

Cultural Competence Planning Guide

Cultural Competence Workgroup
2011-2014



Washington State
Department of Social
& Health Services

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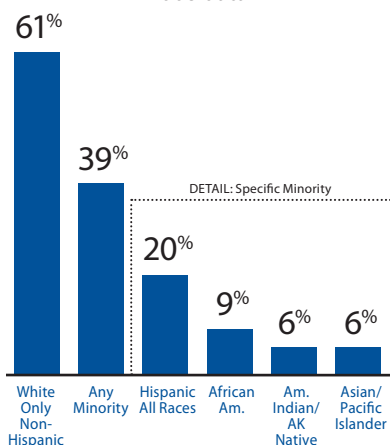
Transforming Lives

TOGETHER WE WILL

decrease poverty ■ improve the safety and health status of people ■ increase educational and employment success ■ support people and communities in reaching their potential

DSHS CLIENTS AS A PERCENT OF THE CASELOAD

All DSHS Programs, statewide
2008 data



Data courtesy Research and Data Analysis

DATA SOURCE: Washington State Department of Social and Health Services, Planning, Performing and Accountability, Research and Data Analysis Division, Client Services Database, August 9, 2010. Population use rates were calculated based on categories provided by the Department of Health.

NOTE: We have used percentages for clients only when race is known. Counts include Support Enforcement only clients for all years provided. Since a person can be a member of more than one minority group, the percents for individual racial categories will sum more than percent shown for "any minority." "White only" and "any minority" sum to 100 percent.

EXECUTIVE SUMMARY: POLICY AND OVERVIEW

Policy

The Washington State Department of Social and Health Services is committed to creating and maintaining an environment that supports "Cultural Competence" by promoting respect and understanding of diverse cultures, social groups, and individuals. To achieve this commitment, we develop and maintain a high-performing workforce that improves outcomes for clients, delivers culturally responsive services, and reflects the diversity of the communities we serve. We deliver culturally responsive services and our workforce reflects the diversity of the communities we serve. Each DSHS administration ensures Cultural Competence is integrated into the overall organizational culture and ongoing business.

[Policy 7.22, Cultural Competence](#), applies to all administrations and employees and those providing contractual services on behalf of the Department of Social and Health Services. The Department of Social and Health Services will continue to enhance its knowledge in cultural competence. Each administration will develop an action plan that supports and guides staff by ensuring that they have a means of achieving:

- culturally competent personnel
- culturally appropriate services
- culturally competent organizations

While each administration is responsible for developing and implementing their individual plans to enhance and support cultural competence as it pertains to their specific workforce, the Office of Diversity, Equity and Inclusion is responsible for creating [guidelines](#) to enhance and support cultural competence within the Department. The Office of Diversity, Equity and Inclusion will ensure standardization by reviewing each administration's plan and providing feedback regarding the thoroughness and implementation strategy of each plan. All levels of management are expected to implement and support activities that enhance the cultural competence of their staff.

The DSHS vision of cultural competence:

- Continuous self-assessment
- Applying strategies to mediate and resolve conflicts and misunderstandings that stem from cultural differences.
- Expanding employees' cultural competence and adapting services to meet culturally unique needs.
- Developing effective service delivery that includes input from culturally diverse communities and individuals
- Advocating for and supporting culturally competent and responsive programs.
- Measuring the impact that services have on culturally diverse populations

Who should implement these guidelines?

DSHS administrations and health care providers may be familiar with the national standards on Culturally and Linguistically Appropriate Services for cultural competence. The planning guide is consistent with the Culturally and Linguistically Appropriate Services standards but goes further to support direct case work by agency staff.

The planning guide is not a mandate but is designed as an educational tool that answers the question: How do we become more culturally competent?

INDIVIDUAL SERVICES AND CULTURAL COMPETENCE

Incremental approach

Cultural competence is a developmental process, a goal that professionals and organizations strive to achieve. This guide envisions an incremental approach toward cultural competence based on sustained, achievable actions with realistic timelines. This guide serves to assist DSHS administrations in developing and implementing their own cultural competence plans.

What is cultural competence?

Cultural competence is the behaviors of individuals and the Department's policies that come together enabling individuals to work effectively in cross-cultural situations. It promotes respect and understanding of diverse cultures and social groups, and an appreciation of each individual's unique attributes. It includes the ability and the will to respond to the unique needs of an individual client that arise from the client's culture, and the ability to use the person's culture as a resource or tool to assist in interventions to help meet the person's needs.)

