultural/ethnic/linguistic needs of the consumers and the organization • Consumer input into "whether ethnicity/culture and language are appropriately addressed" (CT DCF, 2002, p. 7) • Frequency of surveying patients about perception of services • Monitoring and surveying of "patterns, such as leaving against medical advice," by ethnicity/ language of consumers (CT DCF, p. 7) • Monitoring and evaluation of individual staff members' cultural and linguistic competence • Are staff (clinical and non-clinical) encouraged to assess their personal feelings, values, and biases about working with people of different cultures?

Domains	Sub-domain Areas	Examples of Definition/Item
Communication	Intra-Organizational Communication	• Cultural competence named as a priority by leadership • Degree to which staff are encouraged to examine their cross-cultural interactions, either with supervisors or in another forum

	Communication with Consumers	• Translation/interpretation available
		• Notices, messages, forms, and reports are culturally/linguistically appropriate for the populations
		• Educational materials (pictures/posters/printed materials/toys) are culturally and linguistically appropriate for consumers and their families
		• Telephone operators communicate in consumers' preferred language
		• Use of "culturally appropriate language and practices that recognize each person as an individual" (CT DMR, 2005, p.3)
		• Organizational physical environment and décor reflects the ethnic backgrounds of consumers
		• Consumer/family feedback
		  • Does the agency have culturally appropriate ways to elicit and respond to feedback from individuals and families regarding the quality of their services and supports
		  • Are people and their families made aware of how to communicate their complaints or Grievances; Is this information available in languages other than English

	Making Information Available to the Public	• Making sure culturally diverse communities in the area are aware of available services • Does agency reach out to/communicate with churches, medicine men, ethnic publishers/ radio stations; minority businesses; public human service agencies • Diverse cultural groups are depicted on agency brochures and media • Organizations are encouraged to make information about their progress available to the public • Publication of information on staff diversity, such as directories with ethnic/cultural/linguistic backgrounds of providers
Human Resource Development	Recruiting Diverse Staff	• Comparison of Board/ staff profiles with patient/community profiles • Agency advertises staff vacancies in culturally/linguistically diverse media and through neighborhood networks • Agency requests candidates with experience and skills serving culturally/linguistically diverse children and families • Compensation and benefits support "alternative family structures (e.g., partner benefits, paternity leave)" (La Frontera Center, 2002, p. 8-9). • Hiring of paraprofessionals that represent the diversity of the community
	Retaining and Promoting Diverse Staff	• Accommodation of cultural practices of minority staff • Impact of unions on promoting diversity within organization • Does the organization work to develop the capacity of people of color to assume increasing levels of responsibility • Position descriptions for senior management include cultural competence • At minimum, agency ensures its compliance with nondiscrimination regulations and laws
	Cultural Competence Training Programs	• Administrators/service providers/program staff continuously learn skills, methods, and information that will help them work more effectively with people of color • Training includes service needs and barriers, beliefs, customs, norms, within-group diversity, and helping resources • "Staff are given opportunities to become knowledgeable about federal and state statutes and regulations relating to culturally and linguistically diverse populations (e.g., Title VI of the Civil Rights Act and the Indian Child Welfare Act)" (CWLA, p. 20, q. 3) • Training in cultural competence falls within general training requirements
	Evaluation of Staff	• Testing of proficiency and medical knowledge of interpreters • "Are results regarding interpreter knowledge in medical technology used to make personnel decisions?" (Andrulis et al., p. 97) • Evaluation of staffs' cultural competence training needs • Cultural competence figures into performance evaluations and advancement opportunities

Domains	Sub-domain Areas	Examples of Definition/Item
Community & Consumer Participation	Agency Collaboration with Community Groups and Businesses	• Does agency "develop participatory, collaborative partnerships with communities and utilize formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities?" (OMH, n.d., p.12) • Does agency reach out to churches, medicine men, ethnic publishers/radio stations, minority businesses, public human service agencies • Agency collaboration with natural networks of support, such as community-based organizations and natural healers • Agency participation in advocacy activities relevant to the community served
	Community and Consumer Input into Services and Agency Activities	• Involvement of clients/family members in "all phases of treatment, assessment and discharge planning" (CT DCF, p.5) • Use of "community resources and natural supports to re-integrate the individual into the community" (CT DCF, p.5) • Representation of persons from diverse backgrounds on policy-making committees/ governance boards/board of directors • Agency seeks the opinions of the people being served and their families
	Staff Members/Administrators Personal Involvement with Community	• Attendance at functions/forums/festivals with communities of color • Agency identifies opportunities for staff to participate in cultural functions, community education activities • Agency/administrators/staff purchase goods and services within the community served • "Does the program attend to social issues (such as employment, housing, education, the law, etc.) that concern persons who differ in culture or color from the majority?" (Weiss & Minsky, 1996, p.7)

