NHCBH Workforce Development Network

Foundational Competencies in Children's Behavioral Health

Cultural & Linguistic Competence

NH Children's Behavioral Health Collaborative

Mission

The NH Children's Behavioral Health Workforce Development Network is to build a sustainable infrastructure for the professional development of the children's behavioral health workforce based upon the core competencies and infused with the system of care core values and guiding principles.

NH Children's Behavioral Health Collaborative

NH Children's Behavioral Health Core Competencies

- System of Care Core Values and Principles
- 7 Key Domains
- Levels: Foundational
  Intermediary
  Advanced

NH Children's Behavioral Health Collaborative

Foundational Competency Modules

Cultural & Linguistic Competence

Foundational Level

NH Children's Behavioral Health Collaborative

Cultural & Linguistic Competence

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NH Children's Behavioral Health Collaborative

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Behavioral Health Cultural & Linguistic Competence (CLC) Coordinator

Note: Many pictures and references are hyperlinked to their corresponding website

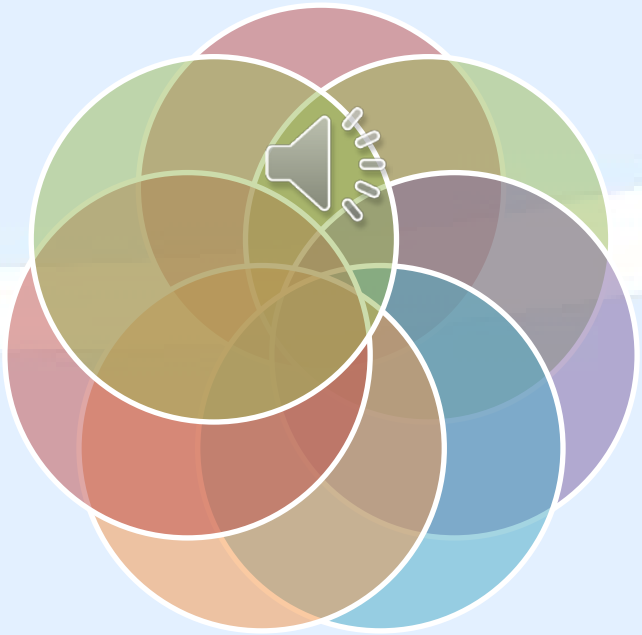
May 2014

Many Dimensions of Culture

Ethnicity

Race

Language



Spirituality

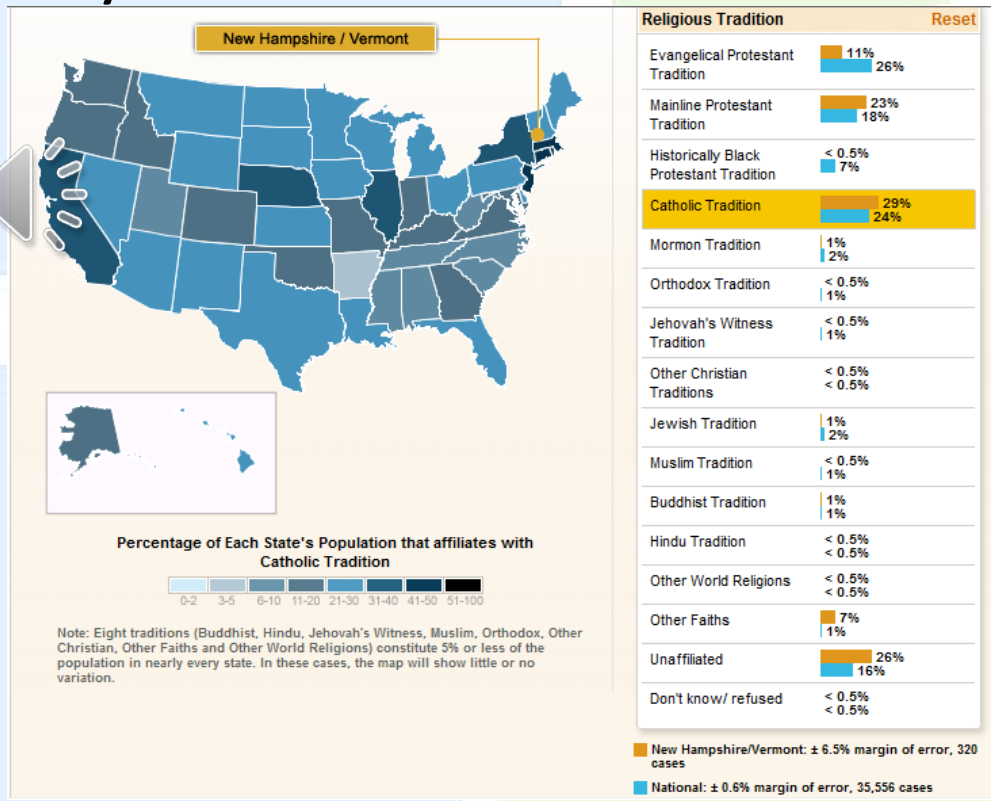
Sexual Orientation

Geography

Socio-Economic Status (SES)

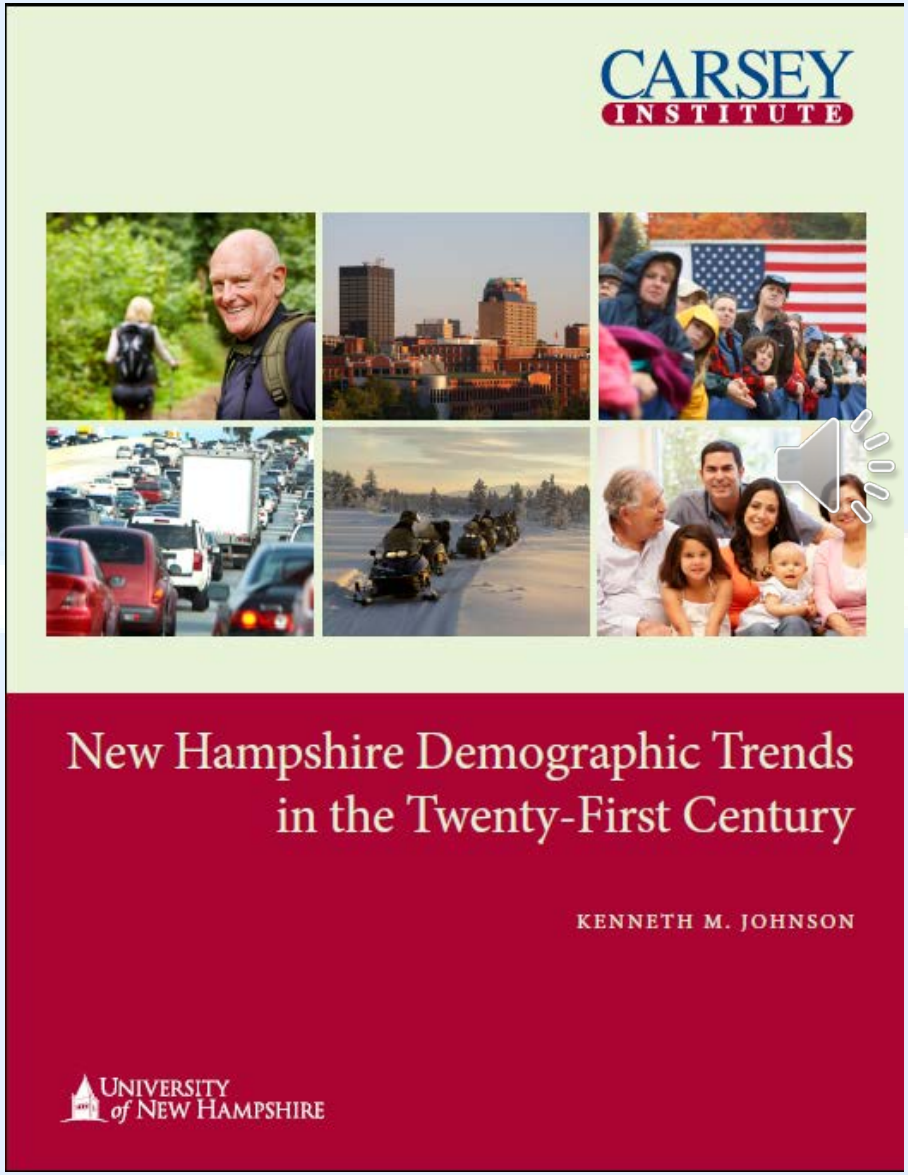
Many Dimensions of NH

- Geography
  - Coos County: 18 people per square mile
  - Hillsborough County: 457 people per square mile
- SES / People living in poverty
  - NH: 8%
  - Cheshire County: 11%
  - Rockingham County: 5%
- Spirituality/Religion
  - Catholic: 29%
  - Mainline Protestant: 23%
  - Unaffiliated: 26%



