Enhancing Agency Cultural Competence: Part 1 - Overview

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Presentation at Transforming Mental Health for Latinos through Policy, Research, Practice, and Leadership
National Resource Center for Hispanic Mental Health Conference
Miami, FL, April 23, 2012
CULTURAL DIFFERENCES ARE NOT A NATIONAL BURDEN...

THEY ARE A NATIONAL RESOURCE

Defining Culture and Ethnicity
Culture & Ethnicity Worksheet

- Objectives:
  - To learn about each others’ cultural backgrounds as a starting point to learn about culture in mental health
  - To define culture and ethnicity

- Process:
  - Briefly share your cultural/ethnic backgrounds
  - Develop group definitions of culture and ethnicity
  - Write the definitions on newsprint to share with the larger group
DEFINITION OF CULTURE

• Meanings, values, and behavioral norms that are learned and transmitted in society and within social groups

• Powerfully influences cognition, feeling, and self-concept

• Strong impact on diagnostic processes and treatment decisions
DEFINITION OF ETHNICITY

- Social groupings that distinguish themselves from other groups based on ideas of shared descent and aspirations
- Behavioral norms and forms of personal identity associated with such groups
Cultural Sensitivity, Cultural Diversity, and Cultural Competence
CULTURAL SENSITIVITY & DIVERSITY

- **CULTURAL SENSITIVITY**: How staff explore their own backgrounds and attitudes towards consumers

- **CULTURAL DIVERSITY**: How an organization deals with differences among staff and matches staff to consumers
CULTURAL COMPETENCE

CULTURAL COMPETENCE:

- System-level, organizational issues in dealing with a multicultural consumer population
  - Includes *cultural sensitivity* and *cultural diversity*
  - Goes beyond attitudes and staffing patterns
  - Includes skills and program elements which enhance services to a diverse consumer population
Why is There a Need for Cultural Competence?
The Compelling Need for Cultural Competence

- Demographic changes in the U.S.
- Long-standing disparities in the mental health status of people of diverse backgrounds
- Improve the quality of services
- Meet legislative, regulatory and accreditation policies and guidelines
- Gain a competitive edge in the marketplace
- Cultural Competence is Best Practice

Source: National Center for Cultural Competence Policy Brief 1, Winter 1999
Surgeon General’s Report on Mental Health: Culture, Race & Ethnicity

- **Culture counts!**
- Striking disparities in mental health care for racial and ethnic minorities
- Minorities in treatment receive poorer quality care
- Minorities are underrepresented in mental health research
- Disparities impose a greater disability burden on minorities

The Business Case: Cultural Competence

- Appeal to minority consumers thereby enlarging organization’s market share
- Compete for private purchaser business in competitive markets with large minority populations
- Public purchasers (Medicare, Medicaid) are placing increasing emphasis on cultural competency
- Improved cost-effectiveness in caring for patients through more effective treatment and use of services
Limitations: Business Case

- Concerns about recruiting minority patients who may be costly to serve
- Lack of clarity concerning regulations for culturally competent care
- Lack of measurement tools for assessing the impact of culturally competent care
- While cultural competence may be cost effective in the long run, many organizations focus on short term cost-benefit

Brach and Fraser, 2002
Why Is Mental Health Different?

- Language is central to mental health assessment and treatment
- Mental health treatment is dependent on client reports
- Language problems lead to misdiagnosis and difficulties in treatment
- Mental health treatment involves multiple contacts and building trust between the clinician and client
National Standards for Cultural Competence: The Context of Change
Title VI of the Civil Rights Act of 1964

No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.
Executive Order 131667 - 1

- The Federal Government provides and funds an array of services that can be made accessible to otherwise eligible persons who are not proficient in the English language.

