

Magellan Behavioral Health of Pennsylvania, Inc.
Bethlehem, Cambria and Newtown Care Management Centers
LGBTQI Audit Tool

Bucks County Cambria County Delaware County Lehigh County Montgomery County Northampton County

Provider: _____ **Level of Care:** _____ **Score:** _____

Date: _____ **Name of Auditor:** _____

ASSESSMENT STANDARDS	1-5 Scale	1-5 Scale	COMMENTS
Scoring: For each section, enter "yes" & "no" items in the columns to the right based upon provider's progress in each element of the Multicultural Competence Service System Assessment Guide.			
I. Policies, Procedures and Governance			
1. Has provider's director appointed a standing committee to advise management on matters pertaining to multicultural services and the needs of the LGBTQI community?			
2. Does provider have a mission statement that commits to cultural competence and serving the LGBTQI community and reflects compliance with all federal and state statutes, as well as any current state or local discriminatory and affirmative action policies?			
3. Does provider have appropriate policies and procedures, communicated orally and/or written to address confidentiality, individual patient rights that reflect the special needs of the LGBTQI community?			
A. Treatment/Rehabilitation Planning			
1. Does the program consider the client/consumer's culture, ethnicity, sexual orientation and language in treatment planning (assessment of needs, diagnosis, interventions, discharge planning, etc.)?			
2. Has the organization identified community resources (community councils, ethnic/cultural social entities, spiritual leaders, faith communities, voluntary associations, LGBTQI support groups, etc.), that can exchange information and services with staff, client/consumers, and family members?			
3. Has provider used community resources and natural supports to re-integrate the individual into the community?			
B. Cultural Assessments			
1. Is the client/consumer's culture/ethnicity/sexual orientation taken into account when formulating a diagnosis or assessment?			
2. Is the client/consumer's ethnicity/culture culture/sexual orientation identified, described and incorporated as part of a cultural assessment?			
C. Cultural/Sexual Orientation Accommodations			
1. Does provider's program incorporate aspects of each client/consumer's ethnic/cultural heritage/sexual orientation into the design of specialized interventions or services?			
2. Does provider's program have ethnic/culture-specific/sexual orientation group formats available for engagement, treatment and/or rehabilitation?			
II. Continuity of Care			
1. Does provider have letters of agreement with community services and organizations connected with the LGBTQI community?			
2. Does provider have integrated, planned, transitional arrangements between one service modality and another?			

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III. Human Resources Development			
1. Are the principles of cultural competence (e.g., cultural awareness, language training skills training in working with diverse populations, sexual orientation) included in staff orientation and ongoing training programs?			
2. Is the program making use of other programs or organizations that specialize in serving persons with diverse cultural and linguistic background as well as sexual orientation as a resource for staff education and training?			
3. Have the staff’s training needs in cultural competence and the needs of the LGBTQI community been assessed?			
IV. Quality Monitoring and Improvement			
1. Retain on its staff or under contract, at least one full-time certified LGBTQI Trained Clinician as described below: <ul style="list-style-type: none"> ○ Documentation of Education – Evidence of completion of a clinical university degree of at least the master’s level. ○ Documentation of LGBTQI – Specific training or experience. 			
2. Maintain an LGBTQI-affirming environment, having adopted, by the time of certification, the practices listed in Policy item 2, a-d, as well as the following additional practices: <ul style="list-style-type: none"> ○ Use language that is inclusive of all sexual orientations and gender identities on all forms and paperwork; and ○ Provide some restroom facilities that are designated as non-gender specific. 			
3. Offer among its services one or more programs, groups, activities or plans of advocacy geared specifically to meet the needs of lesbian and gay people, and one or more programs, groups, activities or plans of advocacy geared specifically to meet the needs of transgender people.			
4. Adhere to non-discrimination, refraining from “conversion” therapies, and completing staff cultural awareness training.			
V. Physical Plant			
1. Does the provider have restroom facilities that are designated as non-gender specific?			
2. Is the provider welcoming and affirming to the LGBTQI community?			
TOTAL SCORE			

Additional Notes: