

Culturally Competent Program Annual Self-Evaluation (CC-PAS) June 2015

County of San Diego Behavioral Health Services



Introduction

One of the Quality Improvement strategies in the County of San Diego Behavioral Health Services (SDCBHS) Cultural Competence Plan is to survey all programs to assess for culturally competent service provisions. Accordingly, all County and County-contracted programs are required to complete the Culturally Competent Program Annual Self-Evaluation (CC-PAS). In April 2015, the SDCBHS Quality Improvement Unit requested that each contracted Mental Health Services (MHS) and Alcohol and Drug Services (ADS) Program Manager complete the survey. A total of 236 programs responded to the survey: 130 clinical (27 ADS and 103 MHS programs) and 106 non-clinical (53 ADS and 53 MHS programs). The CC-PAS supports the SDCBHS' commitment to a culturally competent workforce and the guidelines described in the Cultural Competence Plan and Handbook. These documents can be located in the SDCBHS Technical Resource Library at www.sandiegocounty.gov/hhsa/programs/bhs/technical_resource_library.html.

For more information contact the Quality Improvement, Performance Improvement Team at BHSQIPOG@sdcounty.ca.gov.

Discussion



The CC-PAS tool was developed by the SDCBHS to be used by programs to rate themselves on their current perception of competence for providing culturally competent services. The CC-PAS protocol is based on expectations and standards recommended by the Cultural Competence Resource Team (CCRT) and endorsed by the Quality Review Council (QRC). The comprehensive 2012 Cultural Competence legal entity evaluation has served as a baseline for future program activities related to cultural competence. The majority of programs indicate that they are satisfactorily meeting the standards of cultural competence.

Methods

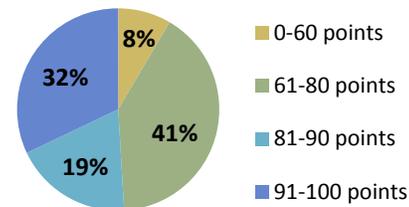
Clinical and Non-Clinical Google surveys were distributed via email to all County and County-contracted Program Managers on April 1, 2015. The e-mail recipients were asked to complete the survey—one response per unique contract—by reviewing 20 cultural competence standards and determining if their program has Met, Partially Met, or Not Met each standard using the description of the standard noted for each category. Additionally, participants had the opportunity to indicate if they would like to receive technical assistance on any competency standard. The responses were assigned a score (5 points for Met Standard, 3 points for Partially Met Standard, 1 point for Standard Not Met) and summed up for each program. The highest possible survey score was 100. For example, if a program responded 'Met' on all 20 standards, the total score was 100. This report summarizes the clinical and non-clinical MHS and ADS program responses and compares the results to the previous year.

Non-Clinical CC-PAS Results and Technical Assistance Requests

There were **106 Non-Clinical CC-PAS surveys** submitted between April 1 and April 17, 2015.

- Scores ranged from **40 to 100**, out of a possible **100**. The average score was **81.2** (80.5 in 2014).
- **13.2%** (17% in 2014) of non-clinical programs reported that they met **ALL** cultural competence standards on the CC-PAS.
- **46.2%** (43.2% in 2014) of non-clinical programs reported that they met or partially met **ALL** cultural competence standards on the CC-PAS.
- **86.8%** (77.0% in 2014) reported that they partially met at least one of the standards (a total of 597 “partially met” responses).
- The top 3 most unmet standards among non-clinical programs were:
 - “The program/facility has conducted a survey amongst its clients/target population to determine if the program is perceived as being culturally competent” (**27 programs, 25.5%**).
 - “The program/facility has conducted a survey amongst its clients/ target population to determine if the program’s services are perceived as being culturally competent” (**25 programs, 23.6%**).
 - “The program/facility supports/provides all staff training on the use of interpreters” (**24 programs, 22.6%**).

Non-Clinical Programs - CC-PAS Scores†



† A high score on the CC-PAS does not always indicate a high level of cultural competence. When interpreting the scores, please consider that the results are based on the program managers’ perception of program competence.