- The Federal Government is committed to:
  - Improving the accessibility of these services to eligible LEP persons.
  - Promoting programs and activities designed to help individuals learn English.
Executive Order 131667 - 2

- To this end, each Federal agency shall:
  - Examine the services it provides
  - Develop and implement a system by which LEP persons can meaningfully access those services
  - Consistent with, and without unduly burdening, the fundamental mission of the agency
Brief Review of SAMHSA Standards

- These standards provide the guideposts for what a culturally competent organization looks like.
- Considerable consensus among the standards.
- Will become the benchmarks for assessing agencies.
Cultural Competence Standards in Managed Care Mental Health Services: Four Underserved/Underrepresented Racial/Ethnic Groups

- Developed by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA)
- Initially developed in individual committees for African Americans, American Indians, Asian Americans and Latinos
- Representatives of the committees then met to come up with cross-cutting standards
- 17 standards represent system standards, clinical standards and provider competencies
SAMHSA Standards

- Overall System Standards
  - 1.1 Cultural Competence Planning
  - 1.2 Governance
  - 1.3 Design of Services to Benefit all Consumers Equitably
  - 1.4 Prevention, Education & Outreach
  - 1.5 Quality Monitoring & Improvement
  - 1.6 Management Information Systems
  - 1.7 Human Resource Development
SAMHSA Standards

- Clinical Standards
  - 2.1 Access to Services
  - 2.2 Multi-dimensional Assessment
  - 2.3 Care & Treatment Planning
  - 2.4 Treatment Services
  - 2.5 Discharge Planning
  - 2.6 Case Management
  - 2.7 Language Assistance Services
  - 2.8 Self Help
SAMHSA Standards

- Knowledge, Clinical Understandings, Skills & Attitudes

  - A. Consumer Populations’ Backgrounds
    - How class, ethnicity, social status & racism influence behavior
    - Migration patterns & effects of acculturation
    - Psychosocial stressors & Trauma
SAMHSA Standards

• Knowledge, Clinical Understandings, Skills & Attitudes

• B. Clinical Issues

• Understanding consumers & families within an intergenerational life cycle perspective

• Exploring one’s self culturally & incorporating that awareness into all inter-cultural interactions

• Examining agency roles & barriers to service delivery
Developing Cultural Competence Plans
Checklist for Developing Culturally Competent Services-1

- Mission statement
- Procedures to review demographic trends in the service area
- Structures to foster consumer and community participation
- Policies and procedures for staff recruitment, hiring and retention
- Policies to assure new staff are trained to work with diverse communities
- Policies and procedures to support ongoing professional development
Checklist for Developing Culturally Competent Services-2

- Position descriptions that include skill sets related to cultural competence
- Incentives for the improvement of cultural competence
- Methods to gain knowledge about health concepts and practices of clients
- Policies and resources for the provision of interpretation and translation services
- Policies and resources that support community outreach initiatives

Source: National Center for Cultural Competence Policy Brief 1, Winter 1999
Guidelines for Developing Cultural Competence Plans

Cultural Competence Training
Center of Central New Jersey

Peter Guarnaccia, Nydia Garcia Preto,
Monica McGoldrick, Paulette Hines
Overview

• Developing a Cultural Competence Plan is **Standard 1.1 of the SAMHSA Standards**

• **The Cultural Competence Plan is a living document:**
  • Referenced and updated regularly
  • Provided to all staff for their on-going feedback
  • Mechanism for engagement with agency transformation process
Overview

- Once cultural competence becomes fully integrated into agency culture, the cultural competence plan will become integrated into the overall agency strategic plan
  - In initial phases of transformation, useful to have a plan specifically focused on cultural competence
- The elements in these guidelines are intended to be comprehensive and to relate to the SAMHSA Standards
  - You should pick those elements that are most relevant to your agency’s functioning
  - Feel free to add additional dimensions that emerge from your own agency process
Crossing Cultural Bridges Model for Promoting Cultural Competence

DISPARITIES IN MH SERVICES

CONSUMERS
- Access
- No-Shows
- Engagement
- & Retention
- Follow-Thru
- Satisfaction