Organization and administration support

- Data, assistance with planning and goal setting
- Website resources

A MODEL FOR CULTURAL COMPETENCE PLANNING

The six areas of action described in this guide can serve as a framework for a cultural competence plan. The model is based on the Culturally Linguistic and Appropriate Services standards that are divided into six core areas. The areas point to goals, key objectives, and offer ideas for tasks within each objective. As you develop your own cultural competence plan, the six areas for Culturally Linguistic and Appropriate Services action can serve as a model. Use the worksheet on the following page to develop your own plan.

SMART is a term used in project management that offers a way to evaluate how realistic and achievable objectives are. SMART objectives are:

Specific	Clear and detailed about what you would like to accomplish. Who is the target population? What will be accomplished? Who is doing what to whom?
Measurable	Specific ways to ensure progress. How much change is expected? Sometimes qualitative objectives can be measured with a "yes" or "no."
Achievable	Can realistically be accomplished with the resources you have.
Relevant	Makes a difference, and makes sense.
Timely	Linked to time limits and deadlines.

“

Inclusion is not a strategy to help people fit into the systems and structures that exist in our societies; it is about transforming those systems and structures to make it better for everyone. Inclusion is about creating a better world for everyone.

”

– Diane Richler, President,
Inclusion International

GOALS APPLICABLE TO CULTURAL COMPETENCE

Foster Cultural Competence	Build Community Partnerships	Collect Diversity Data	Measure Performance and Evaluate Results	Reflect and Respect Diversity	Ensure Effective Communication and Language Access
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OBJECTIVES

(Programs can choose from this list or develop their own objectives)

<ol style="list-style-type: none"> 1. Understand the need for cultural competence by reviewing agency-assessment. 2. Train staff on cultural competence based on self-assessment. 3. Develop employees' knowledge, skills and self-awareness through Motivational Interviewing training. 4. Deliver culturally competent service as measured by customer survey. 	<ol style="list-style-type: none"> 1. Partner with community organizations by asking stakeholders to dialog about CC and assessment results. 2. Involve the community through community outreach, health centers, religious institutions, community centers, and community-based organizations. 3. Engage people: clients, stakeholders, contractor on subject of CC. 4. Share cultural competence knowledge and training methods with agency staff and stakeholder in meetings and forums. 	<ol style="list-style-type: none"> 1. Identify key populations that are frequently served by agency. 2. Standardize Race Ethnicity and Language (REL) data collection. 3. Integrate data collection into frameworks. 4. Assess needs and areas for improvement by surveying referral sources. 5. Share relevant data with the community at stakeholder meetings and area staff meetings. 	<ol style="list-style-type: none"> 1. Appoint a cultural competence committee. 2. Assess cultural competence (use self-assessment as baseline). 3. Frame CLAS within vision and goals of the division, areas, units. 4. Identify and Develop Metrics: Who was served where and by whom. 5. Evaluate progress: Analyze performance data from lens of CC. 6. Report progress to Executive Leadership Team (ELT). DAO will report progress of CC measurements to ELT. 	<ol style="list-style-type: none"> 1. Reflect diversity through focus on CC. 2. Recruit diverse employees. 3. Retain and promote diverse employees with recruiting plan. 4. Respond to concerns using MI principles. 5. Resolve and prevent cross-cultural conflicts by using Non-Violent Communication principles. 	<ol style="list-style-type: none"> 1. Identify LEP clients through referral sources and at application for service. 2. Assess services and language needs. 3. Plan Identify some key activities for next year. 4. Deliver effective language access services using DSHS resources for interpreters and printed materials. 5. Adapt programs to LEP populations and check regularly to ensure applicability.
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ACTION AND PLANNING GUIDE

Cultural competence is programmatic competence

The reason to become culturally competent is to effectively deliver services in a cross-cultural situation, or to become a more effective health, mental health or social services organization. An organization cannot be clinically or programmatically competent unless it is culturally competent.

How to become more culturally competent?

Professionals improve their skills and increase their knowledge. Organizations anticipate which cultural communities they are likely to serve and then develop the competence to serve them appropriately. The organization hires and trains culturally skilled and knowledgeable people. When it lacks professionals who are competent in the culture or language of a client in the waiting room, it consults with – or refers to – someone who possesses those skills. In an emergency, meet immediate needs; then make a referral for culturally appropriate follow-up.

Cultural competence is both personal and organizational

Cultural competence is a personal pursuit. The interpersonal relationship between the service professional and the client is what most determines whether services are appropriate. Competence requires openness to long-term and persistent development. The culturally skilled professional is one who is in the process of actively developing and practicing strategies and skills in working with culturally different clients.