(http://religions.pewforum.org/maps)

New Hampshire is Changing



Minorities produced

50%

of NH's gain from 2000-2010

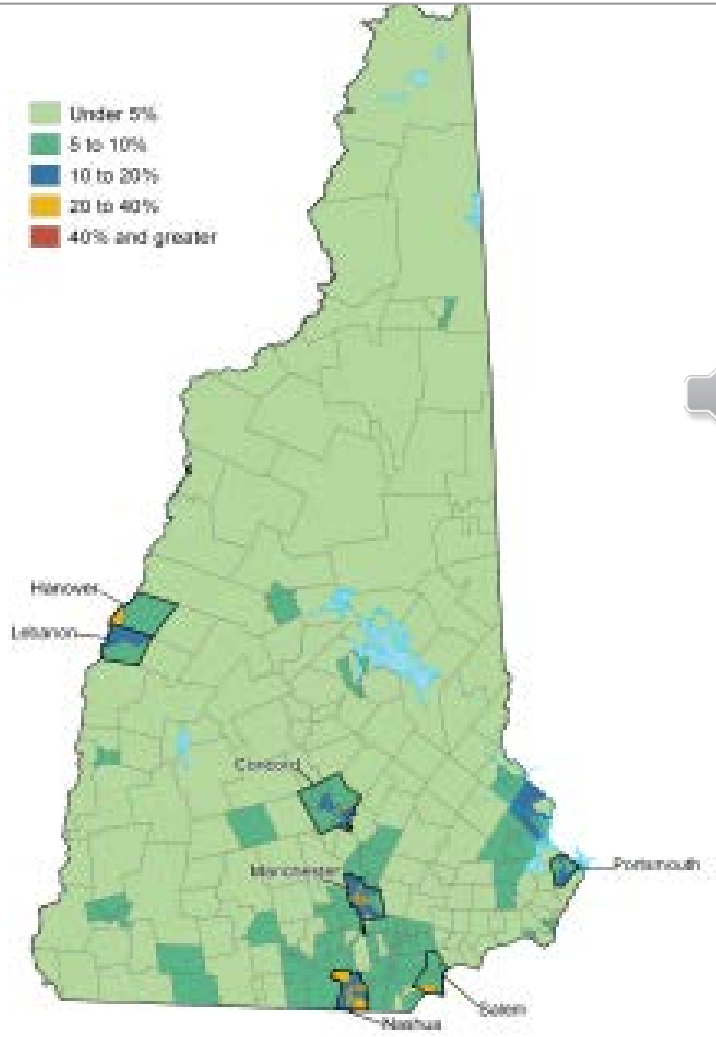
Minorities represent

8%

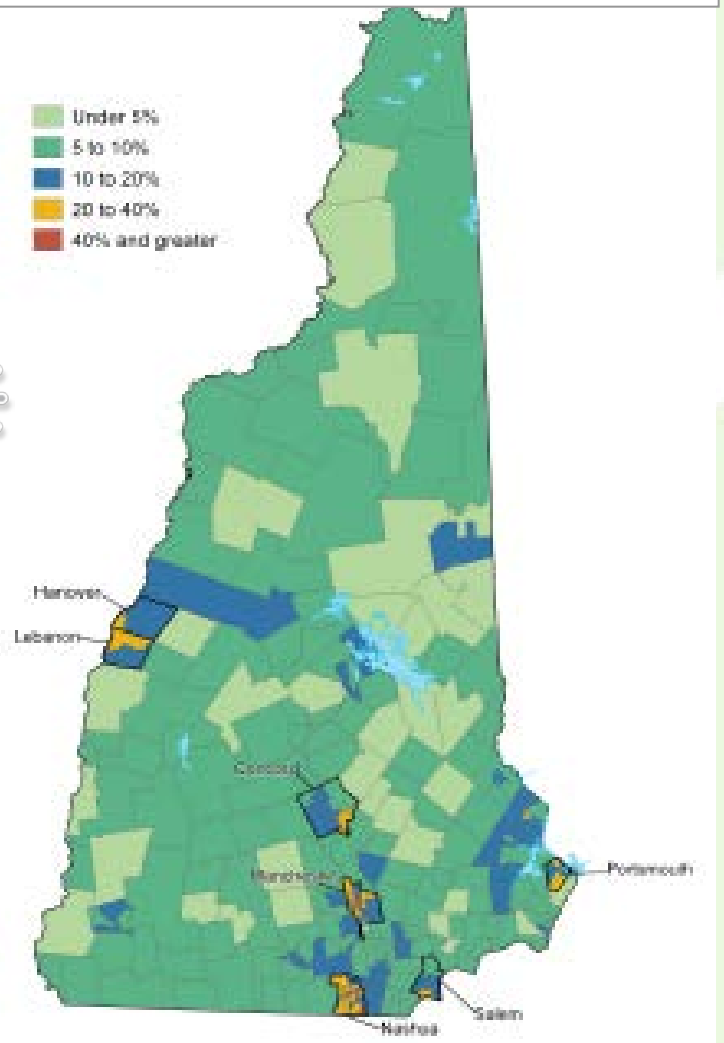
of NH's population

NH's Growing Diversity

Percent minority by census tract 2010	Percent minority **under 18** by census tract 2010