Leadership & Admin
- Consultation Team
- Leadership Training
  - AGENCY LEADERSHIP TEAM
  - Ongoing Consultation & TA
  - 4-6 Sessions per year

Clinical Staff
- Support Staff

Provider Training
- Provider Training
  - MANAGERS AND STAFF
  - Certificate Training
  - Trainings on Varied Topics
  - Training for Targeted Staff Groups
  - TA

Applications: Technical Assistance
- Applications: Technical Assistance
  - LEADERSHIP TEAM, CHANGE TEAM & OTHER STAFF
  - Ongoing Consultation
  - TA

INTERMEDIARY CHANGE DOMAINS

ORGANIZATIONAL
1. Mission and Values
2. Governance
3. Procedures for
   - A. Patient Socialization
   - B. Registration & Intakes
   - C. Scheduling
   - D. Assessment
   - E. Referrals
   - F. Documentation
4. Human Resources
5. Environment
6. Language Services
7. Staff Development
8. Interface with Community Orgs.

CLINICAL
1. Phone Contacts
2. Engagement
3. Assessment/Formulation/Diagnosis
4. Collaborative Treatment Planning
5. Collaborative Treatment
6. Discharge Planning/Referral
7. Follow-Up

CULTURAL COMPETENCE

CONSUMERS
- Access
- No-Shows
- Engagement
- & Retention
- Follow-Thru
- Satisfaction

Intermediary Changes
Mission, Vision, Values Statements

- First include your current mission, vision and values statements
- Add specific mission, vision and values statements you have adapted for your cultural competence initiatives
Demographic Analyses: Communities

- Using Census and locally available data from county and city planning departments, describe the demographic profile of the communities your agency serves.
  - May need to consult with local community organizations to get a sense of the ethnic diversity of your local community.
  - Important to periodically assess changes in the demographic composition of the community.
    - Especially for new immigrant or refugee groups.
Demographic Analyses: Consumers & Staff

- Using your Management Information System (MIS), develop a profile of the consumers using agency services.
- Using your personnel data, develop a staff profile based on cultural diversity.
Demographic Analyses: Next Steps

- Identify new needs in staff hiring
- Identify new program areas
- Develop outreach strategies
Program Staffing Objective:
To strive to ensure that the Program’s Workforce reflects the cultural diversity of the community being served

<table>
<thead>
<tr>
<th>Activities</th>
<th>Responsible Parties</th>
<th>Timeline</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review demographic &amp; census data of service area</td>
<td>Executive Director, Clinical Director, Multicultural Awareness Committee</td>
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<td>Ex: hire 2 bilingual clinicians in the outpatient program</td>
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</tbody>
</table>
Board of Directors/Advisory Boards

- Examine your Board of Directors and other Advisory Boards to assess the representation of diverse cultural groups.

- Identify the need for new Advisory Board to bring in the voices of underrepresented cultural groups in the community.
Relationships with Broader Community

- Develop strategies for enhancing relationships with the broader community
- Continue to develop and expand your Agency Cultural Genograms
- Dedicate specific staff time to reaching out to community organizations and agencies that represent the diverse communities to identify:
  - Kinds of services they provide
  - Key contact people
  - Mutual mechanisms for referring consumers to and from these community resources
Cultural Competence Change Teams

- Develop **Cultural Competence Change Teams** to facilitate moving the organization towards greater cultural competence
  - Change teams should represent all aspects of the agency
  - Be in constant dialogue with staff, consumers and families from throughout the agency
  - Change Teams serve as the engine of cultural competence change,
  - Everyone in the agency is responsible for moving the agency towards greater cultural competence
- **Will discuss creating change teams in afternoon**
Services

- SAMHSA Cultural Competence Standards emphasize **Clinical Standards**
- One way to think of them is to think through all the steps a potential consumer would go through from first contact with your agency to being discharged from your agency’s programs
- Grid below provides a framework for assessing the cultural competence of your treatment programs in relation to the SAMHSA standards
### Agency Program Element: ________________

