

Magellan Behavioral Health of Pennsylvania, Inc.
Bethlehem, Cambria and Newtown Care Management Centers
Cultural Competence Implementation Audit Tool

☐ Bucks County ☐ Cambria County ☐ Delaware County ☐ Lehigh County ☐ Montgomery County ☐ Northampton County

Provider: _____ **Level of Care:** _____ **Score:** _____

Date: _____ **Name of Auditor:** _____

ASSESSMENT STANDARDS		Y	N	COMMENTS
Scoring: For each section, enter "yes" & "no" items in the columns to the right based upon provider's progress in each element of the Multicultural Competence Service System Assessment Guide.				
I. Agency Demographic Data (Assessment)				
1.	Has provider identified the demographic composition of the program's service area (from recent census data, local planning documents, statement of need, etc.) which should include ethnicity, race, and primary language spoken, sexual orientation as reported by the individuals?			
2.	Has provider identified the demographic composition of the persons served?			
3.	Has provider identified the staff composition (ethnicity, race, language capabilities) in relation to the demographic composition of your service area?			
4.	Has provider compared the demographic composition of the staff with the client demographics?			
II. Policies, Procedures and Governance				
1.	Has provider appointed executives, managers and administrators who take responsibility for, and have authority over, the development, implementation, and monitoring of the Cultural Competence Plan?			
2.	Has provider's director appointed a standing committee to advise management on matters pertaining to multicultural services and the needs of the LGBTQI community?			
3.	Does provider have a mission statement that commits to cultural competence and serving the LGBTQI community and reflects compliance with all federal and state statutes, as well as any current State or local discriminatory and affirmative action policies?			
4.	Does provider have culturally appropriate policies and procedures communicated orally and/or written in the principle language of the client/consumer to address confidentiality, individual patient rights and grievance procedures, medication fact sheets, legal assistance, etc. as needed and appropriately?			
5.	Does provider have appropriate policies and procedures, communicated orally and/or written to address confidentiality, individual patient rights that reflects the special needs of the LGBTQI community?			
III. Services/Programs				
A. Linguistic and Communication Support				
1.	Has the program arranged to provide materials and services in the language(s) of limited English-speaking clients/consumer (e.g., bilingual staff, in-house interpreters, or a contract with outside interpreter agency and/or telephone interpreters?			
2.	Do medical records indicate the preferred language of service recipients?			
3.	Is there a protocol to handle client/consumer/family complaints in languages other than English?			
4.	Are the forms that client/consumers sign in their preferred language?			
5.	Are the persons answering the telephones, during and after-hours, able to communicate in the language of the speakers?			
6.	Does the organization provide information about programs, policies, covered services and procedures for accessing and utilizing services in the primary language(s) of client/consumers and families?			

