THE IOWA
CONSORTIUM
FOR SUBSTANCE ABUSE RESEARCH AND EVALUATION

Culturally Competent — Substance Abuse Treatment — Pilot Project

Initial Evaluation Report

November 1, 2007 – January 31, 2008

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Culturally Competent Substance Abuse Treatment Pilot Project

Background and Objectives

On July 1, 2007, The Iowa Department of Public Health received an appropriation from the general fund of the state of Iowa legislature (House File 471) to provide culturally competent substance abuse treatment. Through a competitive Request for Proposals process, the Iowa Department of Public Health awarded three licensed substance abuse treatment providers funds to implement culturally competent substance abuse treatment pilot projects. The projects were implemented in November 2007 and continue through June 30, 2008.

The objectives of the Culturally Competent Substance Abuse Treatment Pilot Projects are to:

- increase substance abuse treatment options for racially and ethnically diverse populations;
- provide best practices or tried treatment methods and document program outcomes so Iowa treatment providers may adopt culturally competent treatment methods;
- identify barriers to participants accessing treatment and work with community wrap around services to assist clients with barriers in order to participate in and complete treatment services;
- maintain contact and support services with clients for (6) months;
- document and provide program outcomes by working with the Iowa Consortium for Substance Abuse Research and Evaluation;
- disseminate information about the pilot project including but not limited to: programming, lessons learned, community involvement, and outcomes as requested; and
- train substance abuse treatment staff to work more effectively with the target population.

Three agencies were selected to pilot these services: Center for Alcohol and Drug Services (CADS), Employee and Family Resources (EFR), and Jackson Recovery Centers. CADS is targeting 40 Latino and African American clients (with approximately 10 clients being Latino, 30 being African American) using the Matrix Model. Employee and Family Resources is targeting 75 African American clients using Motivational Enhancement. Jackson Recovery is targeting 150 Hispanic clients using the Matrix Model and the Community Reinforcement Approach.

Evaluation Process and Methods

Consortium Evaluation Responsibilities

The Iowa Consortium for Substance Abuse Research and Evaluation (Consortium) was selected to provide evaluation of the Culturally Competent Substance Abuse Treatment Pilot Projects. The Consortium's evaluation responsibilities include the following:

- develop, administer and collect client surveys on perceived cultural competence of the programs;
- develop, administer and collect cultural competency surveys for clinical staff and staff that are in contact with clients in some direct or indirect capacity, to be given at the beginning and toward the end of project activities;
- compile survey results and provide analysis of information collected; and

- compile and report progress information gathered from reports submitted by the three designated agencies;
- provide outcome measure analyses, i.e., length of stay and discharge status for clients served in this project.

The Consortium also provides training and technical assistance to grantees in administering the evaluation.

Agency Evaluation Responsibilities

Agency evaluation responsibilities include:

- disseminate and collect client and staff surveys;
- mail completed surveys to the Consortium;
- utilize the I-SMART/SARS reporting system to record client data;
- provide client admission data to the Consortium; and
- submit Tri-Annual Progress Reports and a Year End Report to IDPH and the Consortium.

Client and Staff Survey Instruments

Client Survey

The client survey instrument used in this study is the Iowa Cultural Understanding Assessment – Client Form, adapted from the Assessment Tool for Cultural Competence developed by the Maryland Mental Hygiene Administration of Maryland Health Partners. The Maryland Assessment Tool for Cultural Competence is a 52-item tool designed to assess client perceptions of the cultural competence of mental health service systems. We wish to acknowledge the work of the Maryland Health Partners on the instrument that formed the basis of the Iowa tool.

Consortium staff reviewed published materials regarding The Maryland Assessment Tool for Cultural Competence in order to determine the most appropriate questions for this project. The original developers performed psychometric analyses on the survey items (Arthur et al, 2005; Cornelius et al. 2004). These published reports were used as a basis for selecting questions. The Consortium selected relevant items with a correlation coefficient of 0.5 or greater to create the instrument for this study. Two items with slightly lower correlations that appeared relevant to this study were also included in the instrument. This resulted in a significant modification to the original instrument. The number of questions in the instrument was reduced by more than half and the wording of some items was modified to make them appropriate for the substance abuse field. The resulting Iowa instrument is a 25-item questionnaire designed to assess client perceptions of the cultural competency of the treatment agency and staff. The instrument includes questions regarding client perceptions of staff cultural competency (e.g., “The staff here understand some of the ideas that I, my family, and others from my cultural, racial, or ethnic group may have”), evidence of cultural sensitivity in the physical environment of the agency (e.g., “The waiting room and/or facility has pictures or reading material that show people from my racial or ethnic group”), and use of culturally appropriate collateral services (e.g., “If I want, the staff will help me get services from clergy or spiritual leaders”).