<table>
<thead>
<tr>
<th>SAMHSA Standards</th>
<th>Activities</th>
<th>Responsible Parties</th>
<th>Timeline</th>
<th>Outcomes</th>
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<tr>
<td>2.1 Accessibility</td>
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<td>2.2 Assessment &amp; Diagnosis</td>
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<td>2.3 Treatment Planning</td>
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<td>2.4 Treatment Services</td>
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<tr>
<td>2.4a Culturally Sensitive Services</td>
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<td>2.4b Culturally Adapted Services</td>
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<td>2.5 Discharge Planning</td>
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<td>2.6 Case Management</td>
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<td>2.7 Communication Support</td>
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<tr>
<td>Involvement of Family Members</td>
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<tr>
<td>Involvement of Community Resources</td>
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Program Environment

- The physical environment that staff work in and consumers receive services in says a lot about how much everyone is valued and who is welcome there
  - Concept of a “culturally comfortable” program environment
  - Kinds of pictures on the wall say a lot about who the agency is for

- The agency needs to assure that staff have meeting and clinical spaces that encourage conversation
- The agency also needs to make clear that family and other support people are welcome and that they will have a chair in clinical and program offices
Staff Hiring, Retention & Promotion

- The first step in insuring the hiring of staff that have the appropriate skills and sensitivity to diverse cultures is to identify the kind of staff person the program needs and the right places to advertise the staff positions
  - Agencies need to develop links with professional associations at the state and national level that represent diverse mental health professionals
  - Agencies need to sign up for list serves that reach out to mental health professionals from diverse backgrounds
  - Agencies also can reach out to training programs that have a strong track record of diversity to both recruit trainees and hire new staff
  - Networks of existing staff can be invaluable for recruitment
Staff Hiring, Retention & Promotion

- Agency needs to commit itself to not filling the position until the right person is found.
- Agency needs to work to recruit that person through:
  - Personal networks
  - Active recruitment activities
  - Hiring package that reflects the diverse skills such candidates can bring to the agency.
- Agencies should work to bring in more than one professional of color at the same time.
Human Resource Development

- Orientation training should provide:
  - Values of the agency surrounding cultural competence
  - Orientation and skills in the cultural competence
  - Guidance on how to continuously develop expertise
- Cultural competence dimensions should be integrated into all on-going staff training
- Regular discussion of the cultural dimensions of clinical work led by the supervisory staff is key ways to integrating cultural competence into the life of the agency
Human Resource Development

- Building cultural competence training using diverse experiences and knowledge of staff is key part of weaving cultural competence into the fabric of the agency
- Building alliances with community agencies includes:
  - Sharing training resources among agencies
  - Bringing community members in to share their insights into the cultural lives of consumers
- The SAMHSA Standards provide an extensive list for staff training on cultural competence topics
Policies & Procedures

- Policies around patient rights, consumer and staff grievance procedures are critical.
- Civil Rights Act key federal statute.
- Development of policies to handle conflict and reports of discrimination or bias are critical as agencies diversify.
- To make agencies a “culturally comfortable” work environment for diverse staff, mechanisms to encourage open discussions of problems is critical to an effective agency.
Quality Monitoring & Improvement

- Cultural competence should become embedded in the agency’s overall program of continuous quality improvement
- Key tools include:
  - Agency Self Assessment questionnaire [whole agency]
  - California Brief Multicultural Assessment Inventory [individual staff]
  - Consumer satisfaction surveys
  - Community feedback [surveys, forums, focus groups, community advisory boards]
- Fields need to be added to the MIS system to assess program service use, program outcomes, and program satisfaction across diverse groups of consumers
- MIS data should be regularly provided to program staff to assess progress in achieving cultural competence
- Will go into more detail in the afternoon
Video Presentation

“Salud Mental: Crossing the Cultural Divide within Mental Healthcare”

Developed by/available from:
National Resource Center for Hispanic Mental Health

http://www.nrchorh.org/2011/10/06/training-dvd/

20 minutes.

Cost: $50.00.
Enhancing Agency Cultural Competence: Part 2 - Strategies

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Presentation at Transforming Mental Health for Latinos through Policy, Research, Practice, and Leadership
National Resource Center for Hispanic Mental Health Conference
Miami, FL, April 23, 2012
Developing Cultural Competence Change Teams
Collaborative Leadership System to Achieve Cultural Competence

Collaborative Leadership System Attempting To Become More Cultural Competent

Coordinating CC Leadership Team

CC Committee

Sr Administrators

Clinicians

Support Staff

Ultimate Change team made up of all Staff across all levels of the system

Outside Consultants
Cultural Competence Change Team Worksheet

**Objective:**
- To develop Cultural Competence Change Teams as vehicles for implementing the Cultural Competence Program

**Process:**
- Identify the appropriate committee structure for the agency
- Identify the Cultural Competence Coordinator for the agency
- Identify agency and community members of the Cultural Competence Committee
Cultural Competence Change Team Worksheet - 1

Should the agency develop a free-standing Cultural Competence Change Team?

___ Yes ___ ___ No

If No, what existing committee should have Cultural Competence added to its mission?

Committee:
Who should be the lead person in the agency for cultural competence?

[Note: This person should have sufficient authority to lead this initiative and should have direct access to senior management. You can identify a specific person and/or a specific position in the agency]

Cultural Competence Coordinator:
Cultural Competence Change Team Worksheet - 2

Who would be good members of the Cultural Competence Change Team from within the agency?

[Note: These participants should be willing to work on the issue; have released time to do the work; have appropriate standing in the agency; and have cultural diversity knowledge and experience.]

Committee Membership:
Who would be good community members of either the Cultural Competence Change Team or a Cultural Competence Advisory Group?

[Note: These participants should have some knowledge of and prior experience with the agency; be part of one of the cultural communities of concern; and have sufficient knowledge of and stature in the community.]

Community Membership:
Cultural Competence Self-Assessment
Cultural Competence Self-Assessment

- **Objective**
  - To develop and integrate cultural competence self assessment into the on-going programs of the agency

- **Assumptions**
  - Cultural competence is a developmental process and need guideposts along the way
  - Cultural strengths often exist, but go unnoticed and untapped
Self Assessment Values & Guiding Principles

- Strengths-based model
- Safe and non-judgmental environmental is essential
- Results of assessment are used to build and enhance capacity
- Diverse dissemination strategies are essential to the self-assessment process
Implementing Cultural Competence Self-Assessment

• Rationale
  • Strongly recommended by experts and regulatory agencies
  • Provides a program or agency-wide assessment of strengths and weaknesses
  • Not designed for individual assessment
  • Provides focus for technical assistance
  • Guide to staff development and quality improvement efforts
Implementing Cultural Competence Self-Assessment

• Administration
  • Select program(s) to be assessed
  • Administer at staff meeting
  • Collect and analyze data
  • Provide feedback to staff of results
  • Plan for improvement
Agency Cultural Competence: A Staff Survey

- Developed at UBHC by Shula Minsky and colleagues for the SAMHSA cultural competence project
- Easier to complete and score
- Included items from SAMHSA and other standards
Agency Cultural Competence: A Staff Survey

- Survey Structure
  - 37 agency practice questions
  - 2 staff preference items
  - 9 expected change questions
  - 6 demographic questions (anonymous)

- Has been tested several mental health agencies
Agency Cultural Competence: A Staff Survey

• **Strengths**
  • Good face validity
  • Ready for computer entry and scoring
  • Potential for benchmarking across agencies
  • Because have demographic questions, can analyze by these characteristics
Working with Language in Clinical Settings: Enhancing Interpretation Services
Translation & Interpretation

- **Translation**: Transforming *written texts* from one language to another

- **Interpretation**: Rendering what is *spoken* in one language into another language
Video Presentation

“Communicating Effectively Through an Interpreter”

Developed by/available from: The Cross-Cultural Health Care Program, Seattle, WA.


