

**Health Priority: Mental Health and Mental Disorders
Objective 3: Cultural Competence (Logic Model)**

Long-term (2010) Subcommittee Outcome Objective: By 2010, 87 percent of publicly funded mental health consumers will feel their service provider was sensitive to their culture during the treatment planning and delivery process.
Long-term outcome objective updated as of: Sept 2004

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
Mental health consumers and family members Cultural and tribal leaders/ community leaders Minority media and entertainment figures Designated state staff to guide and develop the process Stakeholder corporations Local health departments Schools Faith and spiritual communities Investment of time and fiscal support of existing staff and	<p><i>Develop a Self-Assessment of Needs Tool</i> <i>Determine present capacity of providers to provide culturally competent services and determine challenges and opportunities to become a “best practice” delivery system. This assessment tool will be designed to gather statistical data and necessary information to assist providers in looking at their current internal service capacity regarding:</i></p> <ul style="list-style-type: none"> • Cultural groups that are presently under-utilizing mental health services in relationship to the majority population; • The number of mental health professionals in facilities and/or organizations who are representative of targeted groups and are providing services to persons in these groups as well as others; • Determination of the gap between the unmet needs for appropriate mental health services and the current capacity of professionals within their systems to provide these services; • Collection and analysis of available data and other related material and information regarding access and availability of services for targeted populations. Utilize the results of the analysis to develop baseline data and benchmarks to be used to evaluate results of implementation activities or action steps taken to meet the 	Individuals with menal illness Families Faith/spiritual communities Healthcare providers Mental health agencies Mental health professionals Media/ community natural/appointed leaders Local health departments Schools	<p>By 2002, a self-evaluation tool will be developed with the input of key stakeholders.</p> <p>By 2003, outreach strategies to reach special populations will have been identified and the information shared with systems/stakeholders using various approaches and formats.</p> <p>By 2003, identify best practices models and provide recognition to those systems and stakeholders which have shown excellence in providing culturally competent services.</p> <p>By 2004, develop an interim status report to identify specific accomplishments, challenges, and opportunities for implementation of Phase II, Medium Term.</p> <p>By 2004, begin a random review of the information and data gathered through systems/stakeholders evaluations, mental health surveys, and other relevant avenues to determine the</p>	<p>By 2005, identify and provide systems and stakeholders with available tools, strategies, and resources to assist them in delivering effective culturally competent services.</p> <p>By 2006, recommend effective legislation, policies, and procedures are implemented in response to identified challenges to the provision of effective culturally competent services.</p>	<p>By 2008, develop integrated systems and procedures for ongoing monitoring and evaluation of systems/stakeholders regarding the provision of effective delivery services.</p> <p>By 2009, identify and share evaluation reports and outcomes with other systems and stakeholders including the state to promote best practice models, innovative outreach and information strategies, effective data collection, analysis systems with successful uses of data for research, program development, measured outcomes, and strategic implementation. Acknowledge publicly through the media, positive and constructive developments from the data.</p> <p>By 2010, a measured increase in capacity by all systems and stakeholders</p>

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<p>experts to develop materials and develop and carry out trainings</p> <p>Distance learning technologies to communicate with distant partners including mental health consumers, families, representatives from diverse groups</p> <p>Time and energy of all partners</p> <p>Identified culturally competent materials and training curriculum</p>	<p>short-, medium-, and long-term goals.</p> <p><i>Promote a Greater Awareness Regarding Available Services in Targeted Minority and Other Communities:</i> Develop and implement outreach strategies to inform targeted groups of available mental health services, dispel myths and assumptions, and provide them with information regarding preventive and early intervention strategies to ensure good health.</p> <ul style="list-style-type: none"> • <i>Identify Existent Materials/Technical Assistance:</i> Collaborate with appropriate stakeholders and community leaders in identifying and sharing materials that will assist providers to create and/or maintain the capacity to offer culturally competent care to the communities they serve. • <i>Identify Best Practice Models:</i> Recognize providers and other stakeholders among systems that excel in the provision of culturally competent and effective services. • <i>Research and Identify Cost-Effective and Useful Ways to Provide Information and Training/Technical Assistance to Providers and Other Stakeholders:</i> Collaborate with stakeholders, such as primary healthcare, social services, and state-level departments and divisions across service systems to explore training/technical assistance models which may result in culturally competent 		<p>capacity of systems and stakeholders to provide effective cross-cultural services.</p>		<p>to effectively address the mental health needs of targeted populations through relevant cultural variables that promote and positively affect the equitable, fair and inclusive provision of culturally competent services.</p>

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	<p>training/technical assistance being available in a cost-effective manner.</p> <ul style="list-style-type: none"> • <i>Identify and Secure Materials:</i> Surveys, technical assistance manuals, guidelines and other related resources are promoted that can assist systems/ stakeholders to identify and address individual/group variables which may have impact in the quality of services to all mental health consumers. These variables may include language, race, ethnicity, natural origin, disability, age, gender, religion, sexual orientation, and others. <p><i>Devise Simple, Standardized Assessment Instruments and Clinical Protocols:</i> To enable English-speaking mental health professionals in determining the potential needs and issues of people without English proficiency in a way that respects their belief systems and allows for the use of an interpreter when necessary.</p> <p><i>Assist Systems and Stakeholders:</i> In identifying and working with culturally competent individuals (trained mental health consumers, family members, as well as community leaders) who could act as “bridge builders” between systems and diverse groups to “market” and promote acceptance of mental health treatment in their communities that is delivered with respect and in a culturally sensitive manner</p>				

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	<p><i>Establish Service Outcome Evaluation Criteria and Create Culturally and Linguistically Appropriate Mental Health Satisfaction Surveys:</i> To be completed by mental health consumers and designed to provide the service system with feedback on its efforts to provide culturally competent care.</p> <p><i>Assist Providers in the Development and Implementation of Recruitment, Hiring and Succession Plans:</i> To ensure appropriate employee representation of people of cultural/ethnic groups at all levels of the service delivery system.</p>				