CC-PAS 2015 Results – Non-Clinical Programs N = 106 in 2015 (88 in 2014)	Programs that Met or Partially Met Standard			Technical Assistance Requests		
	2014	2015	Results Change	2014	2015	Results Change
1. The program/facility has developed a Cultural Competence Plan.	98.9%	100.0%	▲	12.5%	10.4%	▼
2. The program/facility has assessed the strengths and needs for services in its community.	98.9%	100.0%	▲	17.0%	14.2%	▼
3. The staff in the program/facility reflects the diversity within the community.	98.9%	100.0%	▲	2.3%	3.8%	▲
4. The program/facility has a process in place for ensuring language competence of administrative services staff who identify themselves as bi- or multi-lingual.*	87.5%	89.6%	▲	5.7%	12.3%	▲
5. The program/facility has a process in place for ensuring language competence of support staff who identify themselves as bi- or multi-lingual.	86.4%	88.7%	▲	5.7%	14.2%	▲
6. The program/facility supports/provides all staff training on the use of interpreters.	81.8%	77.4%	▼	10.2%	20.8%	▲
7. The program/facility uses language interpreters as needed.	92.0%	88.7%	▼	9.1%	14.2%	▲
8. The program/facility has a process in place for assessing cultural competence of all staff.*	93.2%	86.8%	▼	10.2%	18.9%	▲
9. The program/facility has a process and a tool in place for all staff to self-assess cultural competence.*	84.1%	81.1%	▼	25.0%	21.7%	▼
10. The program/facility has conducted a survey amongst its clients/target population to determine if the program is perceived as being culturally competent.	79.5%	74.5%	▼	9.1%	15.1%	▲
11. The program/facility conducted a survey amongst its clients/target population to determine if the program's services are perceived as being culturally competent.*	63.3%	76.4%	▲	6.8%	16.0%	▲
12. The program utilizes the Culturally and Linguistically Appropriate Services (CLAS) Standards.*	69.3% [‡]	88.7%	▲	6.8%	23.6%	▲
13. The program/facility supports cultural competence training of administrative services staff.*	95.4%	93.4%	▼	5.7%	8.5%	▲
14. The program/facility supports cultural competence training of support services staff.	97.7%	91.5%	▼	4.5%	8.5%	▲
15. Services provided are designed to meet the needs of the community.	95.4%	98.1%	▲	5.7%	5.7%	–
16. The program has implemented the use of any evidence-based practices or best practice guidelines appropriate for the populations served.	82.9% [‡]	99.1%	▲	9.1%	12.3%	▲
17. The program collects client outcomes appropriate for the populations served.	77.3% [‡]	86.8%	▲	4.5%	4.7%	▲
18. The program conducts outreach efforts appropriate for the populations in the community.	94.3%	97.2%	▲	7.9%	7.5%	▼
19. The program is responsive to the variety of stressors that may impact the communities served.	98.9%	100.0%	▲	6.8%	11.3%	▲
20. The program reflects its commitment to cultural and linguistic competence in all policy and practice documents including its mission statement, strategic plan, and budgeting practices.	97.7%	94.3%	▼	6.8%	14.2%	▲

* The wording of questions 4, 8, 9, 11, 12, and 13 was changed to make the questions more applicable to non-clinical programs. This might have accounted for the change in response rate from 2014, as well as the increase in technical assistance requests.

‡ In 2014, questions 12, 16, and 17 contained a Not Applicable option, which might have accounted for a lower response rate. The current non-clinical survey does not contain any questions with this option.

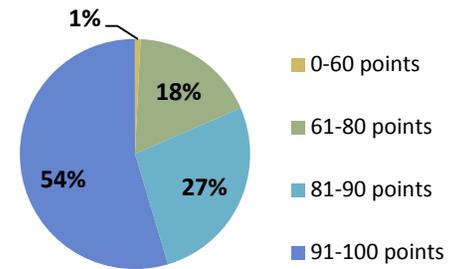
Please note: Red arrows mean negative change, while green arrows mean positive change. The direction of the arrows indicates increase/decrease in responses.

Clinical CC-PAS Results and Technical Assistance Requests

There were **130 Clinical CC-PAS surveys** submitted between April 1 and April 17, 2015.

- Scores ranged from **56 to 100**, out of a possible 100. The average score was **89.6** (89.3 in 2014).
- **13.1%** (10.4% in 2014) of clinical programs reported that they met **ALL** cultural competence standards on the CC-PAS.
- **81.5%** (72.7% in 2014) of clinical programs reported that they met or partially met **ALL** cultural competence standards on the CC-PAS.
- **86.8%** (88.3% in 2014) reported that they partially met at least one of the standards (a total of 561 “partially met” responses).
- The top 3 most unmet standards among clinical programs were:
 - “The program/facility has a process and a tool in place for direct and support services staff to self-assess cultural competence” (**10 programs, 7.7%**).
 - “The program/facility has conducted a survey amongst its clients to determine if the program is perceived as being culturally competent” (**8 programs, 6.2%**).
 - “The program/facility conducted a survey amongst its clients to determine if the program’s clinical services are perceived as being culturally competent” (**7 programs, 5.4%**).

Clinical Programs - CC-PAS Scores†



† A high score on the CC-PAS does not always indicate a high level of cultural competence. When interpreting scores, please consider that the results are based on the program managers’ perception of program competence.