28 minutes.

Cost: $150.00.
Working with Language in Clinical Settings

Discussion Questions:

- Who should interpret?
- What guidelines should be developed on using staff as interpreters?
- What kind of training do staff who will interpret need?
- What kind of training do clinical staff need who will work with interpreters?
- What is the role of telephone based language services?
Integrating Cultural Competence into the Quality Improvement Program
Quality Improvement

• What kinds of data does your program collect to assess the cultural competence of services?
• What do these data tell you about where changes need to be made?
• How can you use cultural competence self-assessment as an on-going part of the process?
Ethnic Distribution in Three Environments:
NJ population, NJ Correctional System and 6 MH agencies

![Bar Chart]

- **Euro-Am**: Population 73%, Prison 19%, MH Treatment 57%
- **Afr-am**: Population 14%, Prison 64%, MH Treatment 24%
- **Latino**: Population 13%, Prison 17%, MH Treatment 10%

Legend:
- Blue: population
- Green: prison
- Purple: MH treatment
Agency Cultural Competence: A Staff Survey

- Overall reliability of the items
  - Alpha = .92 [scale works well]
- Factor Analysis to identify subsets of items
  - Staff education, training & resources (alpha = .89)
  - Diversity/discrimination issues (alpha = .83)
  - Assessment & treatment (alpha = .72)
  - Environment & language (alpha = .72)
Remember: lower scores mean **better** cultural competence!
REACTION TO RACIAL INSULTS AND DISCRIMINATION

Item 6. ... immediate corrective action taken by supervisor...
Item 29...aggressively fights discrimination in hiring or promotion...

- Strongly Agree
- Agree
- Not sure
- Disagree
- Strongly disagree
Recommended Changes: Agencies Have Different Needs

- program décor
- local healers
- unacceptability of insults
- diversity in mgmnt
- cultural assessment
- easier for consumers
- needs and barriers
- enhance tx
- beliefs customs norms

[Bar chart showing comparison between org A and org B]
No-shows for Follow-up Appointments by Ethnicity and Site (Quarter 1, 2003)

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Site A</th>
<th>Site B</th>
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<tbody>
<tr>
<td>Asian</td>
<td>20</td>
<td>16</td>
</tr>
<tr>
<td>A-A</td>
<td>26</td>
<td>25</td>
</tr>
<tr>
<td>Latino</td>
<td>25</td>
<td>22</td>
</tr>
<tr>
<td>E-A</td>
<td>16</td>
<td>17</td>
</tr>
</tbody>
</table>

N-appt: Asian A-A Latino E-A
Site A: 82 8,987 2,962 2,853
Site B: 606 5,373 2,838 27,740
Diagnostic Patterns in Mental Health Outpatient Treatment by Ethnicity and Gender*

*Minsky S., et al., Diagnostic patterns in Latino, African American, and European American psychiatric patients. 2003  Archives of General Psychiatry, 60,637-644
Useful Websites on Cultural Competence

- National Resource Center for Hispanic Mental Health: http://www.nrchmh.org
- Resources for Cross-Cultural Health Care: http://www.diversityrx.org
- The Provider’s Guide to Quality and Culture: http://erc.msh.org/quality&culture
- Office of Minority Health CLAS Standards: http://www.omhrc.gov/CLAS/
- SAMHSA’s Cultural Competence Standards in Managed Mental Health Care: http://www.mentalhealth.org/publications/allpubs/SMA00-3457/default.asp
- National Center for Cultural Competence, Georgetown University: http://www.georgetown.edu/research/gucdc/nccc/