

# Culturally Competent Program Annual Self-Evaluation (CC-PAS) June 2014

County of San Diego – Behavioral Health Services



## Introduction

One of the Quality Improvement Strategies in the County of San Diego Behavioral Health 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 2014, the County of San Diego Behavioral Health Services 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 242 programs responded to the survey: 154 clinical (15 ADS and 139 MHS programs) and 88 non-clinical (42 ADS and 46 MHS programs). The CC-PAS supports the County of San Diego Behavioral Health Services' commitment to a culturally competent workforce and the guidelines described in the Cultural Competence Plan and Handbook. These documents can be located in the Behavioral Health Services' Technical Resource Library at [www.sdcounty.ca.gov/hhsa/programs/bhs/mental\\_health\\_services\\_act/technical\\_resource\\_library.html](http://www.sdcounty.ca.gov/hhsa/programs/bhs/mental_health_services_act/technical_resource_library.html).

For more information contact the Quality Improvement, Performance Improvement Team at [BHSQIPOG@sdcounty.ca.gov](mailto:BHSQIPOG@sdcounty.ca.gov).

## Discussion



The CC-PAS tool was developed by San Diego County Behavioral Health Services 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 2, 2014. The e-mail recipients were asked to complete the survey—one response per 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 is the first year that the survey was sent to ADS programs, and the comparison to 2013 is not available; however, clinical and non-clinical MHS program responses will be compared to previous year.

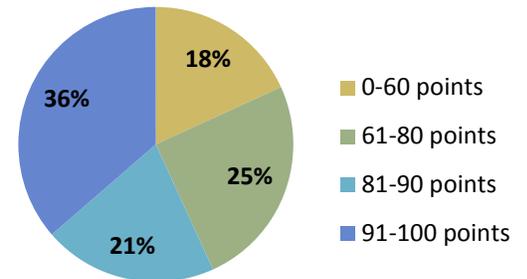
## Non-Clinical CC-PAS Results and Technical Assistance Requests

There were **88 Non-Clinical CC-PAS surveys** submitted between April 2 and April 18, 2014.

### Non-Clinical CC-PAS

- Scores ranged from **28 to 100**, out of a possible **100**. The average score was **80.5** (77.8 in 2013).
- **17%** (8.1% in 2013) of non-clinical programs reported that they met **ALL** cultural competence standards on the CC-PAS.
- **43.2%** (25.8% in 2013) of non-clinical programs reported that they met or partially met **ALL** cultural competence standards on the CC-PAS.
- The most unmet standard among non-clinical programs was, “*The program conducted a survey amongst its clients to determine if the program's clinical services<sup>†</sup> are perceived as being culturally competent*” (**32 programs, 36.4%**).
- The most unmet CC-PAS standard among the most applicable to non-clinical programs: “*The program conducted a survey amongst its clients to determine if the program is perceived as being culturally competent*” (**18 programs, 20.4%**).

### Non-Clinical Programs - CC-PAS Scores<sup>†</sup>



<sup>†</sup> 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 programs' perception of program competence.

CC-PAS 2014 Results – Non-Clinical Programs N = 88 in 2014 (62 in 2013)	Programs that <i>Met or Partially Met</i> Standard			Technical Assistance Requests		
	2013	2014	Results Change	2013	2014	Results Change
1. The program/facility has developed a Cultural Competence Plan.	88.7%	98.9%	▲	17.7%	12.5%	▼
2. The program has assessed the strengths and needs for services in its community.	95.2%	98.9%	▲	17.7%	17.0%	▼
3. The staff in the program reflects the diversity within the community.	98.4%	98.9%	▲	4.8%	2.3%	▼
4. The program has a process in place for ensuring language competence of direct services staff who identify themselves as bi- or multi-lingual.	80.6%	87.5%	▲	12.9%	5.7%	▼
5. The program has a process in place for ensuring language competence of support staff who identify themselves as bi- or multi-lingual.	79.0%	86.4%	▲	14.5%	5.7%	▼
6. The program supports/provides direct and indirect services staff training on the use of language interpreters.	46.8%	81.8%	▲	16.1%	10.2%	▼
7. The program uses language interpreters as needed.	79.0%	92.0%	▲	12.9%	9.1%	▼
8. The program has a process in place for assessing cultural competence of direct services/support services staff.	87.1%	93.2%	▲	12.9%	10.2%	▼
9. The program has a process and a tool in place for direct services/support services staff to self-assess cultural competence.	71.0%	84.1%	▲	22.6%	25.0%	▲
10. The program has conducted a survey amongst its clients to determine if the program is perceived as being culturally competent.	51.6%	79.5%	▲	24.2%	9.1%	▼
11. The program conducted a survey amongst its clients to determine if the program's clinical services are perceived as being culturally competent.	51.6%	63.3%	▲	27.4%	6.8%	▼
12. The program utilizes the Culturally Competent Clinical Practice Standards.	87.1%	69.3%*	▼	17.7%	6.8%	▼
13. The program supports cultural competence training of direct services staff.	95.2%	95.4%	▲	6.5%	5.7%	▼
14. The program supports cultural competence training of support services staff.	93.5%	97.7%	▲	4.8%	4.5%	▼
15. Services provided are designed to meet the needs of the community.	95.2%	95.4%	▲	1.6%	5.7%	▲
16. The program has implemented the use of any evidence-based practices or best practice guidelines appropriate for the populations served.	96.8%	82.9%*	▼	8.1%	9.1%	▲
17. The program collects client outcomes appropriate for the populations served.	90.3%	77.3%*	▼	11.3%	4.5%	▼
18. The program conducts outreach efforts appropriate for the populations in the community.	95.2%	94.3%	▼	3.2%	7.9%	▲
19. The program is responsive to the variety of stressors that may impact the communities served.	98.4%	98.9%	▲	16.1%	6.8%	▼
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.	95.2%	97.7%	▲	17.7%	6.8%	▼