CC-PAS 2015 Results – Clinical Programs N = 130 in 2015 (154 in 2014)	Programs that Met or Partially Met Standard			Technical Assistance Requests		
	2014	2015	Results Change	2014	2015	Results Change
1. The program/facility has developed a Cultural Competence Plan.	100.0%	100.0%	–	5.8%	1.5%	▼
2. The program/facility has assessed the strengths and needs for services in its community.	100.0%	99.2%	▼	8.4%	4.6%	▼
3. The staff in the program/facility reflects the diversity within the community.	100.0%	100.0%	–	1.9%	2.3%	▲
4. The program/facility has a process in place for ensuring language competence of direct services staff who identify themselves as bi- or multi-lingual.	99.3%	98.5%	▼	5.2%	3.1%	▼
5. The program/facility has a process in place for ensuring language competence of support services staff who identify themselves as bi- or multi-lingual.	98.7%	99.2%	▲	5.8%	2.3%	▼
6. The program/facility supports/provides direct and indirect services staff training on the use of interpreters.	92.9%	96.2%	▲	7.8%	6.9%	▼
7. The program/facility uses language interpreters as needed.	98.7%	96.9%	▼	5.2%	2.3%	▼
8. The program/facility has a process in place for assessing cultural competence of direct and support services staff.	96.7%	95.4%	▼	7.8%	4.6%	▼
9. The program/facility has a process and a tool in place for direct and support services staff to self-assess cultural competence.	92.9%	92.3%	▼	13.0%	5.4%	▼
10. The program/facility has conducted a survey amongst its clients to determine if the program is perceived as being culturally competent.	87.7%	93.8%	▲	9.1%	5.4%	▼
11. The program/facility conducted a survey amongst its clients to determine if the program's clinical services are perceived as being culturally competent.	87.0%	94.6%	▲	11.0%	5.4%	▼
12. The program utilizes the Culturally and Linguistically Appropriate Services (CLAS) Standards.	93.5%	96.9%	▲	7.8%	6.2%	▼
13. The program/facility supports cultural competence training of direct services staff.	100.0%	100.0%	–	1.3%	0.8%	▼
14. The program/facility supports cultural competence training of support services staff.	99.3%	100.0%	▲	1.3%	1.5%	▲
15. Services provided are designed to meet the needs of the community.	98.7%	98.5%	▼	1.9%	2.3%	▲
16. The program has implemented the use of any evidence-based practices or best practice guidelines appropriate for the populations served.	99.3%	100.0%	▲	2.6%	3.1%	▲
17. The program collects client outcomes appropriate for the populations served.	97.4% [‡]	96.9%	▼	1.9%	0.0%	▼
18. The program conducts outreach efforts appropriate for the populations in the community.	96.1%	96.2%	▲	1.9%	0.0%	▼
19. The program is responsive to the variety of stressors that may impact the communities served.	100.0%	100.0%	–	4.5%	0.0%	▼
20. The program reflects its commitment to cultural and linguistic competence in all policy and practice documents including its mission statement, strategic plan, and budgeting practices.	99.3%	100.0%	▲	3.9%	2.3%	▼

[‡]In 2014, question 17 contained a Not Applicable option, which might have affected the response rate. The current clinical survey does not contain any questions with this option.

Please note: Red arrows mean negative change while green arrows mean positive change. The direction of the arrows indicates increase/decrease in responses.

Technical Assistance Requests

Programs were asked to identify any standards for which their program would require technical assistance: 48.1% of all non-clinical programs (20 MHS and 31 ADS programs out of 106) and 23.8% of all clinical programs (27 MHS and 4 ADS programs out of 130) identified at least one cultural competence standard in which they would like technical assistance.

	1-5 standards		6-10 standards		11-15 standards		16+ standards	
	MHS	ADS	MHS	ADS	MHS	ADS	MHS	ADS
Non-clinical programs (53 MHS and 53 ADS)	14 26.4%	22 41.5%	2 3.8%	4 7.5%	2 3.8%	4 7.5%	2 3.8%	1 1.9%
Clinical programs (103 MHS and 27 ADS)	24 23.3%	4 14.8%	3 2.9%	– 0.0%	– 0.0%	– 0.0%	– 0.0%	– 0.0%

Nearly a quarter of all non-clinical programs (25 or 23.6%) requested assistance with utilizing CLAS Standards; the largest proportion of all clinical programs (9 or 6.9%) requested assistance with supporting/providing training on the use of interpreters.

Program monitors will receive individual program reports and will discuss technical assistance requests with the program managers.

Technical Assistance Requests – Cultural Competency Domains

The four Cultural Competency Domains are:

STANDARD GUIDELINES AND PROCEDURES	CLIENTS AND THE COMMUNITY	STAFF COMPETENCIES AND TRAINING	EVALUATION AND DATA COLLECTION
------------------------------------	---------------------------	---------------------------------	--------------------------------

The Cultural Competency Domain where the clinical programs requested technical assistance (in order of the most need) was ‘Standard Guidelines and Procedures’. The top three requests for technical assistance were:

STANDARD GUIDELINES AND PROCEDURES
Would you like Technical Assistance with utilizing CLAS Standards? Would you like Technical Assistance with surveying clients about cultural competence of the program’s clinical services? Would you like Technical Assistance with surveying clients about your program’s cultural competence?

The Cultural Competency Domain where the non-clinical programs requested technical assistance (in order of the most need) was ‘Staff Competencies and Training’. The top three requests for technical assistance were:

STAFF COMPETENCIES AND TRAINING
Would you like Technical Assistance with providing a tool for staff to self-assess cultural competence? Would you like Technical Assistance with supporting/providing training to all staff on the use of interpreters? Would you like Technical Assistance with assessing the cultural competence of staff?

Conclusions/Next Steps

Next steps in the CC-PAS administration include:

- Disseminating results to interested parties and stakeholders such as the SDCBHS leadership, CCRT, the BHS Training and Education Committee (BHSTEC), and QRC.

Next steps in CC-PAS analysis and review include:

- Providing individual program results to program monitors for contract monitoring activities.
- Continuing to track trends in technical assistance needs and CC-PAS scores.

Next steps also include linking the CC-PAS with other cultural competence measures and information for a snapshot of cultural competence. Narratives, scores, and responses on the State-mandated California Brief Multicultural Competence Scale (CBMCS)—which identifies individual training needs in the delivery of culturally competent behavioral health services—and the submitted Cultural Competence Plans will be used in conjunction with the CC-PAS to measure systemwide cultural competence and cultural competency strengths and areas for improvement.