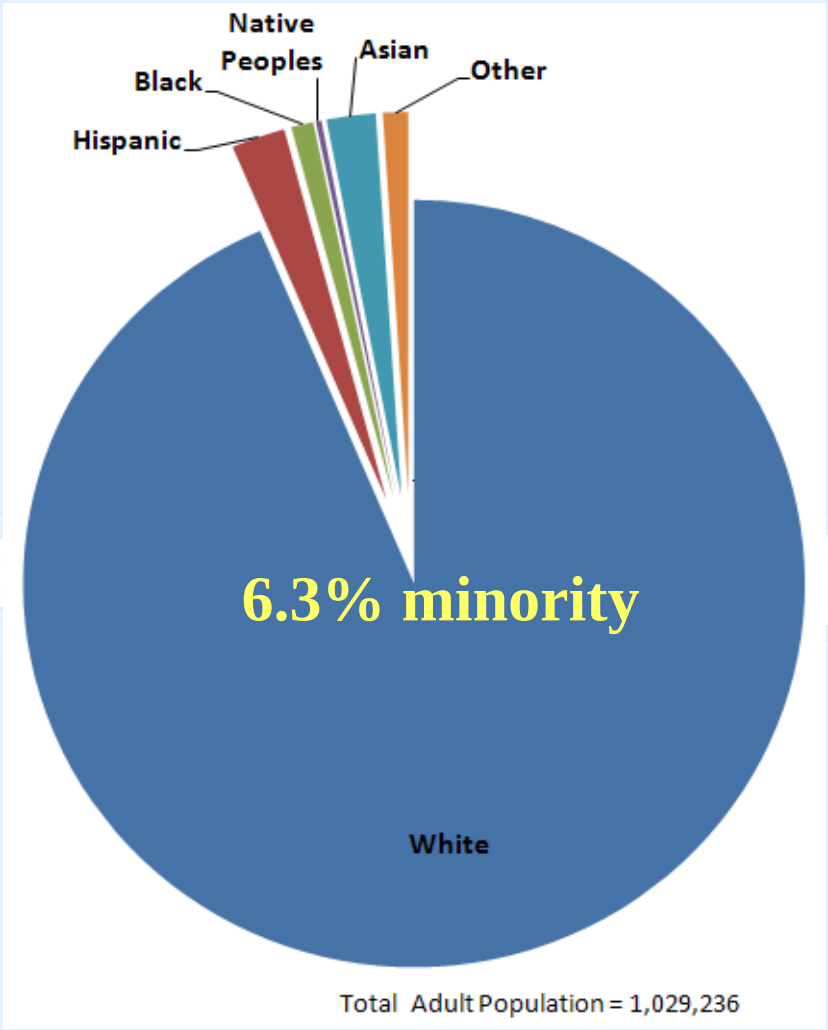
Source: U.S. Census 2010



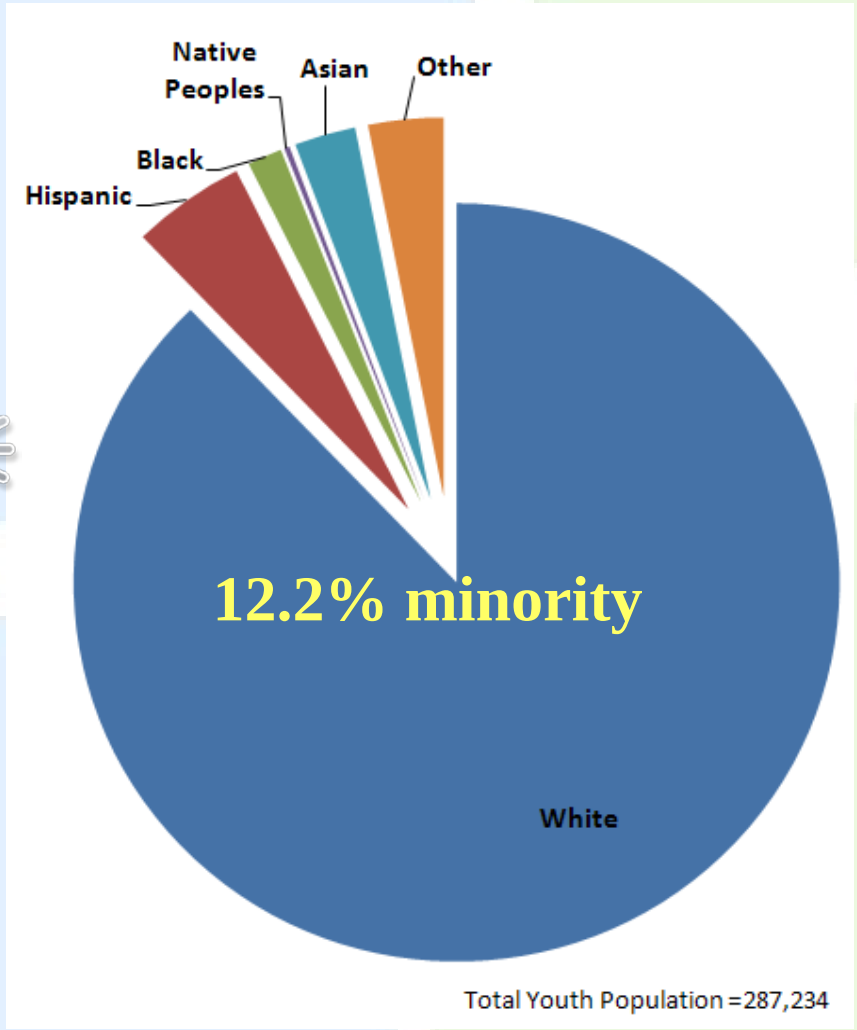
Source: U.S. Census 2010

NH's Minority Population

Adults, 18 and over



Children, under 18

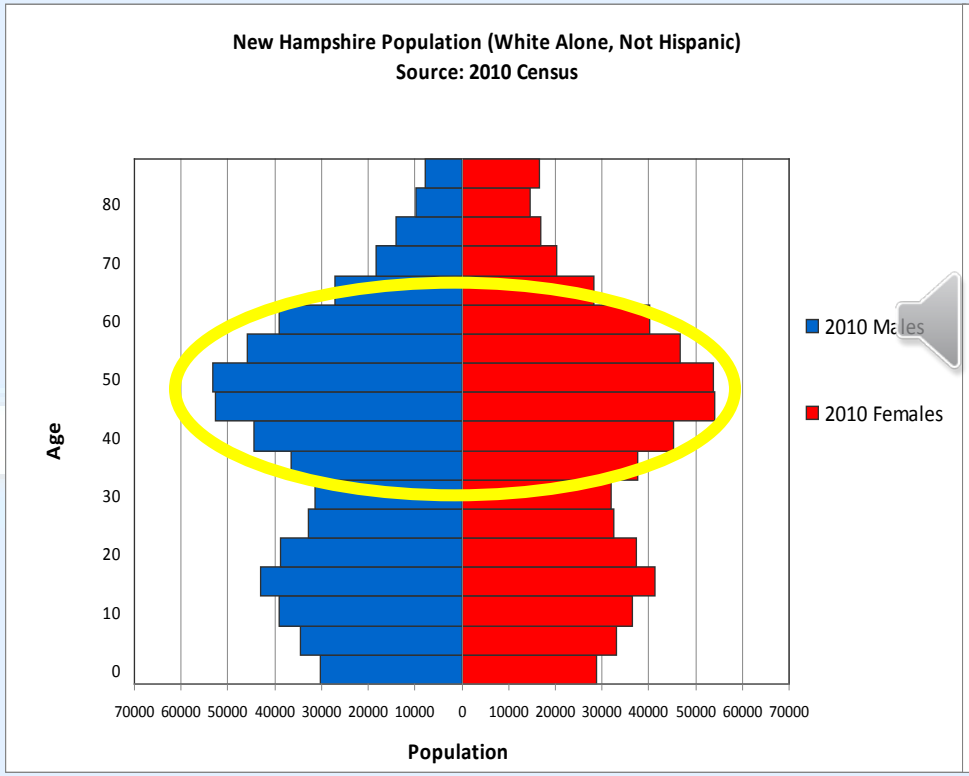


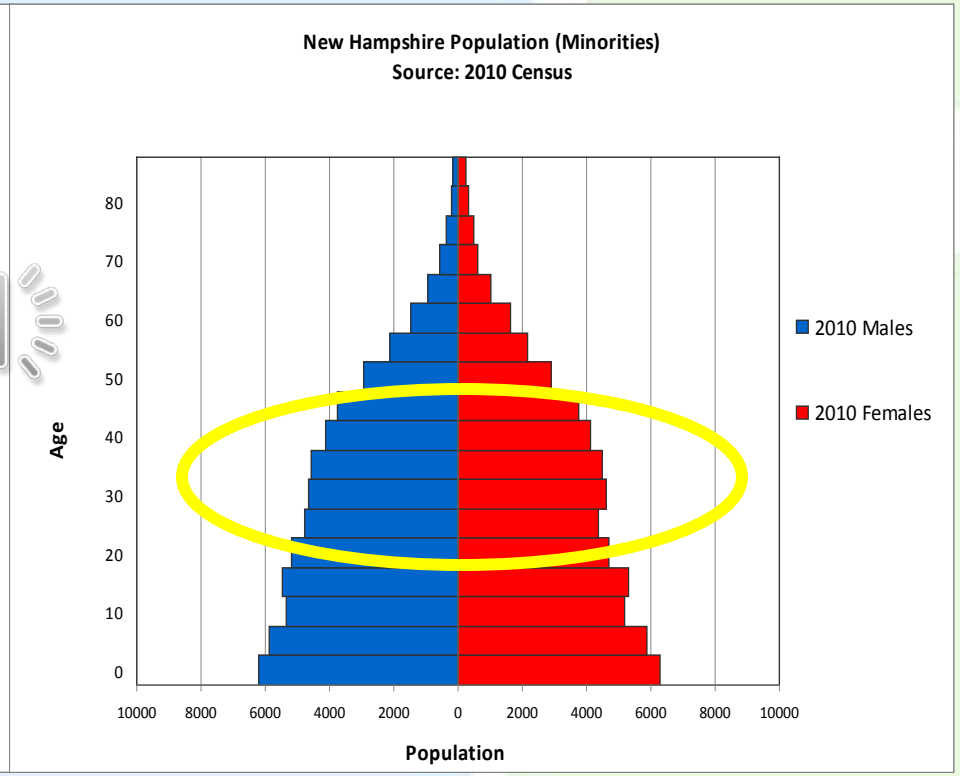
Source: 2010 Census
Analysis: K.M. Johnson, Carsey Institute, UNH

"Other" category includes individuals who report more than one race.