<sup>†</sup> The wording of the Non-Clinical CC-PAS survey questions will be addressed in subsequent CC-PAS surveys to make it more applicable to non-clinical programs.  
 \* Some programs selected a *Not Applicable* or a *Not Met* option if they felt that the question might not apply to their program, and this might have accounted for the change in response rate from 2013. In the Non-Clinical CC-PAS survey, questions 12, 16, and 17 included a *Not Applicable* option.  
 Please note: Red arrows mean negative change while green arrows mean positive change. The direction of the arrows indicates increase/decrease in responses.

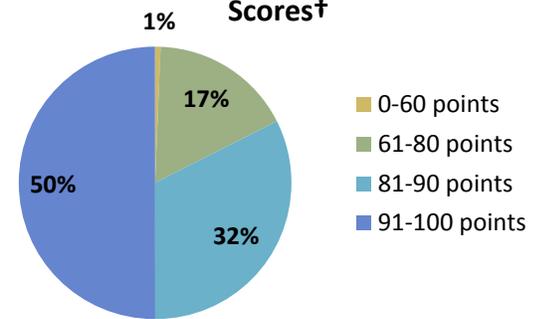
## Clinical CC-PAS Results and Technical Assistance Requests

There were **154 Clinical CC-PAS surveys** submitted between April 2 and April 18, 2014.

### Clinical CC-PAS

- Scores ranged from **56 to 100**, out of a possible 100. The average score was **89.3** (87.1 in 2013).
- **10.4%** (5.4% in 2013) of clinical programs reported that they met ALL cultural competence standards on the CC-PAS.
- **72.7%** (72.1% in 2013) of clinical programs reported that they met or partially met ALL cultural competence standards on the CC-PAS.
- The most unmet standard among clinical programs was, *“The program conducted a survey amongst its clients to determine if the program’s clinical services are perceived as being culturally competent”* (**20 programs, 13.0%**).
- The second most unmet CC-PAS standard among clinical programs was, *“The program has conducted a survey amongst its clients to determine if the program is perceived as being culturally competent”* (**19 programs, 12.3%**).

**Clinical Programs - CC-PAS Scorest**



† 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 programs’ perception of program competence.