Culturally Competent Program Annual Self-Evaluation (CC-PAS)

Breakdown by CYF and A/OA, MHS and ADS | June 2015

County of San Diego Behavioral Health Services

CC-PAS Results Non-Clinical CYF Programs (MHS and ADS) n = 35 in 2015 (36 in 2014) <i>2015: 6 programs served both populations and were included in both CYF and A/OA program breakdowns.</i>	Programs that <i>Met or Partially Met</i> Standard			Technical Assistance Requests		
	2014	2015	Results Change	2014	2015	Results Change
1. The program/facility has developed a Cultural Competence Plan.	100%	100%	–	8.3%	0%	▼
2. The program/facility has assessed the strengths and needs for services in its community.	100%	100%	–	8.3%	5.7%	▼
3. The staff in the program/facility reflects the diversity within the community.	97.2%	100%	▲	0%	0%	–
4. The program/facility has a process in place for ensuring language competence of administrative services staff who identify themselves as bi- or multi-lingual.*	91.7%	100%	▲	2.8%	5.7%	▲
5. The program/facility has a process in place for ensuring language competence of support staff who identify themselves as bi- or multi-lingual.	88.9%	97.1%	▲	0%	5.7%	▲
6. The program/facility supports/provides all staff training on the use of interpreters.	83.3%	77.1%	▼	5.6%	14.3%	▲
7. The program/facility uses language interpreters as needed.	100%	91.4%	▼	5.6%	5.7%	▲
8. The program/facility has a process in place for assessing cultural competence of all staff.*	91.7%	85.7%	▼	2.8%	14.3%	▲
9. The program/facility has a process and a tool in place for all staff to self-assess cultural competence.*	75.0%	74.3%	▼	22%	25.7%	▲
10. The program/facility has conducted a survey amongst its clients/target population to determine if the program is perceived as being culturally competent.	75.0%	65.7%	▼	2.8%	14.3%	▲
11. The program/facility conducted a survey amongst its clients/target population to determine if the program's services are perceived as being culturally competent.*	52.8%	68.6%	▲	0%	14.3%	▲
12. The program utilizes the Culturally and Linguistically Appropriate Services (CLAS) Standards.*	55.6% [‡]	94.3%	▲	0%	5.7%	▲
13. The program/facility supports cultural competence training of administrative services staff.*	94.4%	100%	▲	2.8%	0%	▼
14. The program/facility supports cultural competence training of support services staff.	97.2%	94.3%	▼	0%	2.9%	▲
15. Services provided are designed to meet the needs of the community.	97.2%	100%	▲	0%	0%	–
16. The program has implemented the use of any evidence-based practices or best practice guidelines appropriate for the populations served.	77.8% [‡]	100%	▲	0%	2.9%	▲
17. The program collects client outcomes appropriate for the populations served.	63.9% [‡]	80.0%	▲	0%	2.9%	▲
18. The program conducts outreach efforts appropriate for the populations in the community.	97.2%	97.1%	▼	2.8%	2.9%	▲
19. The program is responsive to the variety of stressors that may impact the communities served.	100%	100%	–	0%	5.7%	▲
20. The program reflects its commitment to cultural and linguistic competence in all policy and practice documents including its mission statement, strategic plan, and budgeting practices.	97.2%	94.3%	▼	2.8%	2.9%	▲

* The wording of questions 4, 8, 9, 11, 12, and 13 was changed to make the questions more applicable to non-clinical programs. This might have accounted for the change in response rate from 2014, as well as the increase in technical assistance requests.

‡ In 2014, questions 12, 16, and 17 contained a Not Applicable option, which might have accounted for a lower response rate. The current non-clinical survey does not contain any questions with this option.

Please note: Red arrows mean negative change, while green arrows mean positive change. The direction of the arrows indicates increase/decrease in responses.

CC-PAS Results Non-Clinical A/OA Programs (MHS and ADS) n = 77 in 2015 (55 in 2014) <i>2015: 6 programs served both populations and were included in both CYF and A/OA program breakdowns.</i>	Programs that <i>Met or Partially Met</i> Standard			Technical Assistance Requests		
	2014	2015	Results Change	2014	2015	Results Change
1. The program/facility has developed a Cultural Competence Plan.	98.2%	100%	▲	14.5%	14.3%	▼
2. The program/facility has assessed the strengths and needs for services in its community.	98.2%	100%	▲	21.8%	16.9%	▼
3. The staff in the program/facility reflects the diversity within the community.	100%	100%	–	3.6%	5.2%	▲
4. The program/facility has a process in place for ensuring language competence of administrative services staff who identify themselves as bi- or multi-lingual.*	83.6%	85.7%	▲	9.1%	14.3%	▲
5. The program/facility has a process in place for ensuring language competence of support staff who identify themselves as bi- or multi-lingual.	83.6%	85.7%	▲	9.1%	16.9%	▲
6. The program/facility supports/provides all staff training on the use of interpreters.	80.0%	77.9%	▼	12.7%	23.4%	▲
7. The program/facility uses language interpreters as needed.	87.3%	85.7%	▼	10.9%	18.2%	▲
8. The program/facility has a process in place for assessing cultural competence of all staff.*	94.5%	87.0%	▼	14.5%	22.1%	▲
9. The program/facility has a process and a tool in place for all staff to self-assess cultural competence.*	89.1%	84.4%	▼	27.3%	23.4%	▼
10. The program/facility has conducted a survey amongst its clients/target population to determine if the program is perceived as being culturally competent.	80.0%	76.6%	▼	14.5%	16.9%	▲
11. The program/facility conducted a survey amongst its clients/target population to determine if the program's services are perceived as being culturally competent.*	67.3%	76.6%	▲	10.9%	16.9%	▲
12. The program utilizes the Culturally and Linguistically Appropriate Services (CLAS) Standards.*	76.4% [‡]	85.7%	▲	10.9%	31.2%	▲
13. The program/facility supports cultural competence training of administrative services staff.*	94.5%	90.9%	▼	7.3%	11.7%	▲
14. The program/facility supports cultural competence training of support services staff.	96.4%	89.6%	▼	7.3%	10.4%	▲
15. Services provided are designed to meet the needs of the community.	94.5%	97.4%	▲	9.1%	5.2%	▼
16. The program has implemented the use of any evidence-based practices or best practice guidelines appropriate for the populations served.	83.6% [‡]	98.7%	▲	14.5%	15.6%	▲
17. The program collects client outcomes appropriate for the populations served.	85.5% [‡]	87.0%	▲	7.3%	5.2%	▼
18. The program conducts outreach efforts appropriate for the populations in the community.	92.7%	96.1%	▲	10.9%	9.1%	▼
19. The program is responsive to the variety of stressors that may impact the communities served.	98.2%	100%	▲	10.9%	14.3%	▲
20. The program reflects its commitment to cultural and linguistic competence in all policy and practice documents including its mission statement, strategic plan, and budgeting practices.	98.2%	93.5%	▼	9.1%	18.2%	▲