CARSEY INSTITUTE
AT THE UNIVERSITY OF NEW HAMPSHIRE

NH's Minority Population is Young



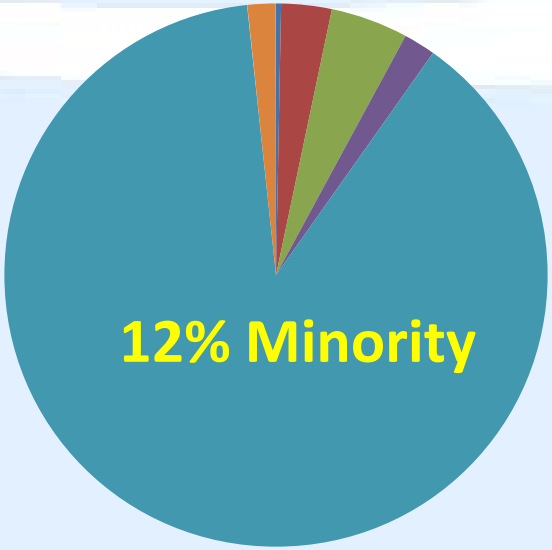


(United States Census Bureau, 2010)

NH's Public School Enrollment

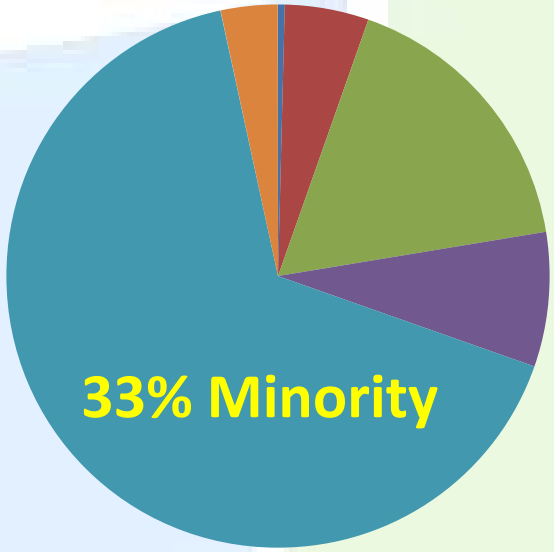
State-Wide

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Hispanic
- Black, non-Hispanic
- White, non-Hispanic
- Multi-Race

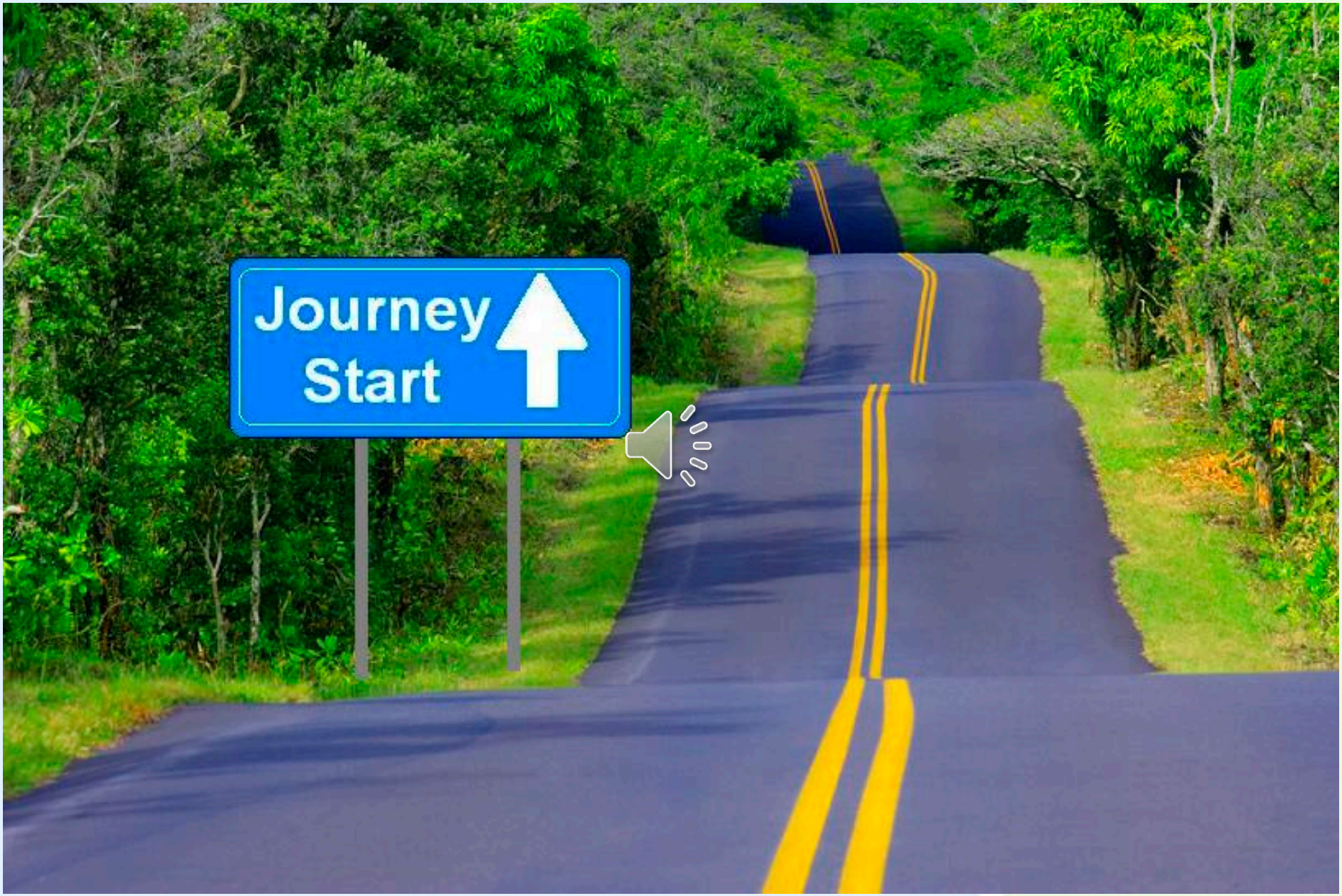


Manchester

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Hispanic
- Black, non-Hispanic
- White, non-Hispanic
- Multi-Race



(New Hampshire Department of Education, 2012)


Journey
Start

What is Cultural & Linguistic Competence (CLC)?

- Cultural competence is "the integration of knowledge, information, and data about individuals and groups of people into clinical standards, skills, service approaches and supports, policies, measures, and benchmarks that align with the individual's or group's culture and **increases the quality**, appropriateness, and acceptability of health care and outcomes" (adapted from Cross et al., 1989).

- Linguistic competence is "the capacity of an organization and its personnel to **communicate effectively**, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities" (Goode & Jones, 2004).

I. Engagement & Communication

I. Engagement & Communication

- Demonstrate respectful & sensitive responses given unique culture
- Engage based on unique life experiences
- Resources value cultural & linguistic diversity
- Appreciate cultural & linguistic diversity
- Participate in various cultural traditions

II. English Language Learners (ELL)/ Limited English Proficiency (LEP)

- Recognize youth's and family's need for communication access:
  - Interpreters (for verbal communication)
    - Interviews
    - Meetings
  - Translators (to translate written material into preferred language)
    - Core/Vital documents
    - Informational brochures

8%
of NH's population speak a language other than English at home

Points of Contact

Initial point of contact & appt. scheduling

Preparation for the visit

Entering & navigating the community health center

Registration

Waiting in the lobby

Assessment & clinical encounter

Discussion & referrals

Diagnosis & explanation of treatment

Billing

Pharmacy

Reminders & follow-up communication

Client feedback

II. Low Literacy Skills

35%
of our population has
inadequate or marginal functional literacy

(Williams, MV; Parker, RM et al. 1995)

- Recognize youth's and/or family's level of literacy and aim to use language that is easily understandable
  - Material should be written at a 6th grade level
  - Utilize auditory ways of communicating

Health Literacy Learning Toolbox

This Learning Toolbox is presented by the Disparities National Coordinating Center to provide resources for Quality Improvement Organizations to address issues of health equity in their work in local communities. This Toolbox focuses on health literacy as an important determinant of health outcomes. It includes a quick primer on health literacy, and provides links to a set of freely available articles, tools, and resources for QIOs to use in their health disparities work.

QUICK PRIMER

What is health literacy?

Health literacy is commonly defined as "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions" (IOM 2004). Health literacy includes all of the skills that individuals use to manage their health, including reading and writing skills, math skills, basic understanding of science and physiology, ability to understand and interpret charts and graphs, and ability to navigate an increasingly complex medical and insurance system. Health literacy can also be said to include the skills that health care providers, hospitals, clinics, insurance companies, and others involved in healthcare use to communicate with their patients.