An individual professional cannot be culturally competent alone. It requires organizational commitment. Management creates the service delivery structure and environment where cultural competence is possible.

Who can receive culturally competent services?

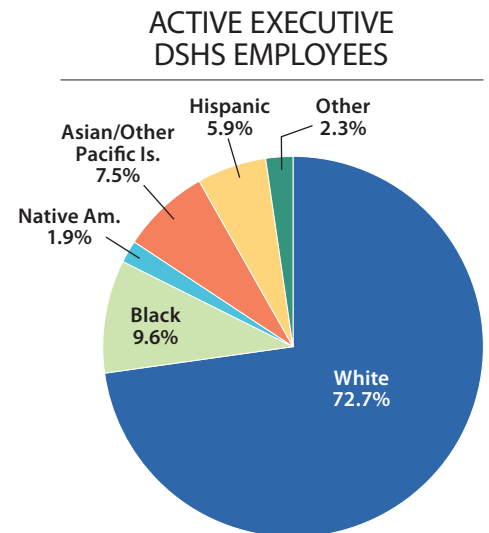
Everyone has a culture. Should everyone get culturally competent service? The practical standard is that extraordinary effort is directed toward any cultural group likely to receive inadequate services because of differences in understanding of health, mental health, illness, and disability or differences in family customs, social patterns, child-rearing practices and religious values or differences in language and literacy; or because of an experience of war or ethnically, racially, socially, or class-related discrimination. Language assistance for people with limited English proficiency is required by federal law.

Individualized services

Large-scale standardized interventions work extremely well for a small segment of racial/ethnic-minority clients, produce mediocre results for a large segment, and extremely bad results for another small segment. Thus, interventions need to be based not on the client's cultural group but, rather upon the nature of the individual client whose individuality is partly a manifestation of his or her culture.

Is cultural competence aimed at the provider or the administration?

View your organization and its products as a whole, as well as the providers who perform services and the organizations that provide access through service authorization. Observe client intakes, services processes, payments and billing to identify where cultural competence efforts need to focus.



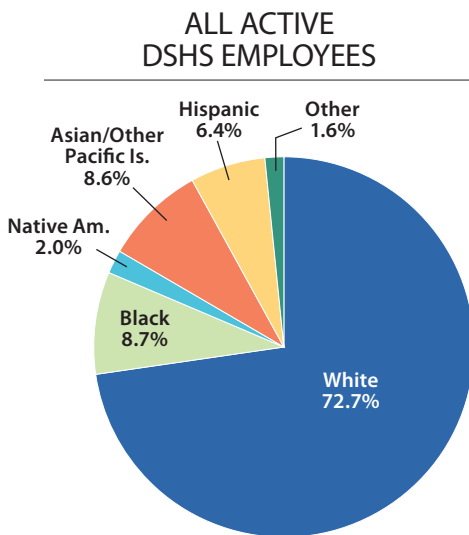
TECHNICAL NOTE: Number of DSHS employees and percent of the current total from August 2011.

COMPONENTS OF CULTURALLY COMPETENT PLANS

- A community needs assessment. Analyze the demographic characteristics of the service population and how a specific group's service needs differ from the mainstream.
- An organizational and provider capability assessment. Assess your organization's capability to provide culturally appropriate services and access for diverse populations.
- Compare the community needs assessment to the organization's capability, then develop a plan to address the organization's deficiencies.

Design action steps regarding:

- Administrative and organizational support
- Culturally appropriate service delivery
- Language assistance (federally mandated)
- Availability of contracted providers that demonstrate cultural competence
- Involve clients and the community in designing and implementing cultural competence plans.
- Collaborate among providers and community organizations on outreach, and enhance public relations while sharing the vision of cultural competence.
- Designate seats on governing bodies for clients and families of diverse communities.
- Establish or support existing advisory councils comprising representative clients, parents of minor clients, and non-client community members. Assure or enhance diversity of representation of existing council members.
- Human resource development. Launch a variety of strategies to enhance the capacity of service providers to ensure culturally appropriate services. Focus simultaneously on strengthening existing personnel and recruiting diverse personnel:
 - Recruit new diverse staff; improve retention with incentives and mentoring programs.
 - Train existing providers, administrators, and direct-contact staff, such as intake workers and receptionists.
 - Include culturally-specific curriculum in staff training: knowledge, skills and self-awareness activities focusing on cross-cultural communication and language; practice related to professional discipline; and view cultural competence as an on-going learning process.
 - Contract with culturally-specific providers for assessment and services.
 - Use culturally-informed consultants, interpreters, and cultural brokers to confer with professionals who are not skilled in, or knowledgeable of, a client's culture.
 - Cultivate the use of diverse professionals from the community and use non-professionals when culturally competent professionals are not available; train or mentor diverse paraprofessionals into professionals to better serve customers.
 - Use non-traditional practitioners or healers and culturally-specific practices that have proven effectiveness for specific cultural or linguistic populations.
 - Develop alternative credentialing standards if needed: clinical supervision; immigrant professionals; pairing a mainstream professional with a diverse paraprofessional.
 - Use culturally-trained paraprofessional staff for prevention, education, and support services; client advocacy; follow-up care under clinical supervision; and for community liaison efforts.



TECHNICAL NOTE: Number of DSHS employees and percent of the current total from August 2011.

CITATIONS

Lonner, Thomas D. (2000), *Constructing the Middle Ground: Cultural Competence in Medicaid Managed Care*, The Cross Cultural Health Program, Seattle.

Minnesota Department of Human Services (May 2004). *Guidelines for Culturally Competent Organizations*, Second Edition Report.

National Association of Social Workers (June 23, 2001). *NASW Standards for Cultural Competence in Social Work Practice*, National Committee on Racial and Ethnic Diversity.

Office of Civil Rights (August 2000). Title VI of the Civil Rights Act of 1964; Policy Guidance on the Prohibition Against National Origin Discrimination As It Affects Persons With Limited English Proficiency (OCR Guidance). Washington D.C., U.S. Department of Health and Human Services. published in the Federal Register, Vol. 65, No. 169, August 30, 2000.

Office of Minority Health (December, 2000). *National Standards on Culturally and Linguistically Appropriate Services in Health Care ("CLAS Standards")*. Washington D.C., U.S. Department of Health and Human Services Published in the Federal Register, Vol. 65, No. 247.

FREQUENTLY ASKED QUESTIONS

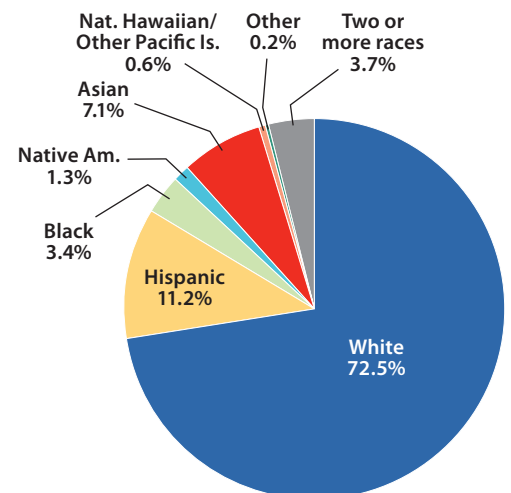
What is diversity?

- Means "difference"
- Inclusion is the end-goal
- Can have diversity w/o inclusion, but not the reverse
- Beyond Tolerance to Acceptance and Appreciation

Why is inclusion important?

- Inclusion drives diversity, the action word
- Historically, groups have felt excluded and under-represented in employment, in political process and in civic engagement
- Inclusion addresses **social equity**
- Equality ≠ equity
- "Shoes" anecdote
- **Affirmative Action** – *An active effort to improve the employment and educational opportunities of members of minority groups and women; also: a similar effort to promote the rights or progress of disadvantaged persons.* – Merriam Webster reference
Positive steps taken to increase the representation of women and minorities in employment from which they have historically been excluded.
- **R.E.G.A.R.D.S.** – federally protected groups
 - **R**ace
 - **E**thnicity
 - **G**ender
 - **A**ge
 - **R**eligion
 - **D**isability
 - **S**exual Orientation

WASHINGTON STATE POPULATION IN 2010



The 2010 Census Demographic Profile Summary File data for Washington state was released in May 2011. The Demographic Profile Summary File provides information on age and sex distributions, race, Hispanic or Latino origin, household relationship and type, the group quarters population, and housing occupancy and tenure.