The Iowa Cultural Understanding Assessment – Client Form was translated into a Spanish language version by the University of Iowa Cultural and Linguistic Services. This instrument is entitled, “Evaluación del Entendimiento Cultural de la Gente de Iowa – Formulario para Clientes.”

Staff Survey

The staff survey instrument used in this study is a modified version of the California Brief Multicultural Competence Scale (CBMCS) developed by Richard Dana, Glenn Gamst, and Aghop Der-Karabetian (2004) at the University of LaVerne, California. The CBMCS is a 21-item self-report questionnaire designed to measure multicultural competence of mental health service providers. With the permission of the developers of the instrument, the Consortium modified the instrument for use with substance abuse treatment providers. This modification consisted of changing the words "mental health" to "substance abuse treatment" on nine of the twenty-one items. This instrument contains questions regarding sensitivity to gender minorities, the aged, and individuals with disabilities, as well as cultural/ethnic minorities. The instrument includes items such as: "I am aware of institutional barriers that may inhibit minorities from using substance abuse treatment services" and "I can identify my reactions that are based on stereotypical beliefs about different ethnic groups."

The developers of the CBMCS have created a cultural competency training program for providers based on the contents of the instrument. The CBMCS Multicultural Training Program provides up to 32 hours of continuing education credits. The training kit is available through SAGE Publications (contact information appears in the References section).

Survey Procedures and Reporting

The Consortium provides copies of staff and client surveys to participating agencies at the beginning and near the end of the project. Agencies return the completed surveys to the Consortium for data entry and analysis. Consortium staff double-enter these data and cross-check for data entry errors. Data on the number of surveys provided to agencies and number of surveys returned during this reporting period is provided in the "Survey Results" section. Demographic information on participants completing these surveys is also provided. The Consortium will report findings from both surveys in the final project report. Copies of the client and staff survey instruments appear in the appendix.

Client Participation Data

The Consortium created an electronic data management system to manage survey and client participation data for this project. Agencies submit data on client admissions to the Consortium via fax on a weekly basis. Additionally, agencies record client data in the I-SMART/SARS reporting system. Consortium staff enters client admission data into the data management system. The Consortium accesses the I-SMART/SARS system to track client participation and obtain data on client length of stay, level of care, and discharge status.

Process/Progress Reporting

Agencies submit Tri-Annual Progress Reports to IDPH and the Consortium which include the following information:

- additions to or changes in key personnel;
- staff training efforts and number of staff trained;
- organizations to which clients were referred by grantee for additional treatment or ancillary services;
- efforts (other than initial trainings) to expand project's capacity to serve the target population;
- information disseminated to others about project (e.g., newspaper article; T.V. or radio coverage, public presentations);

- changes in or concerns about grantees financial status that may affect the implementation or operations of the grant;
- changes in local conditions that may affect continued project success (i.e. changes in target population, funding for services);
- project successes on progress toward goals outlined in the application;
- project challenges grantee encountered and strategies implemented for overcoming them;
- technical assistance needs;
- number of clients screened;
- number of clients admitted;
- number of clients discharged prior to completion; and
- number of clients successfully completing program.

The Consortium provides initial and final project reports to IDPH that integrate agency process data, survey results, and client outcome data.

Program Implementation

Personnel

Center for Alcohol and Drug Services
Kara Harland NCC/LPC
Program Manager, Cultural Diversity Program
4230 11th St.
Rock Island, IL 61201
309-788-4571

Additional clinical project staff: one counselor, one case manager (new hire), and one clerical staff person (new hire). The project is fully staffed.

Employee & Family Resources
Harry Teel, LMHC, CEAP
Director, Substance Abuse Services
505 5th Ave, Suite 6000
Des Moines, IA 50309
(515) 471-2344; (888) 251-4610

Additional clinical project staff: one Urban Dreams counselor, one EFR assessment counselor/case manager, the EFR Clinical Supervisor. EFR has subcontracted with Urban Dreams who has identified and interviewed qualified substance abuse counselors and anticipates hiring in February, 2008.

Jackson Recovery Centers
Amy Bloch, LISW, CADC
Program Director of Outpatient Services
800 5th Street
Sioux City, IA 51101
712-234-2300

Additional clinical project staff: two Spanish speaking counselors (new hires), the Clinical Supervisor, and the Vice President/Chief Clinical Officer. The project is fully staffed.

Training

Six project staff members received training during this reporting period. CADS trained three staff persons on record keeping and completing service activity logs. A counselor at Urban Dreams reviewed SAMHSA TIP # 35 on Motivational Enhancement and discussed application of the protocol with the Clinical Supervisor. The assessment counselor was previously trained in Motivational Interviewing but reviewed the TIP #35 manual for this project. The Urban Dreams counselor and the EFR Director were scheduled to attend Community Based Treatment of Methamphetamine Addiction training in February, 2008. The Urban Dreams counselor and EFR assessment counselor are scheduled to attend Motivational Interviewing (MI) training in March, 2008. If Urban Dreams hires an additional counselor prior to that date, the new counselor will also attend the MI training. Jackson Recovery trained two new project counselors through agency orientation, case management training, and workshops on Motivational Interviewing and Ethics. Both also receive weekly clinical supervision and participate in an ongoing mentoring program with senior therapy staff. The new counselors are scheduled to attend the Spanish Command training in February 2008, Motivational Interviewing Part II in April 2008, Stages of Change training in March 2008, Rethinking Substance Abuse & Gambling Disorders training in March 2008, and the Governor's conference in April 2008.

Service Coordination and Community Outreach/Education

Two of the three participating agencies reported referring clients to other organizations for additional treatment or ancillary services during this reporting period. EFR referred clients to the Mid-Eastern Council on Chemical Abuse (MECCA), Eyerly Ball Community Mental Health Services, Department of Human Services (DHS), and Family Drug Court. These services included: higher level of substance abuse treatment after relapse, outpatient mental health therapy and medication management for co-occurring disorders, and family involvement in drug court process as an adjunct to DHS involvement. CADS referred clients to the Family Resources, Inc. Rape/Sexual Assault Program and to Vera French Community Health Care. Jackson Recovery had not referred clients to ancillary services as the program was just beginning to admit clients at the time of the report.

Each agency reported community outreach and education activities for this reporting period. The case manager at CADS has begun referring clients to spiritual leaders in the community and is developing a list of these leaders to be used for future referrals. The program counselor met with deacons at St. Mary's Church to discuss the potential for referrals and the addition of Spanish speaking spiritual leaders to the referral list. The counselor plans to train the deacons on Alcoholics Anonymous 5th Step work. The program counselor's business card has been translated into Spanish to aid in the referral of Spanish speaking clients. The Cultural Diversity Program brochure, which will be used to generate referrals and educate community members about program services, was created and is pending approval and translation. Cultural Diversity team members met with representatives from Scott County Kids to provide program information

and discuss services offered by that agency. The Spanish language interpreters for Scott County Kids and the Community Health Center expressed interest in trainings that may be provided by CADS' project team.

EFR program staff wrote a press release regarding the Culturally Competent Substance Abuse Treatment Pilot Project but this press release was not picked up by the local media. Information regarding the project and contact information was posted on the agency's website. EFR initiated contact with the Polk County Health Department and developed plans to present project information to the Polk County Board of Health Advisory Committee during the next reporting period.

Jackson Recovery Centers has developed a community outreach/education plan targeting several community agencies, employers, and media outlets.

Progress and Challenges

CADS

During this reporting period CADS identified and served thirteen clients in this pilot program, primarily through direct counselor referral. CADS implemented a needs assessment agency-wide which aids counselors in identifying clients appropriate for this program and services needed by those clients. In addition, the program counselor has been personally contacted by several clients in neighboring communities that are in need of substance abuse treatment services in Spanish. A group for primarily Spanish speaking individuals was created in response to this need.

The counselor is currently reviewing Spanish language treatment materials and translating agency documents and forms. The agency is using all-staff meetings to distribute program overview materials, administer staff surveys, and discuss project progress and changes.

EFR

Employee & Family Resources and Urban Dreams are collaborating to identify and refer clients to the pilot program. EFR's assessment counselor spends one day each week at Urban Dreams to assess potential clients and communicate with Urban Dreams' counselor about assessment results. The agency developed a client referral form and program information sheet for prospective clients. Nineteen clients were identified and served during this reporting period. The agency noted that while many of these clients were initially resistant to treatment due to perceived pressure from the legal system, most are becoming increasingly open to change. Staff attributes this change to the non-judgmental approach of program staff.

Project staff reported two challenges to program implementation, both of which involve client retention. Staff lost contact with some clients between the assessment and the time they were to enter the program. This problem is being addressed though staff asking clients during the assessment interview for multiple contact persons and numbers to increase chances of locating the client. The second challenge is clients being unable to remain involved in the program due to incarceration. The agency has identified a consultant who will assist them in addressing this barrier.

Jackson Recovery Centers

Jackson Recovery Centers identified and served three clients during this project period. This agency faced a significant barrier to program implementation: that of finding trained substance

abuse therapists fluent in Spanish. The agency hired two therapists in December who have minimal substance abuse counseling experience but who are dedicated to serving the Hispanic community. The agency is providing these therapists with extensive training opportunities and ongoing mentoring from senior staff. The program began accepting clients late in January. Project staff report concerns that they will not reach the targeted number of clients for this project due to the delay in starting the program.

Outcome Evaluation

The Center for Alcohol and Drug Services (CADS) is targeting 40 Latino and African American clients for this pilot project (with an estimated 10 clients being Latino and 30 being African American). Employee and Family Resources (EFR) is targeting 75 African American clients. Jackson Recovery is targeting 150 Hispanic clients. During the reporting period from November 1, 2007 through January 31, 2008, CADS had admitted 13 clients (33% of goal); none were discharged from the program. ERF had admitted19 clients (25% of goal); three were discharged prior to completing the program. Jackson Recovery had admitted 3 clients (2% of goal); none were discharged from the program. Agencies reported the following number of new clients they plan to serve during the next reporting period (February 1 through April 30): CADS – 7; EFR – 20; Jackson Recovery – 147. However, as noted above, Jackson Recovery reported concerns about their ability to meet the goal of 150 clients because they were delayed in starting the program due to difficulty hiring Spanish speaking therapists.

Table 1. Clients Served in Each Pilot Project as of January 31, 2008.

	Participating Agency		
	CADS	EFR	Jackson
Goal (total number of clients)	40	75	150
Number of Clients Admitted	13	19	3
Number of Clients Discharged Incomplete	0	3	0
Number of Clients Discharged Successful	0	0	0

Consortium staff obtained demographic and treatment level information from the I-SMART/SARS system for seventeen clients admitted to the pilot programs. The Iowa Department of Public Health provides the Consortium with I-SMART/SARS data on a monthly basis. These data are for clients admitted during the previous month; therefore, there is a minimum one month delay in obtaining client admission data. The low client numbers provided here reflect the fact that programs were only beginning to admit clients when these data were reported. Of the seventeen clients for which I-SMART/SARS data was available, eight are Caucasian of Mexican ethnicity, two are Caucasian of other Hispanic ethnicity, and seven are African American. All are males. Four of the clients were admitted to medically monitored

detoxification, three to residential treatment, three to day treatment, and seven to extended outpatient treatment.

Survey Participation

The Consortium sent client and staff surveys to project coordinators at each agency for distribution near the beginning of the project. Table 2 provides the number and type of each survey provided to the agencies as well as the number of surveys returned during this reporting period. This reporting period ran from November 1 to January 31, 2008.

Due to the low number of surveys completed during this reporting period, demographic data on respondents is provided here. Survey results will be included in the final report.

Table 2. Number of Surveys Provided and Returned as of January 31, 2008.

	Participating Agency		
	CADS	EFR	Jackson
Number of Client Surveys (English) Provided to Agencies	40	40	0
Number of Client Surveys (English) Returned to Consortium	0	0	NA
Number of Client Surveys (Spanish) Provided to Agencies	15	0	50
Number of Client Surveys (Spanish) Returned to Consortium	0	NA	2
Number of Staff Surveys Provided to Agencies	40	20	10
Number of Staff Surveys Returned to Consortium	0	0	10
Key: NA = Not Applicable			

Two client surveys and ten staff surveys were returned to the Consortium during this reporting period. The client surveys were from Spanish speaking clients at Jackson Recovery Centers. Both clients were males of Latino heritage. The staff surveys were also from Jackson Recovery Centers. Two staff persons were male and eight were female. The age of the staff completing surveys ranged from 23 to 66 years, with a median age of 44.5 (mean: 41.8). Experience in the field ranged from 0 to 9 years, with a median of 2 years (mean: 5.7 years). Three staff members reported speaking a second language well enough to provide substance abuse services in that language. Two indicated fluency is Spanish; one indicated fluency in Italian. Five respondents had previous multicultural coursework and one reported currently taking multicultural coursework. All respondents had attended at least one seminar or workshop on multicultural issues.

Impressions

All participating agencies are taking action and making progress toward project goals and objectives. All agencies have admitted clients into the pilot programs and are implementing evidence-based approaches to treating minority clients. Client admission rates were expected to be low during this reporting period as agencies were focused on start-up activities. Two of the three agencies appear on target to reach their goal for number of clients served. Jackson Recovery Centers is below target for this reporting period due to the unexpected delay in hiring program staff. It is anticipated that their client admission rates will increase during the next reporting period. All agencies are increasing their capacity to serve the culturally diverse populations through training current staff or hiring and training additional staff persons.

Agencies are identifying and addressing barriers to treatment for minority clients. Approaches include creating Spanish language versions of program materials and asking clients for multiple contact persons and numbers during the intake assessment to increase agencies' ability to maintain contact with clients and engage them in the treatment program. Two of the three agencies have referred clients to other community agencies for additional services. Agencies are required under this project contract to maintain contact and support services with clients for six months. The results of these efforts will be published in the final project report.

Community outreach and education activities were conducted by all agencies during this reporting period. CADS and EFR have begun meeting with other community agencies to provide information about the pilot program and facilitate referrals between agencies. EFR wrote a press release and added information about the program to their website. Jackson Recovery Centers developed a community outreach plan that will be implemented during the next reporting period. All agencies are scheduled to participate in a panel discussion at the Annual Governor's Conference on Substance Abuse in April to disseminate information about the pilot projects to other treatment agencies. The final project report will include participating agencies' impressions of best practices for providing substance abuse treatment to the target population.

All agencies are complying with evaluation and reporting requirements. While survey return rates appear low, the cutoff date for inclusion in this report was January 31. The Consortium has received several additional client and staff surveys since that date. Survey participation rates and survey results will be published in the final project report.

References

Arthur, T. E., Reeves, I., Morgan, O., Cornelius, L. J., Booker, N. C., Brathwaite, J., Tufano, T., Allen, K. & Donato, I. (2005). Developing a cultural competence assessment tool for people in recovery from racial, ethnic and cultural backgrounds: the journey, challenges and lessons learned. Psychiatric Rehabilitation Journal. 28(3), 243-250.

Cornelius, L. J., Booker, N. C., Arthur, T. E., Reeves, I., & Morgan, O. (2004). The validity and reliability testing of a consumer-based cultural competency inventory. Research on Social Work Practice. 14; 201-209.

Gamst, G., Dana, R. H., Der-Karabetian, A., Aragon, M., Arellano, L., Morrow, G. & Martenson, L. (2004). Cultural Competency Revised: The California Brief Multicultural Competence Scale. *Measurement and Evaluation in Counseling and Development, 37, 3,*163-183.

For further information on the CBMCS Multicultural Training Program, contact Kassie Graves at SAGE Publications (Kassie.Graves@sagepub.com).

APPENDIX

Iowa Cultural Understanding Assessment – Client Form

Please indicate your level of agreement with the statements below by circling the number to the right of the statement that best fits your opinion. All responses are confidential. When you have completed the survey, please either use the pre-addressed, stamped envelope to return the survey by mail or place it in the drop box at the facility. **Thank you very much for your participation!**

Demographic Information

What is your sex? ____Male ____Female

What is your race? ____Alaskan Native ____American Indian ____Asian ____Black or African American ____Native Hawaiian or other Pacific Islander ____White

Are you Hispanic or Latino? ____Yes ____No

Statement	Response				
	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
1. The staff here understand some of the ideas that I, my family, and others from my cultural, racial, or ethnic group may have.	1	2	3	4	5
2. Staff here understand the importance of my cultural beliefs in my treatment process.	1	2	3	4	5
3. The staff here listen to me and my family when we talk to them.	1	2	3	4	5
4. If I want, the staff will help me get services from clergy or spiritual leaders.	1	2	3	4	5
5. The services I get here really help me work toward things like getting a job, taking care of my family, going to school, and being active with my friends, family, and community.	1	2	3	4	5
6. The staff here seem to understand the experiences and problems I have in my past life.	1	2	3	4	5
7. The waiting room and/or facility has pictures or reading material that show people from my racial or ethnic group.	1	2	3	4	5
8. The staff here know how to use their knowledge of my culture to help me address my current day-to- day needs.	1	2	3	4	5
9. The staff here understand that I might want to talk to a person from my own racial or ethnic group about getting the help I want.	1	2	3	4	5
10. The staff here respect my religious or spiritual beliefs.	1	2	3	4	5

Statement	Response				
	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
11. Staff from this program come to my community to let people like me and others know about the services they offer and how to get them.	1	2	3	4	5
12. The staff here ask me, my family or others close to me to fill out forms that tell them what we think of the place and services.	1	2	3	4	5
13. Staff here understand that people of my racial or ethnic group are *not* all alike.	1	2	3	4	5
14. It was easy to get information I needed about housing, food, clothing, child care, and other social services from this place.	1	2	3	4	5
15. The staff here talk to me about the treatment they will give me to help me.	1	2	3	4	5
16. The staff here treat me with respect.	1	2	3	4	5
17. The staff seem to understand that I might feel more comfortable working with someone who is the same sex as me.	1	2	3	4	5
18. Most of the time, I feel I can trust the staff here who work with me.	1	2	3	4	5
19. The waiting room has brochures or handouts that I can easily understand that tell me about services I can get here.	1	2	3	4	5
20. If I want, my family or friends are included in discussions about the help I need.	1	2	3	4	5
21. The services I get here deal with the problems that affect my day-to-day life such as family, work, money, relationships, etc.	1	2	3	4	5
22. Some of the staff here understand the difference between their culture and mine.	1	2	3	4	5
23. Some of the counselors are from my racial or ethnic group.	1	2	3	4	5
24. Staff are willing to be flexible and provide alternative approaches or services to meet my cultural/ethnic treatment needs.	1	2	3	4	5
25. If I need it, there are translators or interpreters easily available to assist me and/or my family.	1	2	3	4	5

* Adapted from the Assessment Tool for Cultural Competence, Maryland Mental Hygiene Administration of Maryland Health Partners.

1/2008

Evaluación del Entendimiento Cultural de la Gente de Iowa—Formulario para Clientes

Por favor indíquenos a que nivel está de acuerdo con las frases a continuación por poner un círculo alrededor del número a la derecha de la declaración que es más semejante a su opinión. Todas las respuestas son confidenciales. Cuando ha llenado el cuestionario, por favor use el sobre que ya tiene dirección y sello para devolverlo por correo o póngalo en el buzón en el edificio.
¡Muchas gracias por su participación!

Información personal

¿Cuál es su sexo? ☐ Hombre ☐ Mujer

¿Cuál es su raza? ☐ Nativo de Alaska ☐ Amerindia ☐ Asiática ☐ Negra o afroamericana ☐ Nativo de Hawaii u otra isla del Pacífico ☐ Blanca