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7. Is there a protocol to handle priority/specialty populations? (i.e. deaf/hard of hearing, Veterans, etc.)			
8. Does the organization have signs regarding language assistance posted at key locations?			
9. Are there special protocols for addressing language issues at the emergency room, treatment rooms, intake, etc.?			
10. Are cultural and linguistic supports available for clients/consumers throughout different service offerings along the service continuum?			
B. Treatment/Rehabilitation Planning			
1. Does the program consider the client/consumer’s culture, ethnicity, sexual orientation and language in treatment planning (assessment of needs, diagnosis, interventions, discharge planning, etc.)?			
2. Does the program involve clients/consumers and family members in all phases of treatment, assessment and discharge planning?			
3. Has the organization identified community resources (community councils, ethnic/cultural social entities, spiritual leaders, faith communities, voluntary associations, LGBTQI support groups, etc.), that can exchange information and services with staff, client/consumers, and family members?			
4. Has provider identified natural community healers, spiritual healers, clergy, etc., when appropriate, in the development and/or implementation of the service plan?			
5. Has provider identified natural supports (relatives, traditional healers, spiritual resources, support groups, etc.) for purposes of reintegrating the individual into the community?			
6. Has provider used community resources and natural supports to re-integrate the individual into the community?			
C. Cultural Assessments			
1. Is the client/consumer’s culture/ethnicity/sexual orientation taken into account when formulating a diagnosis or assessment?			
2. Are culturally relevant assessment tools utilized to augment the assessment/diagnosis process?			
3. Is the client/consumer’s level of acculturation identified, described and incorporated as part of a cultural assessment?			
4. Is the client/consumer’s ethnicity/culture culture/sexual orientation identified, described and incorporated as part of a cultural assessment?			
D. Cultural/Sexual Orientation Accommodations			
1. Are appropriate, educative approaches, such as films, slide presentations or video tapes utilized for preparation and orientation of client/consumer family members to provider’s program?			
2. Does provider’s program incorporate aspects of each client/consumer’s ethnic/cultural heritage/sexual orientation into the design of specialized interventions or services?			
3. Does provider’s program have ethnic/culture-specific/sexual orientation group formats available for engagement, treatment and/or rehabilitation?			
4. Is there provider collaboration with natural community healers, spiritual healers, clergy, support groups etc., where appropriate, in the development and/or implementation of the service plan?			
E. Program Accessibility			
1. Do persons from different cultural and linguistic backgrounds have timely and convenient access to provider services?			
2. Are services located close to the neighborhoods where persons from different cultures and linguistic backgrounds reside?			
3. Are provider’s services readily accessible by public transportation?			

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4. Do provider's programs provide needed supports to families of clients/consumers? (i.e. meeting rooms for extended families, child support, drop-in services, etc.)			
5. Does provider have services available during evenings and weekends?			
IV. Care Management			
1. Does the level and length of care meet the needs for clients/consumers from different cultural backgrounds and/or sexual orientations?			
2. Is the type of care for clients/consumers from different backgrounds consistently and effectively managed according to their identified cultural needs and/or sexual orientation?			
3. Is the management of the services for people from different groups compatible with their ethnic/cultural background and/or sexual orientation?			
V. Continuity of Care			
1. Does provider have letters of agreement with culturally oriented community services and organizations?			
2. Does provider have letters of agreement with community services and organizations connected with the LGBTQI community?			
3. Does provider have integrated, planned, transitional arrangements between one service modality and another?			
4. Does provider have arrangements, financial or otherwise, for securing concrete services needed by clients/consumers (e.g., housing, income, employment, medical, dental, and other emergency personal support needs?)			
VI. Human Resources Development			
1. Are the principles of cultural competence (e.g., cultural awareness, language training skills training in working with diverse populations, sexual orientation) included in staff orientation and ongoing training programs?			
2. Is the program making use of other programs or organizations that specialize in serving persons with diverse cultural and linguistic background as well as sexual orientation as a resource for staff education and training?			
3. Is the program maximizing recruitment and retention efforts for staff who reflect the cultural and linguistic diversity of populations needing services?			
4. Have the staff's training needs in cultural competence and the needs of the LGBTQI community been assessed?			
5. Have staff attended training programs on cultural competence and sexual orientation in the past two years? Describe:			
VII. Quality Monitoring and Improvement			
1. Does the Quality Improvement (QI) Plan address the cultural/ethnic, language, and sexual orientation needs?			
2. Are client/consumers and families asked whether ethnicity/culture, language, and sexual orientation are appropriately addressed in order to receive appropriate services in the organization that meets their specific needs?			
3. Does the organization maintain copies of minutes, recommendations, and accomplishments of its multicultural advisory committee?			
4. Is there a process for continually monitoring, evaluating, and rewarding the cultural competence of staff?			
VIII. Information/Management System			
1. Does the organization monitor, survey, or otherwise assess the QI utilization patterns, Against Medical Advice (AMA) rates, etc., based on the culture/ethnicity and language?			
2. Are client/consumer satisfaction surveys available in different languages in proportion to the demographic data?			

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3. 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.?			
TOTAL SCORE			

Additional Notes: