



# ABA Provider Quality Monitoring Training: Cultural Competency and Implementation

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## Learning Objectives:

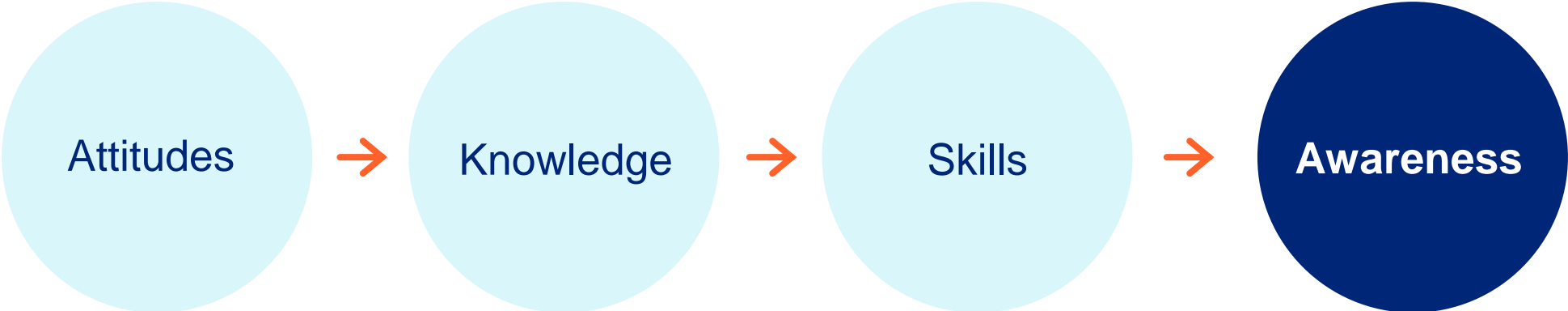
This training promotes more effective use of the provider quality monitoring tool in your practice. At the end of this training participants will be able to:

- Define Culture and Cultural Competence
- Identify Cultural Factors and their impact on health care outcomes
- Identify strategies for Culturally Responsive Care
- Identify Cultural Competence elements of ABA Provider Monitoring Tool
- Discuss strategies for implementation of Culturally Competent Practice

# What is Cultural Competence?

Cultural competence is defined as a set of values, behaviors, attitudes, and practices within a system, organization, program or among individuals and which enables them to work effectively cross culturally.

# Developing Cultural Competence



## System vs Individual

# Culture

# Identifying Cultural Factors:

- Language
- Sexual orientation
- Gender identity
- Presence of disabilities
- Race/Ethnicity
- Socioeconomic status
- Literacy/Linguistic skillset
- Dietary factors
- Significant involvement in other social groups or networks
- Presence of chronic health condition
- Military service of individual or parent
- Experience with technology
- History of incarceration
- Age
- Level of education
- Employment
- Religious/Spiritual beliefs
- Income
- Political beliefs and values
- Family structure
- Clinical Presentation of behaviors, symptoms, and/or distress

# Cultural Competence: The intersection of cultural factors and health care outcomes



- Cultural factors can influence health care outcomes
- Barriers to optimized health care outcomes:
  - Access to treatment
  - Access to transportation
  - Access and affordability of health care coverage
  - Ability to pay for services and prescriptions,
  - Ability to locate providers
  - Treatment compliance
  - Linguistic competence
  - Access to health care education and information

# Cultural Competency: Treatment Efficacy

- Health care disparities decrease
- Assessing for Cultural Factors helps providers:
  - Identify potential risk factors
  - Identify undiagnosed concerns
  - Make appropriate healthcare and community referrals
  - Identify and utilize effective tools and interventions

# Culturally Responsive Care

## Strategies for providing Culturally Responsive Care:

- Creating culturally safe environment for clients and colleagues
- Providing person-centered client care
- Developing systems, practices, tools and interventions that are culturally appropriate, inclusive, and effective for a diverse client population
- Awareness and display of cultural sensitivity and humility
- Addressing conscious and unconscious bias (systemically and individually)

# Culturally Responsive Care: The Result

Level of comfort with treatment

Level of family support

Willingness to share openly, disclose sensitive material

Adherence to treatment recommendations

Positive rapport and trust of healthcare providers

Belief that treatment can be effective



# Implementation

# ABA Quality Provider Review Elements



1. Primary language spoken by the member is documented.
2. Any translation needs of the member are documented, if applicable.
3. Language needs of the member were assessed (i.e., preferred method of communication), if applicable.
4. Identified language needs of the member were incorporated into treatment, if applicable.
5. Religious/Spiritual needs of the member were assessed.
6. Identified religious/spiritual needs of the member were incorporated into treatment, if applicable.

# ABA Quality Provider Review Elements



7. Racial needs of the member were assessed. (e.g., oppression, privilege, prejudice...etc.), if applicable.
8. Identified racial needs of the member were incorporated into treatment, if applicable.
9. Ethnic needs of the member were assessed.
10. Identified ethnic needs of the member were incorporated into treatment, if applicable.
11. Sexual health related needs were assessed, if applicable.
12. Identified sexual health related needs of the member were incorporated into treatment, if applicable.

# ABA Quality Provider Tool Elements in action: Language Needs

ABA Tool Element	Strategies for Action Steps	Follow-up Strategies ( if applicable)
Primary language spoken by the member is documented.	<ul style="list-style-type: none"> <li>Client intake/demographic forms</li> <li>Screeners for cultural demographic information</li> </ul>	
Any translation needs of the member are documented, if applicable.	<ul style="list-style-type: none"> <li>Document client needs in appropriate section of client file (e.g., client notes, intake review)</li> </ul>	<ul style="list-style-type: none"> <li>Identify/Utilize Appropriate tools to support translation needs</li> <li>Make a Referral for Translation needs to be addressed by outside source. (e.g., MCO, Community Program/agency)</li> </ul>
Language needs of the member were assessed (i.e., preferred method of communication), if applicable.	<ul style="list-style-type: none"> <li>Identify client needs based on intake interview/paperwork.</li> </ul>	<ul style="list-style-type: none"> <li>Make a plan for assessed needs</li> </ul>
Identified language needs of the member were incorporated into treatment, if applicable.	<ul style="list-style-type: none"> <li>Gain knowledge and awareness of assistive technology to meet needs</li> <li>Build a culturally diverse staff to meet the needs of diverse client base</li> </ul>	

# ABA Quality Provider Tool Elements in action: Ethnic/Racial Needs

ABA Tool Element	Strategies for Action Steps	Follow-up Strategies (if applicable)
Racial needs of the member were assessed.(e.g., oppression, privilege, prejudice...etc.), if applicable.	<b>Client intake/demographic forms:</b> Questions to identify concerns and experiences of clients that may impact wellbeing and treatment outcomes.	
Identified racial needs of the member were incorporated into treatment, if applicable.	<b>Address in Treatment Plan:</b> Develop Treatment goal, objectives and interventions to address client identified needs.	<ul style="list-style-type: none"> <li>• Refer to appropriate community resources/services if necessary</li> <li>• Document referral to additional service</li> </ul>
Ethnic needs of the member were assessed.	<b>Client intake/demographic forms:</b> Questions to identify concerns and experiences of clients that may impact wellbeing and treatment outcomes.	
Identified ethnic needs of the member were incorporated into treatment, if applicable.	<b>Address in Treatment Plan:</b> Develop Treatment goal, objectives and interventions to address client identified needs.	<ul style="list-style-type: none"> <li>• Refer to appropriate community resources/services if necessary</li> <li>• Document referral to additional service</li> </ul>

# ABA Quality Provider Tool Elements in action: Spiritual Needs

ABA Tool Element	Strategies for Action Steps	Follow-up Strategies (if applicable)
Religious/Spiritual needs of the member were assessed.	<ul style="list-style-type: none"><li>• Intake/Demographic forms: Ask questions to identify client needs.</li></ul>	
Identified religious/spiritual needs of the member were incorporated into treatment, if applicable.	<ul style="list-style-type: none"><li>• Document client needs in appropriate section of client file (e.g., client notes, intake review)</li></ul>	

# ABA Quality Provider Tool Elements in action: Sexual Health Needs

ABA Tool Element	Strategies for Action Steps	Follow-up Strategies (if applicable)
Sexual health related needs were assessed, if applicable.	<ul style="list-style-type: none"> <li>Identifying: biological sex</li> <li>Self-identified gender</li> <li>Sexual concerns and/or dysfunction (if applicable)</li> </ul>	
Identified sexual health related needs of the member were incorporated into treatment, if applicable.	<ul style="list-style-type: none"> <li>Development of appropriate treatment goals</li> <li>Refer to specialist (e.g., mental health therapist, PCP, etc.)</li> </ul>	

# Appendix A

F. Primary Language:  English  Other: specify \_\_\_\_\_  
Percent time child is exposed to non-English language(s): \_\_\_\_\_%

## **INTERPRETIVE SERVICES**

\_\_\_\_\_ (Name of Intake Personnel) have read or conveyed to the client/patient designee the option to access interpretive service or seek reasonable accommodation in the completion of this intake interview and document completion process.

At the time of this intake I have been given the opportunity to identify the need to access additional interpretive service or reasonable accommodations to ensure the appropriate level of service delivery. Those services have been identified below: \_\_\_\_\_ (*client initials*).

- No additional services are needed at this time
- Yes, I would like to discuss additional interpretive services or reasonable accommodations:

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

# Appendix B

- American Sign Language
- Arabic
- Armenian
- Bengali
- Bhojpuri
- Bosnian
- Braille
- Chinese (Mandarin)
- Cambodian
- Creole
- Danish
- Does not Read or Write
- English
- French
- German
- Hebrew
- Hungarian
- Italian
- Japanese
- Karen
- Karenni
- Korean
- Kurdish
- Laotian
- Latvian
- Limbu
- Maithili
- Marshallese
- Native American
- Nepal Bhasa (Newari)
- Nepali
- Norwegian
- Polish
- Portuguese
- Romani
- Romanian
- Russian
- Serbo-Croatian
- Sign Language-Seell
- Sinhalese
- Sioux
- Somali
- Spanish
- Sudanese
- Swedish
- Tagalong
- Tamil
- Tharu
- Ukranian
- Vietnamese
- Other: \_\_\_\_\_

## Primary Written Language:

- American Sign Language
- Arabic
- Armenian
- Bengali
- Bhojpuri
- Bosnian
- Braille
- Chinese (Mandarin)
- Cambodian
- Creole
- Danish
- Does not Read or Write
- English
- French
- German
- Hebrew
- Hungarian
- Italian
- Japanese
- Karen
- Karenni
- Korean
- Kurdish
- Laotian
- Latvian
- Limbu
- Maithili
- Marshallese
- Native American
- Nepal Bhasa (Newari)
- Nepali
- Norwegian
- Polish
- Portuguese
- Romani
- Romanian
- Russian
- Serbo-Croatian
- Sign Language-Seell
- Sinhalese
- Sioux
- Somali
- Spanish
- Sudanese
- Swedish
- Tagalong
- Tamil
- Tharu
- Ukranian
- Vietnamese
- Other: \_\_\_\_\_

## Religion:

- AME
- Baptist
- Buddhist
- Catholic
- Christian
- Church of Latter Day Saints
- Congregational

# Appendix C

Race:

- American Indian/Alaskan Native
- Asian
- Asian Indian
- Black/African American
- Chinese
- Declined
- Filipino
- Guamanian or Chamorro
- Japanese
- Korean
- Multiracial
- Native Hawaiian/Other Pacific Islander
- Samoan
- Undetermined
- Unknown
- Vietnamese
- White
- Other

Ethnicity / Hispanic Origin:

- Bengali
- Central American
- Chakma
- Chinese
- Cuban
- Hispanic
- Indian
- Magar
- Malays
- Marma
- Mexican
- Moor
- Newar
- Not Hispanic or Latino
- Other Spanish Origin
- Puerto Rican
- Sinhalese
- South American
- Tamang
- Tamil
- Tharu
- Unable to Determine

## Culture/Ethnicity

With which culture or ethnic groups, do you identify?

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Are you experiencing any issues related to your culture or ethnicity? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe issues with culture/ethnicity:

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# Appendix D

Gender Identity: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Religious Practice/Preference(optional): \_\_\_\_\_

Primary Language Spoken: \_\_\_\_\_ Do you require translation services?: Yes No

## Sexual Orientation

What is your Sexual Orientation?

Heterosexual

Bisexual

Gay

Transexual

Lesbian

Asexual

Queer

Other: \_\_\_\_\_

Sexual Dysfunction?:

Are you experiencing any Sexual Dysfunction? Yes \_\_\_\_\_ No \_\_\_\_\_

Please Describe your experience below:

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# Appendix E

**My Gender Identity is (choose all that apply):**  
Woman, Man, Trans MTF, Trans FTM, Genderqueer, Other

**Preferred Gender Pronouns (choose all that apply):**  
She/Her, He/His, They/Them/Their, Zie/Hir, Other

**My Sex Assigned at Birth is (choose all that apply):**  
Female, Male, Intersex, Other

**My Sexual Orientation is (choose all that apply):**  
Asexual, Bisexual, Gay, Heterosexual, Lesbian, Queer, Other

## Sexual orientation and gender identity

Sexual orientation

What is your sexual orientation?

Sex at birth

What is your sex assigned at birth?

Gender identity

What is your gender identity?

Global

Do you have any sexual health questions or concerns?

# Q&A

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