Domains	Sub-domain Areas		Examples of Definition/Item
Facilitation of a Broad Service Array	Appropriate Services	Services Based on Community Culture	• Degree to which clients receive the same services, different services, or individualized services • Client/family/community input into services and programs • "Family" is defined by the consumers • Use of culturally appropriate diagnostic and assessment tools • Knowledge of the limitations of applying mainstream diagnostic tools to diverse clients
		Use of Client's Cultural Strengths and Resources	• Involvement of clients, family members, community-based supports, and natural healers in treatment and rehabilitation planning • Natural healers and spiritual healers utilized when appropriate • Do service providers embrace empowerment as a desirable treatment outcome for people of color • Use of "community resources and natural supports to re-integrate the individual into the community" (CT DCF, 2002, p.5).
		Cross-Cultural Communication in Clinical Interactions	• Use of culturally appropriate interviewing techniques • Service provider interprets behavior and non-verbal communication in the context of the client's culture and cultural group history in relation to social services • Incorporation of cultural issues into case plans • "Do service providers routinely assess the degree of stress on persons of color arising from race relations and social structures?" (NICWA, 1991, sect 7-26, q. 3.36) • "Do service providers help clients understand their problems in the context of cultural differences?" (NICWA, 1991, sect 7-32, q. 3.43) • Services are modified based on client feedback • Provider shares personal background if/when appropriate
		Management of Care	• "Is the management of the services for people from different groups compatible with their ethnic/cultural background?" (CT DCF, 2005, p.6) • Is discharge planning assistance consistent with client/patient cultural backgrounds • "Does the length and level of care meet the needs of clients/consumers from different cultural backgrounds?" (CT DCF, 2005, p6)
	Accessible Services	Supports That Allow Consumers to Use Services	• Hours, location, affordability, transportation, outreach, child care, flexible intake process, bilingual staff, trained medical interpreters, education materials, referrals from community-based sources • "Does the agency consider collateral services that address basic human needs as part of the helping role?" (NICWA, 1991, p. 6-20, Question 2.25) • Home-based and community-based meetings when possible • Communication assistance available starting from the first point of contact with the agency • Consumers are given verbal and written notices (in their preferred language) about their rights to receive language services • Forms, signs, and service descriptions are available in formats suitable for people with limited English skills and/or limited reading skills • Does state mental health agency "provide or help organizations to obtain educational materials translated into the identified languages"? (NTAC & NASMPD, 2004, p. 16)
		Continuity of Care	• "Integrated, planned, transitional arrangements between one service modality and another" (CT DCF, 2005, p. 6) • "Letters of agreement" with community-based/cultural organizations and referral sources (CT DCF, 2005, p. 6)

Domains	Sub-domain Areas	Examples of Definition/Item

Organizational Resources	Community-Based Resources	• Participatory, collaborative partnerships with community groups that can exchange information and provide services to consumers, their family members, and support staff
		  • Includes linkages with civil rights groups, community-based organizations, community leaders, and social service groups
		  • May include "formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities" (OMH, n.d., p. 12)
		• Access to the expertise of community leaders, elders, key informants, consultants, extended family members, "and other resource persons" in planning programs and delivering services (Andrulis, n.d., p. 17)
		• "Use of extended family members as substitute care providers" (NICWA, 1991, sect 7b-30, q3.42)

	Database Systems	• Computerized database systems (MIS or HRIS) documenting the ethnic/cultural characteristics of staff and consumers
		  • Inclusion in database of "salary, rate of turnover, promotions, staff tenure, performance appraisals, training, absenteeism for diverse staff" (Andrulis et al., n.d., p. 25)
		  • "Are there data collection systems developed and maintained to track clients/consumers by demographics, utilization and outcomes across levels of care, transfers, referrals, re-admissions, etc.?" (CT DCF, 2002, p. 7)

	Financial Resources	• Financial support for cultural competence activities and supports • Fiscal support for interpretation services • Percentage of paid and volunteer services
	Language and Communication Capacity	• Types of translated materials and interpretation services • Hearing-impaired technologies • Number of interpreters and bilingual staff available • Funds for language services
	Materials	• Resources such as videotapes, ethnically/culturally oriented literature, publications, guides, service directories, and service manuals • Culturally and linguistically appropriate educational materials and consumer/family surveys • Updated list of culturally and linguistically diverse media contacts and organizations