CONSTRUCT OF CULTURE

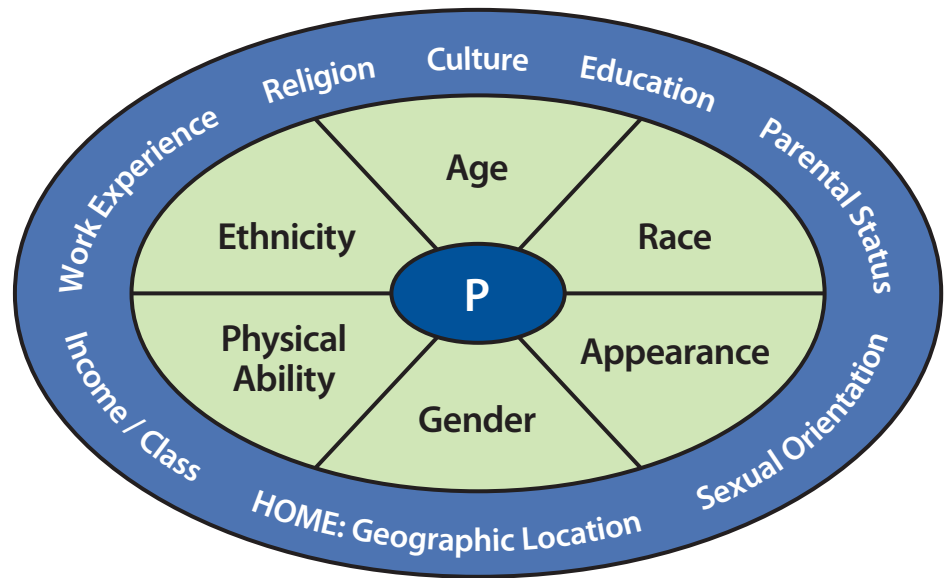


Diagram from *Workforce America! Managing Employee Diversity As A Vital Resource* by M. Loden and J. Rosenthal, 1991. Burn Ridge, Illinois; Irwin p. 20. Also, Gardenschwarz and Rowe, *Diverse Teams at Work*.

In SFY 2010, between 8 and 11 percent of DSHS clients are Limited English Proficient.

– SOURCE: DSHS office of Research and Data Analysis, February 2012

What is “culture?”

Values, attitudes, beliefs, experiences of a group of people.

- Includes laws, customs, morals, language, traditions
- Shared by members of a group
- Transmitted from one generation to the next
- Culture shapes behavior, impacts perceptions (world view)
- Culture is ever-dynamic, ever-changing

Cultural competence

- A set of congruent behaviors, attitudes and policies that come together among employees of an organization enabling them to work effectively in cross-cultural situations. (Cross 1989, Isaacs & Benjamin 1991)
- Becoming culturally competent means promoting respect and understanding of diverse cultures and social groups, and recognizing each person’s unique abilities and attributes.

Vision of cultural competence

To embrace *inclusion* as the standard of how the agency does business internally and externally, promoting respect and understanding, valuing and appreciating human difference, and upholding the experience of equity and social justice in all of the agency’s policies and interactions.

Cultural competence is...

- A process, not a goal; a way of “being”
- Today’s standard of doing business
- A way of improving our service delivery
- A way of expanding our capacity to work with one another
- A tool to improve DSHS decision-making
- A lens that allows us to look at client impact
- Not new to the health and medical industry, though it is new to social services

CULTURAL COMPETENCE ORGANIZATIONS AND RESOURCES

- [Minnesota Department of Human Services / Cultural Competency](#)
 - [Minnesota DHS Guidelines for Culturally Competent Organizations – 2nd Edition – May 2004](#)
- [The Arizona Department of Health Services / Cultural Competence](#)
 - [Arizona Department of Health Services / DBHS Cultural Competency Plan 2007](#)
 - [Arizona Department of Health Services Effective Date of Orig. Policy](#)
 - [HHS/Civil Rights](#)
 - [National Standards on Culturally and Linguistically Appropriate Services \(CLAS\)](#)
 - [National Center for Cultural Competence – Georgetown University](#)
 - [Conceptual Frameworks / Models, Guiding Values and Principles](#)
 - [The National Center for Cultural Competence \(NCCC\)](#)
 - [The Georgetown University Center for Child and Human Development \(GUCHD\)](#)
- [Health Resources and Services Administration \(HRSA\) / Culture, Language and Health Literacy](#)
- [National Association of Social Workers \(NASW\)](#)
- [Family PACT / Linguistic and Cultural Competency](#)
- [U.S. Department of Justice – Americans with Disabilities Act](#)
- [NYS Office of Mental Health \(OMH\) / Cultural Competence Plan Format](#)
- [The Human Rights Working for Lesbian, Gay, Bisexual and Transgender Equal Rights](#)

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When government becomes more inclusive, over time, society will follow.

”

– Cherie Maclead, Executive Director, PFLAG Canada

ACKNOWLEDGMENTS

Co-sponsored by *Glen Christopherson*, Senior Director (HRD); and *Victor Chacón*, Senior Director (ODEI)

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We want to thank and acknowledge DSHS Secretary Susan N. Dreyfus for supporting Cultural Competence and implementing agency wide policy. May 2009 to December 2011.



DSHS 22-1470 (12/11)