* The wording of questions 4, 8, 9, 11, 12, and 13 was changed to make the questions more applicable to non-clinical programs. This might have accounted for the change in response rate from 2014, as well as the increase in technical assistance requests.

‡ In 2014, questions 12, 16, and 17 contained a Not Applicable option, which might have accounted for a lower response rate. The current non-clinical survey does not contain any questions with this option.

Please note: Red arrows mean negative change, while green arrows mean positive change. The direction of the arrows indicates increase/decrease in responses.

CC-PAS Results ADS Non-Clinical Programs (CYF and A/OA) n = 53 in 2015 (42 in 2014)	Programs that <i>Met or Partially Met</i> Standard			Technical Assistance Requests		
	2014	2015	Results Change	2014	2015	Results Change
1. The program/facility has developed a Cultural Competence Plan.	100%	100%	–	19.1%	3.8%	▼
2. The program/facility has assessed the strengths and needs for services in its community.	100%	100%	–	21.4%	9.4%	▼
3. The staff in the program/facility reflects the diversity within the community.	97.6%	100%	▲	0%	1.9%	▲
4. The program/facility has a process in place for ensuring language competence of administrative services staff who identify themselves as bi- or multi-lingual.*	83.3%	88.7%	▲	7.1%	15.1%	▲
5. The program/facility has a process in place for ensuring language competence of support staff who identify themselves as bi- or multi-lingual.	80.9%	90.6%	▲	7.1%	17.0%	▲
6. The program/facility supports/provides all staff training on the use of interpreters.	78.6%	79.2%	▲	14.3%	22.6%	▲
7. The program/facility uses language interpreters as needed.	90.5%	92.5%	▲	14.3%	15.1%	▲
8. The program/facility has a process in place for assessing cultural competence of all staff.*	92.9%	88.7%	▼	9.5%	18.9%	▲
9. The program/facility has a process and a tool in place for all staff to self-assess cultural competence.*	83.3%	77.4%	▼	26.2%	30.2%	▲
10. The program/facility has conducted a survey amongst its clients/target population to determine if the program is perceived as being culturally competent.	71.4%	73.6%	▲	7.1%	17.0%	▲
11. The program/facility conducted a survey amongst its clients/target population to determine if the program's services are perceived as being culturally competent.*	61.9%	75.5%	▲	11.9%	17.0%	▲
12. The program utilizes the Culturally and Linguistically Appropriate Services (CLAS) Standards.*	69.1% [‡]	86.8%	▲	11.9%	30.2%	▲
13. The program/facility supports cultural competence training of administrative services staff.*	100%	92.5%	▼	7.1%	17.0%	▲
14. The program/facility supports cultural competence training of support services staff.	100%	92.5%	▼	7.1%	17.0%	▲
15. Services provided are designed to meet the needs of the community.	92.9%	96.2%	▲	7.1%	5.7%	▼
16. The program has implemented the use of any evidence-based practices or best practice guidelines appropriate for the populations served.	88.1% [‡]	100%	▲	9.5%	9.4%	▼
17. The program collects client outcomes appropriate for the populations served.	73.8% [‡]	86.8%	▲	4.8%	5.7%	▲
18. The program conducts outreach efforts appropriate for the populations in the community.	97.6%	96.2%	▼	11.9%	9.4%	▼
19. The program is responsive to the variety of stressors that may impact the communities served.	100%	100%	–	4.8%	17.0%	▲
20. The program reflects its commitment to cultural and linguistic competence in all policy and practice documents including its mission statement, strategic plan, and budgeting practices.	97.6%	94.3%	▼	9.5%	17.0%	▲

* The wording of questions 4, 8, 9, 11, 12, and 13 was changed to make the questions more applicable to non-clinical programs. This might have accounted for the change in response rate from 2014, as well as the increase in technical assistance requests.

‡ In 2014, questions 12, 16, and 17 contained a Not Applicable option, which might have accounted for a lower response rate. The current non-clinical survey does not contain any questions with this option.

Please note: Red arrows mean negative change, while green arrows mean positive change. The direction of the arrows indicates increase/decrease in responses.

CC-PAS Results MHS Non-Clinical Programs (CYF and A/OA) n = 53 in 2015 (46 in 2014)	Programs that <i>Met or Partially Met</i> Standard			Technical Assistance Requests		
	2014	2015	Results Change	2014	2015	Results Change
1. The program/facility has developed a Cultural Competence Plan.	97.8%	100%	▲	6.5%	17.0%	▲
2. The program/facility has assessed the strengths and needs for services in its community.	97.8%	100%	▲	13.0%	18.9%	▲
3. The staff in the program/facility reflects the diversity within the community.	100%	100%	–	4.3%	5.7%	▲
4. The program/facility has a process in place for ensuring language competence of administrative services staff who identify themselves as bi- or multi-lingual.*	91.3%	90.6%	▼	4.3%	9.4%	▲
5. The program/facility has a process in place for ensuring language competence of support staff who identify themselves as bi- or multi-lingual.	91.3%	86.8%	▼	4.3%	11.3%	▲
6. The program/facility supports/provides all staff training on the use of interpreters.	84.8%	75.5%	▼	6.5%	18.9%	▲
7. The program/facility uses language interpreters as needed.	93.5%	84.9%	▼	4.3%	13.2%	▲
8. The program/facility has a process in place for assessing cultural competence of all staff.*	93.5%	84.9%	▼	10.9%	18.9%	▲
9. The program/facility has a process and a tool in place for all staff to self-assess cultural competence.*	84.8%	84.9%	▲	23.9%	13.2%	▼
10. The program/facility has conducted a survey amongst its clients/target population to determine if the program is perceived as being culturally competent.	87.0%	75.5%	▼	10.9%	17.0%	▲
11. The program/facility conducted a survey amongst its clients/target population to determine if the program's services are perceived as being culturally competent.*	65.2%	77.4%	▲	2.3%	15.1%	▲
12. The program utilizes the Culturally and Linguistically Appropriate Services (CLAS) Standards.*	69.6% [‡]	90.6%	▲	2.2%	17.0%	▲
13. The program/facility supports cultural competence training of administrative services staff.*	91.3%	94.3%	▲	4.3%	3.8%	▼
14. The program/facility supports cultural competence training of support services staff.	95.6%	90.6%	▼	2.2%	3.8%	▲
15. Services provided are designed to meet the needs of the community.	97.8%	100%	▲	4.3%	5.7%	▲
16. The program has implemented the use of any evidence-based practices or best practice guidelines appropriate for the populations served.	78.3% [‡]	98.1%	▲	8.7%	15.1%	▲
17. The program collects client outcomes appropriate for the populations served.	80.4% [‡]	86.8%	▲	4.3%	3.8%	▼
18. The program conducts outreach efforts appropriate for the populations in the community.	91.3%	98.1%	▲	4.3%	5.7%	▲
19. The program is responsive to the variety of stressors that may impact the communities served.	97.8%	100%	▲	8.7%	9.4%	▲
20. The program reflects its commitment to cultural and linguistic competence in all policy and practice documents including its mission statement, strategic plan, and budgeting practices.	97.8%	94.3%	▼	4.3%	15.1%	▲

* The wording of questions 4, 8, 9, 11, 12, and 13 was changed to make the questions more applicable to non-clinical programs. This might have accounted for the change in response rate from 2014, as well as the increase in technical assistance requests.

‡ In 2014, questions 12, 16, and 17 contained a Not Applicable option, which might have accounted for a lower response rate. The current non-clinical survey does not contain any questions with this option.

Please note: Red arrows mean negative change, while green arrows mean positive change. The direction of the arrows indicates increase/decrease in responses.

CC-PAS Results Clinical CYF Programs (MHS and ADS) n = 74 in 2015 (77 in 2014) 2015: 3 programs served both populations and were included in both CYF and A/OA program breakdowns.	Programs that Met or Partially Met Standard			Technical Assistance Requests		
	2014	2015	Results Change	2014	2015	Results Change
1. The program/facility has developed a Cultural Competence Plan.	100%	100%	–	10.4%	0%	▼
2. The program/facility has assessed the strengths and needs for services in its community.	100%	98.6%	▼	10.4%	4.1%	▼
3. The staff in the program/facility reflects the diversity within the community.	100%	100%	–	1.3%	4.1%	▲
4. The program/facility has a process in place for ensuring language competence of direct services staff who identify themselves as bi- or multi-lingual.	98.7%	98.6%	▼	3.9%	4.1%	▲
5. The program/facility has a process in place for ensuring language competence of support services staff who identify themselves as bi- or multi-lingual.	98.7%	100%	▲	5.2%	2.7%	▼
6. The program/facility supports/provides direct and indirect services staff training on the use of interpreters.	92.2%	93.2%	▲	11.7%	8.1%	▼
7. The program/facility uses language interpreters as needed.	97.4%	94.6%	▼	6.5%	2.7%	▼
8. The program/facility has a process in place for assessing cultural competence of direct and support services staff.	94.8%	93.2%	▼	10.4%	6.8%	▼
9. The program/facility has a process and a tool in place for direct and support services staff to self-assess cultural competence.	89.6%	90.5%	▲	16.9%	4.1%	▼
10. The program/facility has conducted a survey amongst its clients to determine if the program is perceived as being culturally competent.	85.7%	91.9%	▲	7.8%	4.1%	▼
11. The program/facility conducted a survey amongst its clients to determine if the program's clinical services are perceived as being culturally competent.	83.1%	91.9%	▲	10.4%	4.1%	▼
12. The program utilizes the Culturally and Linguistically Appropriate Services (CLAS) Standards.	93.5%	95.9%	▲	9.1%	8.1%	▼
13. The program/facility supports cultural competence training of direct services staff.	100%	100%	–	1.3%	0%	▼
14. The program/facility supports cultural competence training of support services staff.	100%	100%	–	1.3%	1.4%	▲
15. Services provided are designed to meet the needs of the community.	97.4%	97.3%	▼	2.6%	2.7%	▲
16. The program has implemented the use of any evidence-based practices or best practice guidelines appropriate for the populations served.	100%	100%	–	2.6%	2.7%	▲
17. The program collects client outcomes appropriate for the populations served.	94.8% [‡]	94.6%	▼	2.6%	0%	▼
18. The program conducts outreach efforts appropriate for the populations in the community.	93.5%	93.2%	▼	2.6%	0%	▼
19. The program is responsive to the variety of stressors that may impact the communities served.	100%	100%	–	3.9%	0%	▼
20. The program reflects its commitment to cultural and linguistic competence in all policy and practice documents including its mission statement, strategic plan, and budgeting practices.	98.7%	100%	▲	3.9%	1.4%	▼

‡ In 2014, question 17 contained a Not Applicable option, which might have affected the response rate. The current clinical survey does not contain any questions with this option.

Please note: Red arrows mean negative change while green arrows mean positive change. The direction of the arrows indicates increase/decrease in responses.

CC-PAS Results Clinical A/OA Programs (MHS and ADS) n = 59 in 2015 (78 in 2014) 2015: 3 programs served both populations and were included in both CYF and A/OA program breakdowns.	Programs that <i>Met or Partially Met</i> Standard			Technical Assistance Requests		
	2014	2015	Results Change	2014	2015	Results Change
1. The program/facility has developed a Cultural Competence Plan.	100%	100%	–	1.3%	3.4%	▲
2. The program/facility has assessed the strengths and needs for services in its community.	100%	100%	–	6.4%	5.1%	▼
3. The staff in the program/facility reflects the diversity within the community.	100%	100%	–	2.6%	0%	▼
4. The program/facility has a process in place for ensuring language competence of direct services staff who identify themselves as bi- or multi-lingual.	100%	98.3%	▼	6.4%	1.7%	▼
5. The program/facility has a process in place for ensuring language competence of support services staff who identify themselves as bi- or multi-lingual.	98.7%	98.3%	▼	6.4%	1.7%	▼
6. The program/facility supports/provides direct and indirect services staff training on the use of interpreters.	93.6%	100%	▲	3.8%	5.1%	▲
7. The program/facility uses language interpreters as needed.	100%	98.3%	▼	3.8%	1.7%	▼
8. The program/facility has a process in place for assessing cultural competence of direct and support services staff.	98.7%	98.3%	▼	5.1%	1.7%	▼
9. The program/facility has a process and a tool in place for direct and support services staff to self-assess cultural competence.	96.1%	94.9%	▼	9.0%	6.8%	▼
10. The program/facility has conducted a survey amongst its clients to determine if the program is perceived as being culturally competent.	89.7%	96.6%	▲	10.2%	6.8%	▼
11. The program/facility conducted a survey amongst its clients to determine if the program's clinical services are perceived as being culturally competent.	91.0%	96.6%	▲	11.5%	6.8%	▼
12. The program utilizes the Culturally and Linguistically Appropriate Services (CLAS) Standards.	93.6%	98.3%	▲	6.4%	3.4%	▼
13. The program/facility supports cultural competence training of direct services staff.	100%	100%	–	1.3%	1.7%	▲
14. The program/facility supports cultural competence training of support services staff.	98.7%	100%	▲	1.3%	1.7%	▲
15. Services provided are designed to meet the needs of the community.	100%	100%	–	2.6%	1.7%	▼
16. The program has implemented the use of any evidence-based practices or best practice guidelines appropriate for the populations served.	98.7%	100%	▲	2.6%	3.4%	▲
17. The program collects client outcomes appropriate for the populations served.	100% [‡]	100%	–	1.3%	0%	▼
18. The program conducts outreach efforts appropriate for the populations in the community.	98.7%	100%	▲	1.3%	0%	▼
19. The program is responsive to the variety of stressors that may impact the communities served.	100%	100%	–	5.1%	0%	▼
20. The program reflects its commitment to cultural and linguistic competence in all policy and practice documents including its mission statement, strategic plan, and budgeting practices.	100%	100%	–	3.8%	3.4%	▼

[‡]In 2014, question 17 contained a Not Applicable option, which might have affected the response rate. The current clinical survey does not contain any questions with this option.

Please note: Red arrows mean negative change while green arrows mean positive change. The direction of the arrows indicates increase/decrease in responses.

CC-PAS Results ADS Clinical Programs (CYF and A/OA) n = 27 in 2015 (15 in 2014)	Programs that Met or Partially Met Standard			Technical Assistance Requests		
	2014	2015	Results Change	2014	2015	Results Change
1. The program/facility has developed a Cultural Competence Plan.	100%	100%	–	13.3%	0%	▼
2. The program/facility has assessed the strengths and needs for services in its community.	100%	100%	–	20.0%	0%	▼
3. The staff in the program/facility reflects the diversity within the community.	100%	100%	–	0%	0%	–
4. The program/facility has a process in place for ensuring language competence of direct services staff who identify themselves as bi- or multi-lingual.	100%	96.3%	▼	13.3%	3.7%	▼
5. The program/facility has a process in place for ensuring language competence of support services staff who identify themselves as bi- or multi-lingual.	100%	96.3%	▼	13.3%	3.7%	▼
6. The program/facility supports/provides direct and indirect services staff training on the use of interpreters.	93.3%	100%	▲	13.3%	3.7%	▼
7. The program/facility uses language interpreters as needed.	100%	100%	–	20.0%	0%	▼
8. The program/facility has a process in place for assessing cultural competence of direct and support services staff.	100%	100%	–	6.7%	0%	▼
9. The program/facility has a process and a tool in place for direct and support services staff to self-assess cultural competence.	93.3%	100%	▲	13.3%	0%	▼
10. The program/facility has conducted a survey amongst its clients to determine if the program is perceived as being culturally competent.	86.7%	100%	▲	13.3%	0%	▼
11. The program/facility conducted a survey amongst its clients to determine if the program's clinical services are perceived as being culturally competent.	93.3%	100%	▲	13.3%	0%	▼
12. The program utilizes the Culturally and Linguistically Appropriate Services (CLAS) Standards.	100%	100%	–	0%	7.4%	▲
13. The program/facility supports cultural competence training of direct services staff.	100%	100%	–	0%	0%	–
14. The program/facility supports cultural competence training of support services staff.	100%	100%	–	0%	0%	–
15. Services provided are designed to meet the needs of the community.	100%	100%	–	0%	3.7%	▲
16. The program has implemented the use of any evidence-based practices or best practice guidelines appropriate for the populations served.	100%	100%	–	0%	0%	–
17. The program collects client outcomes appropriate for the populations served.	100% [‡]	100%	–	0%	0%	–
18. The program conducts outreach efforts appropriate for the populations in the community.	100%	96.3%	▼	0%	0%	–
19. The program is responsive to the variety of stressors that may impact the communities served.	100%	100%	–	6.7%	0%	▼
20. The program reflects its commitment to cultural and linguistic competence in all policy and practice documents including its mission statement, strategic plan, and budgeting practices.	93.3%	100%	▲	20.0%	0%	▼

[‡]In 2014, question 17 contained a Not Applicable option, which might have affected the response rate. The current clinical survey does not contain any questions with this option.

Please note: Red arrows mean negative change while green arrows mean positive change. The direction of the arrows indicates increase/decrease in responses.

CC-PAS Results MHS Clinical Programs (CYF and A/OA) n = 103 in 2015 (139 in 2014)	Programs that Met or Partially Met Standard			Technical Assistance Requests		
	2014	2015	Results Change	2014	2015	Results Change
1. The program/facility has developed a Cultural Competence Plan.	100%	100%	–	5.0%	1.9%	▼
2. The program/facility has assessed the strengths and needs for services in its community.	100%	99.0%	▼	7.2%	5.8%	▼
3. The staff in the program/facility reflects the diversity within the community.	100%	100%	–	2.2%	2.9%	▲
4. The program/facility has a process in place for ensuring language competence of direct services staff who identify themselves as bi- or multi-lingual.	99.3%	99.0%	▼	4.3%	2.9%	▼
5. The program/facility has a process in place for ensuring language competence of support services staff who identify themselves as bi- or multi-lingual.	98.6%	100%	▲	5.0%	1.9%	▼
6. The program/facility supports/provides direct and indirect services staff training on the use of interpreters.	92.8%	95.1%	▲	7.2%	7.8%	▲
7. The program/facility uses language interpreters as needed.	98.6%	96.1%	▼	3.6%	2.9%	▼
8. The program/facility has a process in place for assessing cultural competence of direct and support services staff.	96.4%	94.2%	▼	7.9%	5.8%	▼
9. The program/facility has a process and a tool in place for direct and support services staff to self-assess cultural competence.	92.8%	90.3%	▼	12.9%	6.8%	▼
10. The program/facility has conducted a survey amongst its clients to determine if the program is perceived as being culturally competent.	87.8%	92.2%	▲	8.6%	6.8%	▼
11. The program/facility conducted a survey amongst its clients to determine if the program's clinical services are perceived as being culturally competent.	86.3%	93.2%	▲	10.8%	6.8%	▼
12. The program utilizes the Culturally and Linguistically Appropriate Services (CLAS) Standards.	92.8%	96.1%	▲	8.6%	5.8%	▼
13. The program/facility supports cultural competence training of direct services staff.	100%	100%	–	1.4%	1.0%	▼
14. The program/facility supports cultural competence training of support services staff.	99.3%	98.1%	▼	1.4%	1.9%	▲
15. Services provided are designed to meet the needs of the community.	98.6%	100%	▲	2.2%	1.9%	▼
16. The program has implemented the use of any evidence-based practices or best practice guidelines appropriate for the populations served.	99.3%	100%	▲	2.9%	3.9%	▲
17. The program collects client outcomes appropriate for the populations served.	97.1% [‡]	96.1%	▼	2.2%	0%	▼
18. The program conducts outreach efforts appropriate for the populations in the community.	95.7%	96.1%	▲	2.2%	0%	▼
19. The program is responsive to the variety of stressors that may impact the communities served.	100%	100%	–	4.3%	0%	▼
20. The program reflects its commitment to cultural and linguistic competence in all policy and practice documents including its mission statement, strategic plan, and budgeting practices.	100%	100%	–	2.2%	2.9%	▲

[‡]In 2014, question 17 contained a Not Applicable option, which might have affected the response rate. The current clinical survey does not contain any questions with this option.

Please note: Red arrows mean negative change while green arrows mean positive change. The direction of the arrows indicates increase/decrease in responses.