The Health Literacy Problem

Given the complexity of today's healthcare system, it is not surprising that many, if not most, individuals struggle at times to manage their health and healthcare. What is surprising is the scale of the mismatch between American adults' health knowledge and literacy skills, and the health communications that they receive from their providers. According to the National Assessment of Adult Literacy, almost 40% of American adults lack the necessary skills to make informed

III. Social Justice

- Understand the different types of barriers that youth and families may face and how those barriers relate to their views of behavioral health

Rationale for CLC

1. To respond to current and projected demographic changes in the U.S.
2. To **eliminate longstanding disparities** in the health status of people of diverse racial, ethnic, and cultural backgrounds
3. **To improve the quality of services and health outcomes**
4. To meet legislative, regulatory and accreditation mandates
5. To gain a competitive edge in the marketplace
6. To decrease the likelihood of liability/malpractice claims

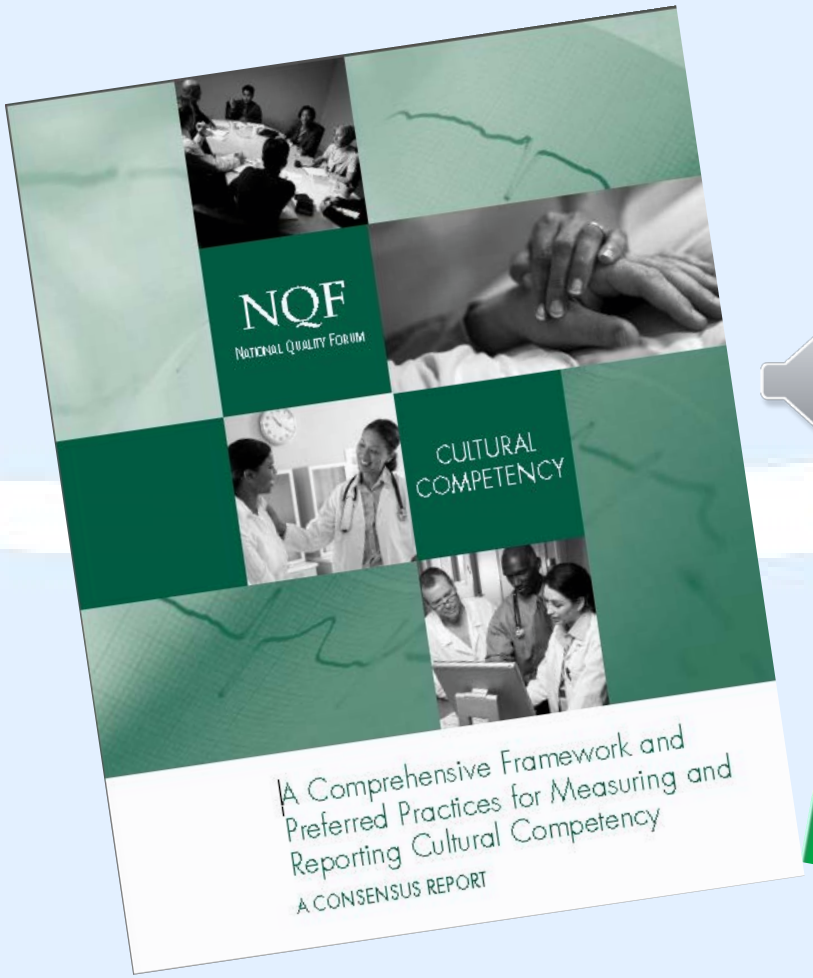
(The National Center for Cultural Competence)

States Requiring CLC Training of Health Professionals

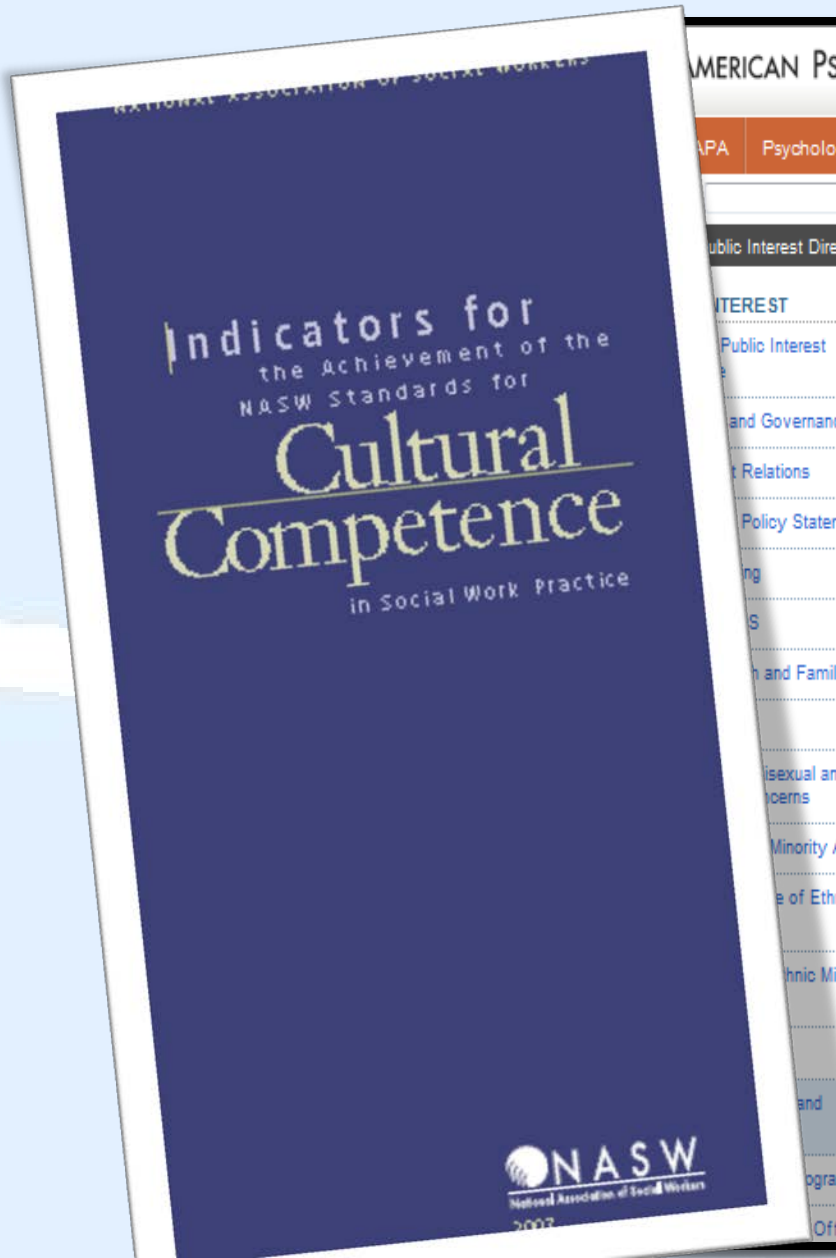
- Connecticut
- New Jersey
- New Mexico
- California
- Oregon
- Washington
- Maryland (strongly recommended)

www.thinkculturalhealth.hhs.gov/Content/LegislatingCLAS.asp

Accreditation Guidelines



Association Guidelines



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Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations

Introduction

There is increasing motivation among psychologists to understand culture and ethnicity factors in order to provide appropriate psychological services. This increased motivation for improving quality of psychological services to ethnic and culturally diverse populationsis attributable, in part, to the growing political and social presence of diverse cultural groups, both within APA and in the larger society. New sets of values, beliefs, and cultural expectations have been introduced into educational, political, business, and healthcare systems by the physical presence of these groups. The issues of language and culture do impact on the provision of appropriate psychological services.

Psychological service providers need a sociocultural framework to consider diversity of values, interactional styles, and cultural expectations in a systematic fashion. They need knowledge and skills for multicultural assessment and intervention, including abilities to:

1. recognize cultural diversity;
2. understand the role that culture and ethnicity/race play in the sociopsychological and economic development of ethnic and culturally diverse populations;
3. understand that socioeconomic and political factors significantly impact the psychosocial, political and economic development of ethnic and culturally diverse groups;
4. help clients to understand/maintain/resolve their own sociocultural identification; and understand the interaction of culture, gender, and sexual orientation on behavior and needs.

Likewise, there is a need to develop a conceptual framework that would enable psychologists to organize, access, and accurately assess the value and utility of existing and future research involving ethnic and culturally diverse populations.

Association Competencies

What's Your Association Saying???

"Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence and the limitations of their expertise do not lead to or condone unjust practices."

– APA Code of Ethics

"Addressing cultural diversity, human rights, disparities and social and economic justice constitutes a core component of the social work curriculum and practice." - Elizabeth J. Clark, PhD, ACSW, MPH

Executive Director, National Association of Social Workers

"Psychologists recognize that fairness and justice entitle all persons access to and benefit from the contributions of psychology and to equal quality in the processes, procedures and services being conducted by psychologists."

– APA Code of Ethics

CLC Increases Quality

- The acquisition of multicultural competence:
  - Improves client engagement
  - Improves retention in treatment
  - Enhances development of the therapeutic alliance

(Huey & Polo, 2008, 2010)

- The absence of cultural understanding:
  - Leads to misdiagnosis
  - Lack of cooperation
  - Poor use of health services
  - Alienation of the adolescent from the system of care

(Davis & Voegtle, 1994)

- Improving quality is linked with addressing disparities

Mental Health Disparities

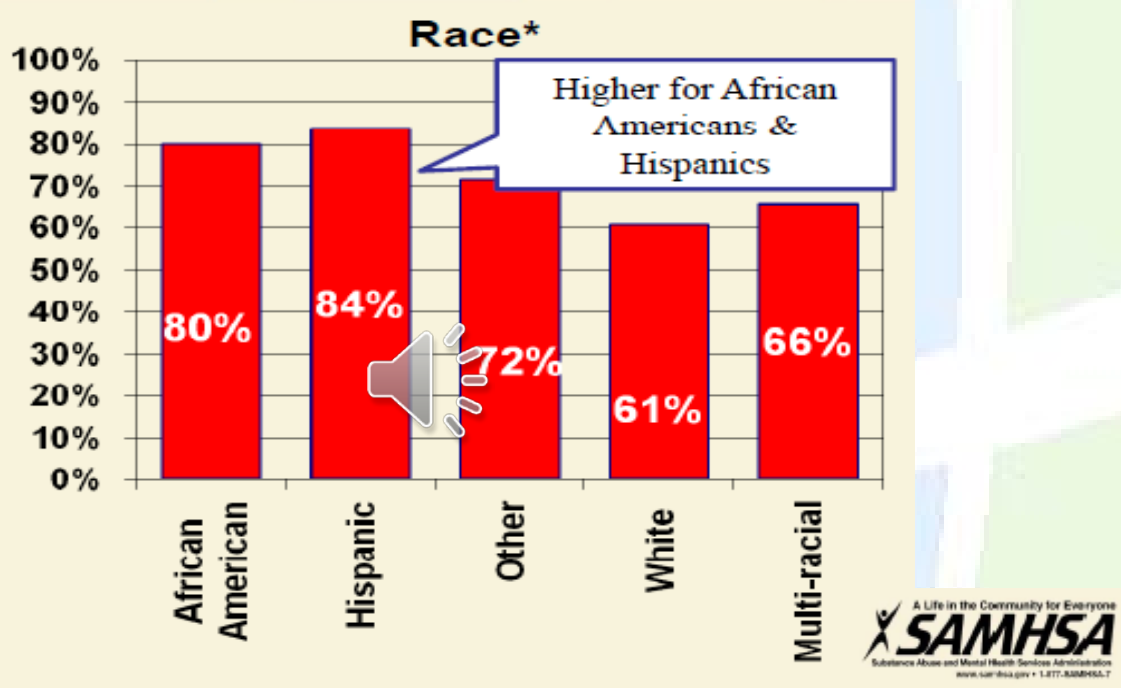
- A disparity is a **difference between two populations** of people in prevalence, access, diagnosis, quality of care, and treatment of an illness **not justified** by differences in health or preference.

(Adapted from the Minority Health & Health Disparities Research & Education Act, 2000)

- SAMHSA's focus is on **difference in access, use, and outcomes** in grant programs.

(Substance Abuse & Mental Health Services Administration Webinar, 2013)

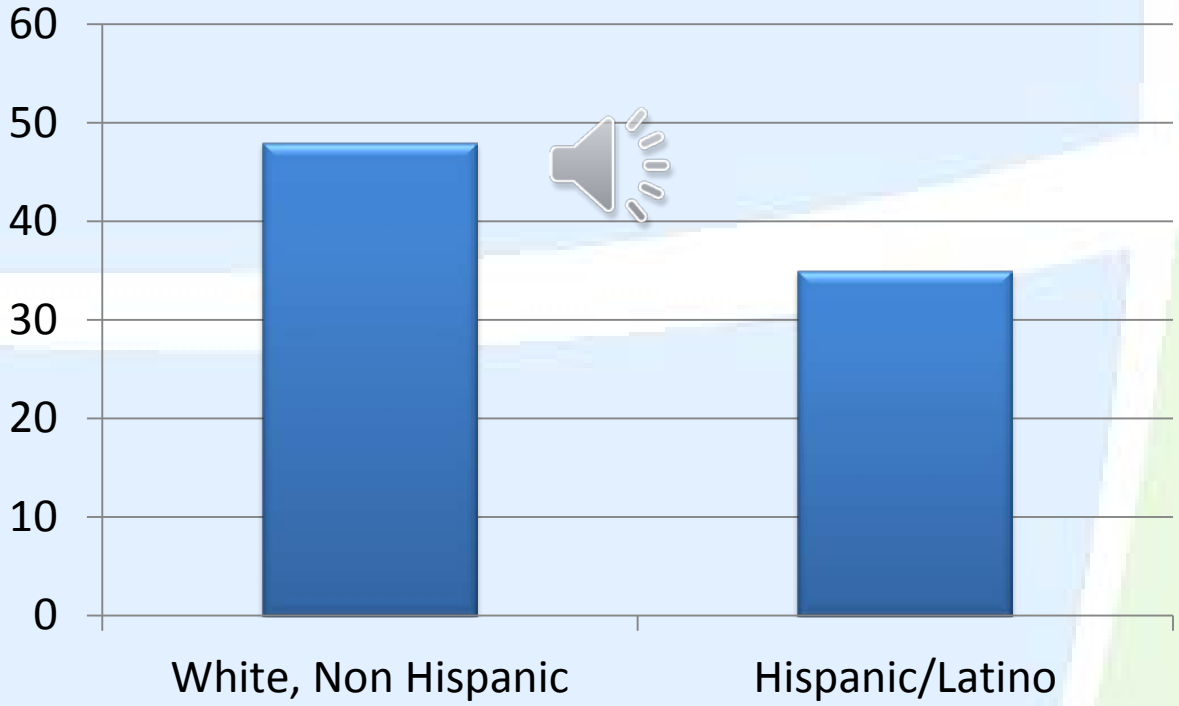
Unmet Need for Mental Health Treatment by 3 Months



"Among children with unmet need, significant disparities in initiation of an episode of mental health care were found, with whites approximately twice as likely as blacks and Latinos to initiate care." (*Racial/Ethnic Disparity Trends in Children's Mental Health Care Access and Expenditures from 2002 to 2007*, 2013)

2013 NH Youth Risk Behavior Survey Results

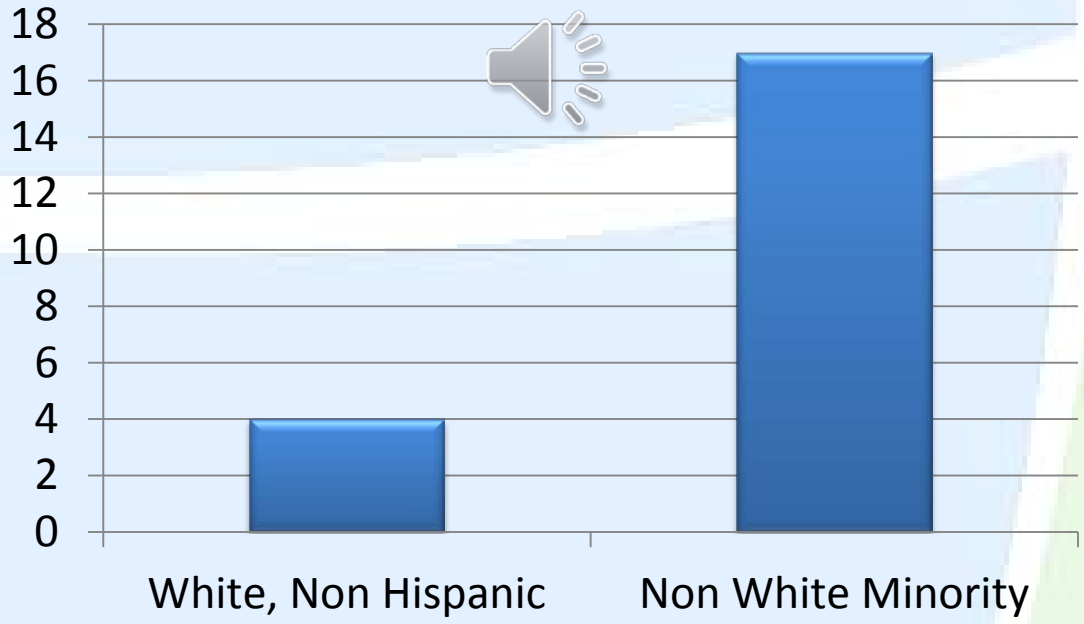
Do you agree or disagree that in your community you feel like you matter to people?



NH Youth Risk Behavior Survey, 2013

2013 NH Youth Risk Behavior Survey Results

Percent of students who did not attend school because they felt they would be unsafe at school or on the their way to/from school

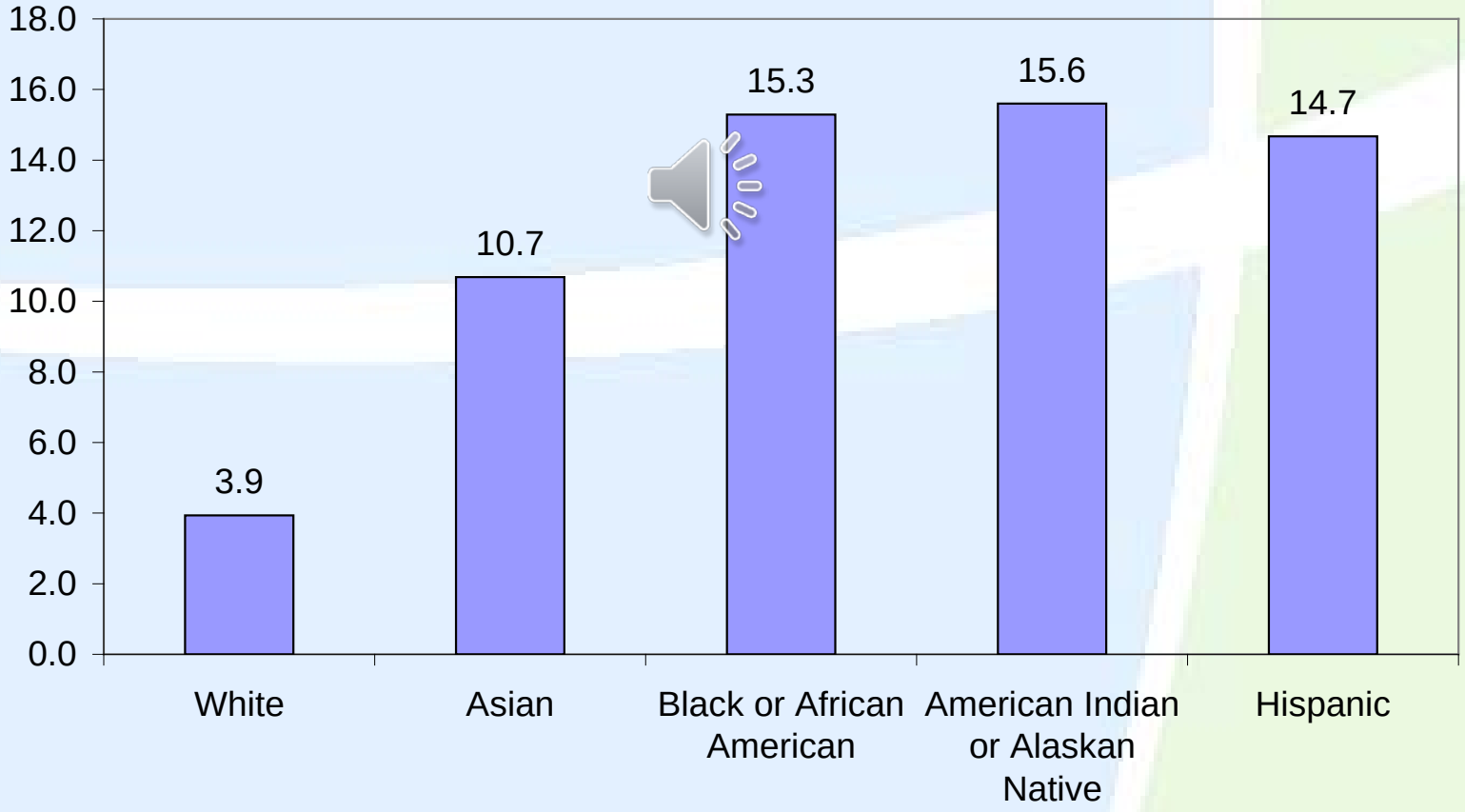


NH Youth Risk Behavior Survey, 2013

New Hampshire Youth Risk Differs by Race and Ethnicity

Did not go to school because felt would be unsafe at school or on the way to or from school.

Source: New Hampshire Youth Risk Behavior Survey, 2011



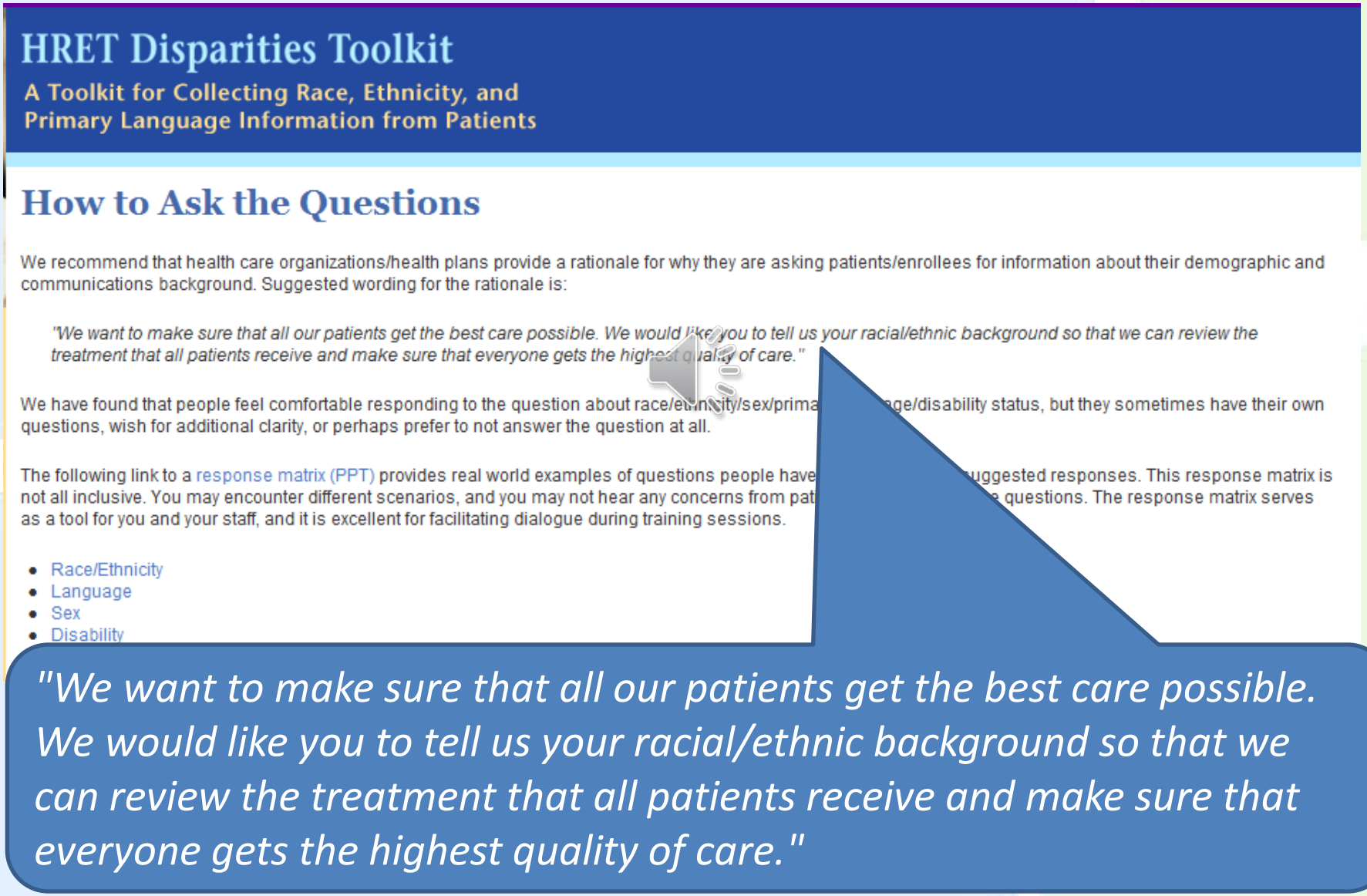
Race, Ethnicity, and Language (REaL) Data

RACE?

