

**PBH Cultural Competence Self-Assessment
(Category 1) Licensed Independent Practitioners – Non-Group Practices**

Network Provider	Date of Survey

Check (✓) “Met” or “Unmet” under each section if you can demonstrate progress as described in the example that follows. The examples are not all inclusive and are to be used as a guide to describe practical approaches to achieve cultural competence under each indicator.

NOTE: Include documentation that demonstrates compliance with each item checked “Met” when submitting the Self-Assessment to the PBH Quality Management Department.

Met	Not Met	Practices	Comments
		<p>The provider has specific guidelines or core values to direct practices that will assure access to services.</p> <p><i>Does agency policy or Mission Statement address willingness to understand and respect individual cultural and spiritual needs?</i></p> <p><i>Does the facility demonstrate a culturally competent atmosphere that is welcoming?</i></p> <ul style="list-style-type: none"> ◆ <i>Accommodate people with disabilities (i.e. wheelchair accessible)</i> ◆ <i>Pamphlets, informational brochures, etc. are available in different languages?</i> ◆ <i>Culturally diverse décor</i> <p><i>This may include Patients Bill of Rights.</i></p>	
Met	Not Met	Training	Comments
		<p>The provider attends trainings on cultural competence to enhance knowledge and skills.</p> <p><i>Provide a list of trainings (name of training, date presented, location) offered/attended. Examples can include specialized trainings for focused therapies such as eating disorders, sex offender therapies, etc. as well as trainings related to licensure and certification trainings.</i></p>	
Met	Not Met	Climate	Comments
		<p>The provider has established relationships in the community to create a rapport that builds trust and facilitates acceptance of the behavioral healthcare system.</p> <p><i>Provide written examples of the established relationships in the community. Examples can include, but are not limited to:</i></p> <ul style="list-style-type: none"> ◆ <i>Board membership</i> ◆ <i>Community organization affiliations</i> ◆ <i>Established relationship with a referring agency</i> 	

Met	Not Met	Services	Comments
		<p>The provider has informal partnerships with traditional and nontraditional organizations to enhance service delivery and maximize resources.</p> <p><i>Provide written examples of the informal partnerships with traditional and nontraditional organizations that provide support to your agency in the areas of referrals to additional resources, funding, transportation, training, related services, etc. These may include Peer Support, local outpatient mental health center, Hispanic Learning Center, Asian Cultural Center, etc.</i></p>	
Met	Not Met	Communication	Comments
		<p>The provider has made provisions to adequately communicate with customers needing interpretation/translation services.</p> <p><i>Specifically address what you or your agency would do if an individual who is deaf or non-English speaking would seek your services. How does the individual participate in the treatment planning process? How is the treatment plan written so that the individual can read it?</i></p>	

Additional Comments:

Provider Staff Member Who Completed Form: _____

Contact Information: Phone: _____ **E-mail Address:** _____