



As a result of the Mid-Point Assessment, the Independent Assessor has developed recommendations for the PPS to address specific areas identified as deficiencies that could impact the PPS success in achieving the DSRIP goals.

For each group of recommendations under a specific organizational section or project included in the Mid-Point Assessment Report, the PPS has taken or plans to take the following corrective action(s).

Mid-Point Assessment Recommendation:

“Although the PPS is utilizing a pre- and post-test to measure provider knowledge, it is not clear what measures the PPS is using to assess the effectiveness of the cultural and linguistic training when applied by partners in the network. The IA recommends that the PPS develop measures to assess the current cultural competency of the clinical providers within its network along with the impact any cultural competency training provided to the same providers to address the effectiveness of its CCHL trainings.”

PPS Action Plan Narrative:

Cultural and linguistic competence is an approach to improving the provision of health care to an increasingly diverse population with the aim of reducing and eliminating racial and ethnic disparities, improving access and quality, and achieving health equity. The prominence of cultural and linguistic competency within health policy and practice is largely attributed to the development of the Culturally and Linguistically Appropriate Services in Health and Healthcare (CLAS Standards) by the US Department of Health and Human Services Administration, Office of Minority Health. These standards were created as a blueprint to help guide organizations to combat racial and ethnic health disparities. The CLAS Standards have been enhanced since the launch of the original standards to include other marginalized cultures and ensure that every individual has the opportunity to receive culturally and linguistically appropriate health care and services. Competent care is providing service that is respectful of, and responsive to, an individual’s values, preferences, and language. Care should not vary in quality based on ethnicity, age, socioeconomic status, or other factors.

The assessment of cultural and linguistic competence are developmental processes that evolve over an extended period of time. The dimensions of awareness, attitudes, knowledge and skills along the cultural competence continuum will vary among providers, as well as organizations. All will have different levels of competence in this area. Self-assessment is a tool that, *if used serially*, offers the opportunity to assess individual and organizational progression towards the positive end of the continuum. Each self-assessment individually is a snapshot of where an individual or organization stands at a particular point in time in its adherence with the standards. It will highlight what has been achieved by the organization and staff, as well as identify gaps in need of improvement. Assessing attitudes, practices, policies and structures of administration and service providers is a necessary, effective and systematic way to plan for and incorporate cultural competence within an organization. However, self- assessment should be an ongoing process and not a one-time occurrence or an isolated event. When administered serially, it measures the progress towards closing the gaps over time



As a result of the IA’s Midpoint Assessment Recommendation, a “Self-Assessment for Administrators and Personnel Providing Primary/Behavioral Health Care Services” has been developed based on National CLAS Standards and vetted through the PPSs Cultural Competency & Health Literacy Workgroup. While the tool can be used by all PPS members, it is particularly targeted to those agencies providing clinical services. The topics covered in the self-assessment include: provision of culturally competent care, staff training and development, and organizational governance. This self-assessment tool will allow organizations to assess their level of cultural and linguistic competence against the CLAS standards. Based on the survey results, an organization will formulate strategic plans, goals and objectives for each area needing improvement. **The PPS has already begun to incorporate the administration of serial Self-Assessments, with demonstrated closing of gaps over time, into partner project contracts.** The target for the first such executed contract is June 2017. Improvement will be expected over 6-12 month reassessments depending on the urgency of the gaps identified.

As the IA recommends, for our PPS partners who offer staff training on Cultural and Linguistic Competence, it is important to measure and assess the effectiveness and impact of the training to the participant and practice to adjust and improve the training program. The design of the training program must utilize a cultural competence framework where a learner transitions through three distinct stages that are carefully sequenced to build upon one another. These stages include: awareness/attitudes, knowledge, and skills.

Awareness/Attitude: In this stage the learner examines diversity-related values and beliefs in order to recognize any deep-seated prejudices, biases and stereotypes that can create barriers for learning and personal development. The stronger we feel about our beliefs and values the more we will react emotionally when they collide with cultural differences. Diversity education can be useful for uncovering them.

Knowledge: The second stage focuses on knowledge competencies. It involves the acquisition of factual information about different cultural groups. The more knowledge we have about people of different cultures, the more likely we are able to avoid stepping on cross-cultural toes.

Skills: The third stage involves integrating awareness/attitude and knowledge learned. One can have the “right” attitude and considerable self-awareness, a lot of knowledge about cultural differences, but have not learned skills or have had little opportunity to practice the skills. This stage focuses on building specific strategies and skills development to effectively manage cultural differences.

Measuring the effect of a particular cultural competence training program on the learner’s awareness/attitudes, knowledge, and skills is essential in ensuring that the learner has successfully achieved the desired level of cultural competence. It also appraises the value of the continued investment, of both time and resources, in a given training program going forward. Therefore, a second **“Self-Assessment on Impact of Training to Participant” has been developed and vetted through the PPSs Cultural Competency & Health Literacy Workgroup to assess the effectiveness of cultural competency training programs in PPS partner organizations.** The PPS is incorporating the adoption of this tool into partner project contracts as well. The target for the first such executed contract is June 2017.