CC-PAS 2014 Results – Clinical Programs N = 154 in 2014 (129 in 2013)	Programs that Met or Partially Met Standard			Technical Assistance Requests		
	2013	2014	Results Change	2013	2014	Results Change
1. The program/facility has developed a Cultural Competence Plan.	100.0%	100.0%	–	3.9%	5.8%	▲
2. The program has assessed the strengths and needs for services in its community.	98.4%	100.0%	▲	5.4%	8.4%	▲
3. The staff in the program reflects the diversity within the community.	100.0%	100.0%	–	1.6%	1.9%	▲
4. The program has a process in place for ensuring language competence of direct services staff who identify themselves as bi- or multi-lingual.	96.1%	99.3%	▲	7.0%	5.2%	▼
5. The program has a process in place for ensuring language competence of support staff who identify themselves as bi- or multi-lingual.	96.1%	98.7%	▲	7.8%	5.8%	▼
6. The program supports/provides direct and indirect services staff training on the use of language interpreters.	92.2%	92.9%	▲	13.2%	7.8%	▼
7. The program uses language interpreters as needed.	96.1%	98.7%	▲	5.4%	5.2%	▼
8. The program has a process in place for assessing cultural competence of direct services/support services staff.	95.3%	96.7%	▲	10.1%	7.8%	▼
9. The program has a process and a tool in place for direct services/support services staff to self-assess cultural competence.	91.5%	92.9%	▲	14.7%	13.0%	▼
10. The program has conducted a survey amongst its clients to determine if the program is perceived as being culturally competent.	88.4%	87.7%	▼	11.6%	9.1%	▼
11. The program conducted a survey amongst its clients to determine if the program’s clinical services are perceived as being culturally competent.	87.6%	87.0%	▼	11.6%	11.0%	▼
12. The program utilizes the Culturally Competent Clinical Practice Standards.	92.2%	93.5%	▲	10.9%	7.8%	▼
13. The program supports cultural competence training of direct services staff.	100.0%	100.0%	–	3.9%	1.3%	▼
14. The program supports cultural competence training of support services staff.	99.2%	99.3%	▲	3.9%	1.3%	▼
15. Services provided are designed to meet the needs of the community.	96.1%	98.7%	▲	3.9%	1.9%	▼
16. The program has implemented the use of any evidence-based practices or best practice guidelines appropriate for the populations served.	99.2%	99.3%	▲	5.4%	2.6%	▼
17. The program collects client outcomes appropriate for the populations served.	97.7%	97.4%*	▼	5.4%	1.9%	▼
18. The program conducts outreach efforts appropriate for the populations in the community.	95.3%	96.1%	▲	1.6%	1.9%	▲
19. The program is responsive to the variety of stressors that may impact the communities served.	99.2%	100.0%	▲	2.3%	4.5%	▲
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.	100.0%	99.3%	▼	7.0%	3.9%	▼

\* Some programs selected a *Not Applicable* or a *Not Met* option if they felt that the question might not apply to their program, and this might have accounted for the change in response rate from 2013. In the Clinical CC-PAS survey, question 17 included a *Not Applicable* 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: 39.8% of all non-clinical programs (14 MHS and 21 ADS programs out of 88) and 27.9% of all clinical programs (39 MHS and 4 ADS programs out of 154) 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
<b>Non-clinical programs</b> <i>(46 MHS and 42 ADS)</i>	12 26.1%	17 40.5%	2 4.3%	1 2.4%	-- 0%	2 4.8%	1 2.2%	1 2.4%
<b>Clinical programs</b> <i>(139 MHS and 15 ADS)</i>	34 24.5%	1 6.7%	4 2.9%	3 20%	-- 0%	-- 0%	2 1.4%	-- 0%

A quarter of all non-clinical programs (22 or 25%) and the largest proportion of all clinical programs (20 or 13%) requested assistance with providing a tool for staff to self-assess cultural competence.

## Technical Assistance Requests – Clinical Competency Domains

The four Clinical Competency Domains are:

STANDARD GUIDELINES AND PROCEDURES	CLIENTS AND THE COMMUNITY	STAFF COMPETENCIES AND TRAINING	EVALUATION AND DATA COLLECTION
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The Cultural Competence Domain where the most clinical programs (10 or more) requested technical assistance (in order of the most need) was 'Staff Competencies and Training'.

STAFF COMPETENCIES AND TRAINING	<p>Would you like Technical Assistance with providing a tool for staff to self-assess cultural competence?</p> <p>Would you like Technical Assistance with supporting/providing training on the use of interpreters?</p> <p>Would you like Technical Assistance with assessing the cultural competence of staff?</p>
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The two Cultural Competence Domains where the most non-clinical programs (8 or more) requested technical assistance (in order of the most need) were 'Standard Guidelines and Procedures' and 'Staff Competencies and Training'.

STANDARD GUIDELINES AND PROCEDURES	<p>Would you like Technical Assistance with developing a Cultural Competence Plan?</p> <p>Would you like Technical Assistance with surveying clients about the program's cultural competence?</p> <p>Would you like Technical Assistance with implementing the use of evidence-based practices or best practice guidelines?</p>
STAFF COMPETENCIES AND TRAINING	<p>Would you like Technical Assistance with providing a tool for staff to self-assess cultural competence?</p> <p>Would you like Technical Assistance with supporting/providing training on the use of interpreters?</p> <p>Would you like Technical Assistance with assessing the cultural competence of staff?</p>

## Conclusions/Next Steps

Next steps in the CC-PAS administration include:

- Disseminating results to interested parties and stakeholders such as San Diego County Behavioral Health leadership, CCRT, the Behavioral Health Services Training and Education Committee (BHSTEC), and the Quality Review Committee (QRC).

Next steps in CC-PAS analysis and review include:

- Providing 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 California Brief Multicultural Competence Scale (which identifies individual training needs in the delivery of culturally competent behavioral health services) and 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.