¿Es Ud. Hispano o Latino? ☐ Sí ☐ No

Frase	Respuesta				
	Muy en desacuerdo	En desacuerdo	Ni de acuerdo ni en desacuerdo	De acuerdo	Totalmente de acuerdo
1. Los empleados aquí entienden algunas de las ideas que yo, mi familia, y otros de mi grupo cultural, racial, o étnico posiblemente tengan.	1	2	3	4	5
2. Los empleados aquí comprenden como mis creencias culturales son importantes en el proceso de tratamiento.	1	2	3	4	5
3. Los empleados aquí escuchan a mí y mi familia cuando hablamos con ellos.	1	2	3	4	5
4. Si lo quiero, los empleados me ayudarán a conseguir los servicios del clero o líderes espirituales.	1	2	3	4	5
5. Los servicios que recibo aquí verdaderamente me ayudan a trabajar para cosas como conseguir un puesto, cuidar a mi familia, asistir a la escuela, y estar activo con mis amigos, familia, y comunidad.	1	2	3	4	5
6. Me parece que los empleados aquí entienden las experiencias y problemas que tengo en mi vida pasada.	1	2	3	4	5
7. La sala de espera y/o el edificio tienen imágenes o materiales de leer que muestran gente de mi grupo racial o étnico.	1	2	3	4	5
8. Los empleados aquí entienden como usar su conocimiento de mi cultura para ayudarme a responder a las necesidades diarias actuales.	1	2	3	4	5
9. Los empleados aquí comprenden que tal vez quiera hablar con alguien de mi propio grupo racial o étnico sobre como conseguir la ayuda que quiero.	1	2	3	4	5
10. Los empleados aquí respetan a mis creencias religiosas o espirituales.	1	2	3	4	5

Evaluación del Entendimiento Cultural de la Gente de Iowa— Formulario para Clientes

Frase	Respuesta				
	Muy en desacuerdo	En desacuerdo	Ni de acuerdo ni en desacuerdo	De acuerdo	Totalmente de acuerdo
11. Los empleados de este programa vienen a mi comunidad para informar a gente como yo y otros de los servicios que ofrecen y como conseguirlos.	1	2	3	4	5
12. Los empleados aquí piden que yo, mi familia, y otros que conozco bien llenen formularios que les dicen lo que pensamos del lugar y sus servicios.	1	2	3	4	5
13. Los empleados aquí entienden que la gente de mi grupo racial o étnico no son todo lo mismo.	1	2	3	4	5
14. Era fácil obtener la información que necesitaba sobre la vivienda, comida, ropa, cuidado de niños, y otros servicios sociales de este lugar.	1	2	3	4	5
15. Los empleados aquí hablan conmigo del tratamiento que me darán para ayudarme.	1	2	3	4	5
16. Los empleados aquí me tratan con respeto.	1	2	3	4	5
17. Me parece que los empleados aquí entienden que tal vez me sienta más cómodo si pueda trabajar con alguien del mismo sexo que yo.	1	2	3	4	5
18. La mayor parte del tiempo, me siento como puedo confiar en los empleados aquí quienes trabajan conmigo.	1	2	3	4	5
19. La sala de espera tiene folletos o publicaciones que puedo entender fácilmente y que me informan sobre los servicios que puedo obtener aquí.	1	2	3	4	5
20. Si lo quiero, se incluyen a mi familia y amigos en las conversaciones sobre la ayuda que necesito.	1	2	3	4	5
21. Los servicios que recibo aquí tienen que ver con los problemas que afectan mi vida diaria como la familia, trabajo, dinero, relaciones, etc.	1	2	3	4	5
22. Algunos de los empleados aquí entienden la diferencia entre su cultura y la mía.	1	2	3	4	5
23. Algunos de los consejeros son de mi grupo racial o étnico.	1	2	3	4	5
24. Los empleados están dispuestos a ser flexibles y proponer métodos o servicios alternativos para satisfacer lo que necesito de mi tratamiento a causa de mis raices culturales o étnicas.	1	2	3	4	5
25. Si lo necesito, hay traductores o intérpretes fácilmente disponibles para ayudar a mí y/o mi familia.	1	2	3	4	5

* Adaptado de la Herramienta para Evaluar la Competencia Cultural, Administración de Higiene Mental de Maryland, parte del Socio de Salud de Maryland.
**Traducido en enero de 2008. Si tiene algún comentario en cuanto a la traducción, por favor póngase en contacto con la traductora Jane Gressang, jane-gressang@uiowa.edu, 319-335-5822. Muchas gracias.

Iowa Consortium for Substance Abuse Research and Evaluation

We are interested in learning about your knowledge, skills, and awareness in providing services to people from diverse backgrounds and ethnic groups. The information you provide is confidential. After completing the questions below, remember to turn the page over and complete the other side. Please either use the pre-addressed, stamped envelope to return the survey by mail or place it in the designated collection area at your agency. Thank you very much for your participation!

Demographic Information

1. What is your age? _____

2. What is your sex? _____Female _____Male

3. What is your current job title? _______________________

4. What is your highest level of education completed?
   - _____Less than high school diploma
   - _____HS diploma or GED
   - _____Completed two-year degree program (e.g. Associate's degree)
   - _____Completed Bachelor's degree
   - _____Completed Master's degree
   - _____Completed Doctorate degree

5. How many years of experience do you have in the field of substance abuse treatment since earning your highest degree?_________

6. Have you had course work on multicultural counseling while in school?
   - ___Yes
   - ___No
   - ___Currently taking

7. Have you attended special workshops and/or training seminars on multicultural issues in substance abuse treatment?
   - ___Yes Number of workshops/trainings:_______
   - ___No

8. Have you attended special workshops and/or training seminars on multicultural issues in substance abuse treatment since November, 2007?
   - ___Yes Number of workshops/trainings:_______
   - ___No

9. Do your speak a language other than English well enough to provide substance abuse services in that language?
   - ___Yes Please specify language:_______________________________
   - ___No

10. Were you born in the United States?
    - ___Yes
    - ___No

OVER ⇨

Modified California Brief Multicultural Competence Scale (CBMCS)

Below is a list of statements dealing with multicultural issues within a substance abuse treatment context. Please indicate the degree to which you agree with each statement by circling the appropriate number.

Statement	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I am aware that being born a minority in this society brings with it certain challenges that White people do not have to face.	1	2	3	4
2. I am aware of how my own values might affect my client.	1	2	3	4
3. I have an excellent ability to assess, accurately, the substance abuse treatment needs of persons with disabilities.	1	2	3	4
4. I am aware of institutional barriers that affect the client.	1	2	3	4
5. I have an excellent ability to assess, accurately, the substance abuse treatment needs of lesbians.	1	2	3	4
6. I have an excellent ability to assess, accurately, the substance abuse treatment needs of older adults.	1	2	3	4
7. I have an excellent ability to identify the strengths and weaknesses of psychological tests in terms of their use with persons from different cultural, racial and/or ethnic backgrounds.	1	2	3	4
8. I am aware that counselors frequently impose their own cultural values upon minority clients.	1	2	3	4
9. My communication skills are appropriate for my clients.	1	2	3	4
10. I am aware that being born a White person in this society carries with it certain advantages.	1	2	3	4
11. I am aware of how my cultural background and experiences have influenced my attitudes about psychological processes.	1	2	3	4
12. I have an excellent ability to critique multicultural research.	1	2	3	4
13. I have an excellent ability to assess, accurately, the substance abuse treatment needs of men.	1	2	3	4
14. I am aware of institutional barriers that may inhibit minorities from using substance abuse treatment services.	1	2	3	4
15. I can discuss, within a group, the differences among ethnic groups (e.g. low socioeconomic status (SES) Latino client vs. high SES Latino client).	1	2	3	4
16. I can identify my reactions that are based on stereotypical beliefs about different ethnic groups.	1	2	3	4
17. I can discuss research regarding substance abuse issues and culturally different populations.	1	2	3	4
18. I have an excellent ability to assess, accurately, the substance abuse treatment needs of gay men.	1	2	3	4
19. I am knowledgeable of acculturation models for various ethnic minority groups.	1	2	3	4
20. I have an excellent ability to assess, accurately, the substance abuse treatment needs of women.	1	2	3	4
21. I have an excellent ability to assess, accurately, the substance abuse treatment needs of persons who come from very poor socioeconomic backgrounds.	1	2	3	4

Modified from Gamst, G., Dana, R. H., Der-Karabetian, A., Aragon, M., Arellano, L., Morrow, G., & Martenson, L. (2004). Cultural competency Revised: The California Brief Multicultural Competency Scale*. Measurement and Evaluation in Counseling and Development, 37, 3,163-187.*