

## Critical Components of a Comprehensive Cultural and Linguistic Competence Plan

1. It should be developed with the participation and representation of top and middle management administrators, front-line staff, consumers and/or their families, sovereign tribal nations, and community stakeholders;
2. There should be an individual at the executive level with responsibility for and authority to monitor implementation of the Cultural Competence Plan;
3. Individual managers should be accountable for the success of the Cultural Competence Plan based on his/her level within the organization;
4. There should be a process for integrating the Plan into the overall agency plan, and for including the principles of cultural competency in all aspects of organizational strategic planning and in any future planning process;
5. There should be a process for determining the unique needs and variables within the communities/populations served using existing agency databases, surveys, community forums, and key informants
6. There should be an evaluation of service modalities and models that are appropriate and acceptable to the communities served (i.e., urban, frontier and rural), population densities and targeted population subgroups, (e.g., children, adolescents, adults, elders, sexual minorities, and individuals with co-occurring conditions)
7. There should be an evaluation of the community resources available, (e.g., tribal and community councils or governing bodies, family members, clans, native societies, spiritual leaders, churches, civic clubs, and community organizations) and cross-system alliances (e.g., corrections, juvenile justice, education, social services, substance abuse, developmental disability, primary care plans, public health, and tribal health agencies) for purposes of integrated consumer support and service delivery;
8. There should be an evaluation of natural supports (e.g., family members, religious and spiritual resources, traditional healers, churches, civic clubs, community organizations) for purposes of reintegrating the individual within his/her natural environment, keeping in mind that for some, this may also include migratory patterns to and from a reservation or reservations, state to state, or country to country;
9. There should be an assurance of cultural competence at each level of care within the system (e.g., intake, food service, clinical, community placement planning, training, etc.)
10. There should be a stipulation that ensure adequate and culturally diverse staffing and minimal skill levels (including gender, ethnicity, and language as well as licensing, certification, credentialing, and privileging) for all staff, clerical through executive management.
11. There should be a mechanism for rewards and incentives (e.g., salary, promotion, bonuses) for cultural competence performance, as well as sanctions for culturally destructive practices (e.g., discrimination). Cultural competence performance should be an integral part of the employee-provider performance evaluation system, and provider organization performance evaluation system.
12. There should be the development of a plan to integrate ongoing training and staff development into the overall Plan.
13. There should be the development and ongoing plan monitoring of indicators to assure equal access, comparability of benefits, and outcomes across each level of the system of care and for all services provided through the organization.

## Sample Performance Indicators for Plans

1. Presence of a Cultural Competence Plan and defined steps for its integration at every level of organizational planning.
2. Presence, within the Cultural Competence Plan, of related policy/procedure changes.
3. Percentage/number of staff receiving initial and ongoing cultural competence training.
4. Presence of established links with community resources.
5. Demonstration of staff knowledge and skills regarding group values, traditions, expression of illness, cultural competence principles (e.g., credentialing and performance based testing).
6. Demonstration of a cultural competence system evaluation (e.g., Mason, 1995, Cultural Competence Self Assessment Questionnaire: A Manual for Users).
7. Demonstration of staff and consumer awareness and acceptance of the Cultural Competence Plan.
8. Presence of a plan for recruitment, retention, and promotion of staff of racial/ethnic backgrounds representative of target population served.

## Recommended Outcomes

1. Percentage of consumers from the four groups compared to overall representation in the community.  
*Benchmark: Comparable to overall general population.*
2. Percentage of consumers from the four groups served by or under direct supervision of culturally competent staff.  
*Benchmark: 100% served.*
3. Consumer satisfaction with services, measured in culturally competent manner.  
*Benchmark: 90% satisfaction.*
4. Proportionality of access to, and length of service of, the full range of treatment services offered.  
*Benchmark: Comparable to overall service recipients for access to specific levels and types of services.*
5. Reduced restrictiveness of placement (including incarceration/detention) for consumers from the four groups.  
*Benchmark: Comparable restrictiveness to the general population and overall reduced restrictiveness.*

Adapted from <http://mentalhealth.samhsa.gov/publications/allpubs/sma00-3457/ch2.asp>