ETHNICITY?

PREFERRED LANGUAGE?

How to Ask the Questions



HRET Disparities Toolkit

A Toolkit for Collecting Race, Ethnicity, and Primary Language Information from Patients

How to Ask the Questions

We recommend that health care organizations/health plans provide a rationale for why they are asking patients/enrollees for information about their demographic and communications background. Suggested wording for the rationale is:

> *"We want to make sure that all our patients get the best care possible. We would like you to tell us your racial/ethnic background so that we can review the treatment that all patients receive and make sure that everyone gets the highest quality of care."*

We have found that people feel comfortable responding to the question about race/ethnicity/sex/prima ...age/disability status, but they sometimes have their own questions, wish for additional clarity, or perhaps prefer to not answer the question at all.

The following link to a response matrix (PPT) provides real world examples of questions people have ...uggested responses. This response matrix is not all inclusive. You may encounter different scenarios, and you may not hear any concerns from pat... questions. The response matrix serves as a tool for you and your staff, and it is excellent for facilitating dialogue during training sessions.

- Race/Ethnicity
- Language
- Sex
- Disability

"We want to make sure that all our patients get the best care possible. We would like you to tell us your racial/ethnic background so that we can review the treatment that all patients receive and make sure that everyone gets the highest quality of care."

Ethnicity & Race

Ethnicity Data Standard	Categories
Are you Hispanic, Latino/a, or Spanish origin *(One or more categories may be selected)* a. ____*No, not of Hispanic, Latino/a, or Spanish origin* b. ____*Yes, Mexican, Mexican American, Chicano/a* c. ____*Yes, Puerto Rican* d. ____*Yes, Cuban* e. ____*Yes, another Hispanic, Latino, or Spanish origin*	These categories roll-up to the Hispanic or Latino category of the OMB standard

Race Data Standard	Categories
What is your race? *(One or more categories may be selected)* a. ____*White* b. ____*Black or African American* c. ____*American Indian or Alaska Native*	These categories are part of the current OMB standard
d. ____*Asian Indian* e. ____*Chinese* f. ____*Filipino* g. ____*Japanese* h. ____*Korean* i. ____*Vietnamese* j. ____*Other Asian*	These categories roll-up to the Asian category of the OMB standard
k. ____*Native Hawaiian* l. ____*Guamanian or Chamorro* m. ____*Samoan* n. ____*Other Pacific Islander*	These categories roll-up to the Native Hawaiian or Other Pacific Islander category of the OMB standard

Language

Data Standard for Primary Language

How well do you speak English? (5 years old or older)

a. ____*Very well*
b. ____*Well*
c. ____*Not well*
d. ____*Not at all*

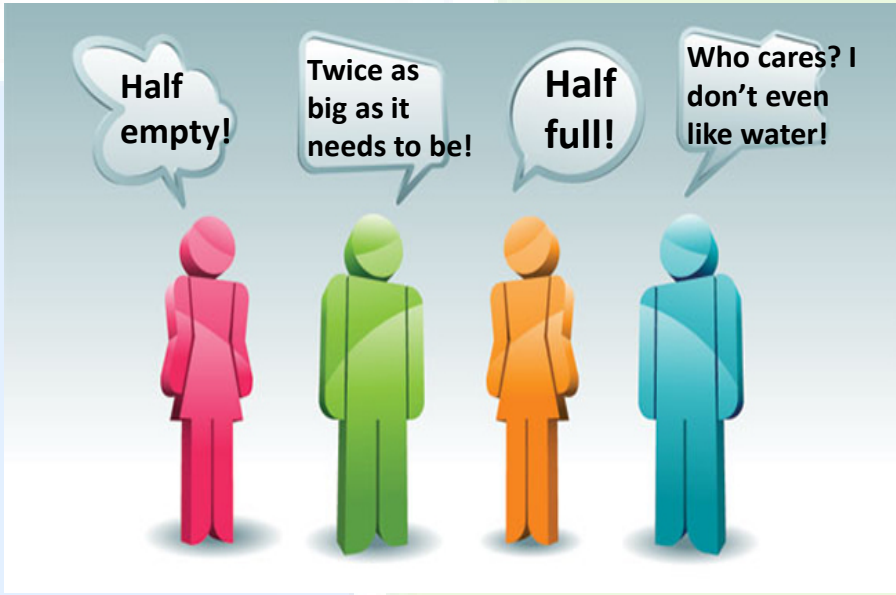
Data Collection for Language Spoken (Optional)

1. *Do you speak a language other than English at home? (5 years old or older)*
   a. ____*Yes*
   b. ____*No*

   For persons speaking a language other than English (answering yes to the question above):
2. *What is this language? (5 years old or older)*
   a. ____*Spanish*
   b. ____*Other Language (Identify)*

IV. Best Practices

- Increase personal knowledge of culturally responsive practice
- Understand limitations of commonly used behavioral health practices
- Identify priorities, strengths, and needs of youth and family
- Utilize interventions that are appropriate to the youth's and family's culture



CLC is Best Practice

CLC is not a piece of the puzzle.

It's the GLUE!

Elements of a Culturally Effective Organization

- Workforce diversity
- Value diversity
- Cultural Competence trainings for all staff on a regular basis
- Assessments on a regular basis
- Community engagement
- Language access
- REaL data collection
- Organizational policies

(combined National Center for Cultural Competence & National Quality Forum)

SAMHSA states that culturally effective organizations:

1. Continually assess their organizational diversity
2. Invest in building capacity inclusion
3. Incorporate community culture and diversity
4. Implement prevention strategies
5. Evaluate the incorporation of cultural competence

(http://captus.samhsa.gov/access-resources/culturally-competent-organizations)

Benefits to Culturally & Linguistically Effective Care

Access, Engagement, Retention

- Active outreach and enrollment
- Improved engagement, adherence, retention in care

Quality

- Improved outcomes of care
- Improved patient-provider communication
- Reduced risk of medical errors and malpractice

Cost

- Bilingual clinicians shown to result in lower costs
- Culturally adapted interventions associated with benefits that outweigh costs
- Reduced provision of unnecessary services
- Reduced malpractice risk

(Ensuring Cultural Competency in New York State Health Care Reform 2012)

Start with an Assessment

National Center for Cultural Competence

Georgetown University
Center for Child and Human Development

Home :: A-Z Index: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z :: Search

Foundations for Cultural & Linguistic Competence

NCCC Resources & Publications:

- By Title
- By Type

Projects & Initiatives

Distance Learning

Self-Assessments

Data Vignettes

Información y Recursos:

- Historias de Familias
- NCCC Publicaciones
- Recursos en Español

A+ a-

Self-Assessments

There are numerous benefits to self-assessment. Such processes can lead to the development of a strategic organizational plan with clearly defined short-term and long-term goals, measurable objectives, identified fiscal and personnel resources, and enhanced consumer and community partnerships.

Self-assessment can also provide a vehicle to measure outcomes for personnel, organizations, population groups and the community at large.

tence

Georgetown University
Center for Child and Human Development

P Q R S T U V W X Y Z :: Search

Competence

NCCC Resources & Publications:

- By Title
- By Type

Projects & Initiatives

Distance Learning

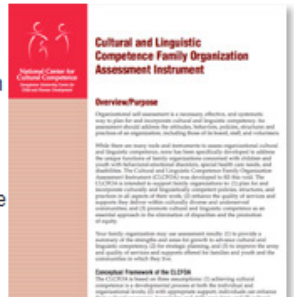
Información y Recursos:

- Historias de Familias
- NCCC Publicaciones
- Recursos en Español

Information For:

The Cultural and Linguistic Competence Family Organization Assessment

Organizational self-assessment is a necessary, effective, and systematic way to plan for and incorporate cultural and linguistic competency. An assessment should address the attitudes, behaviors, policies, structures and practices of an organization, including those of its board, staff, and volunteers.

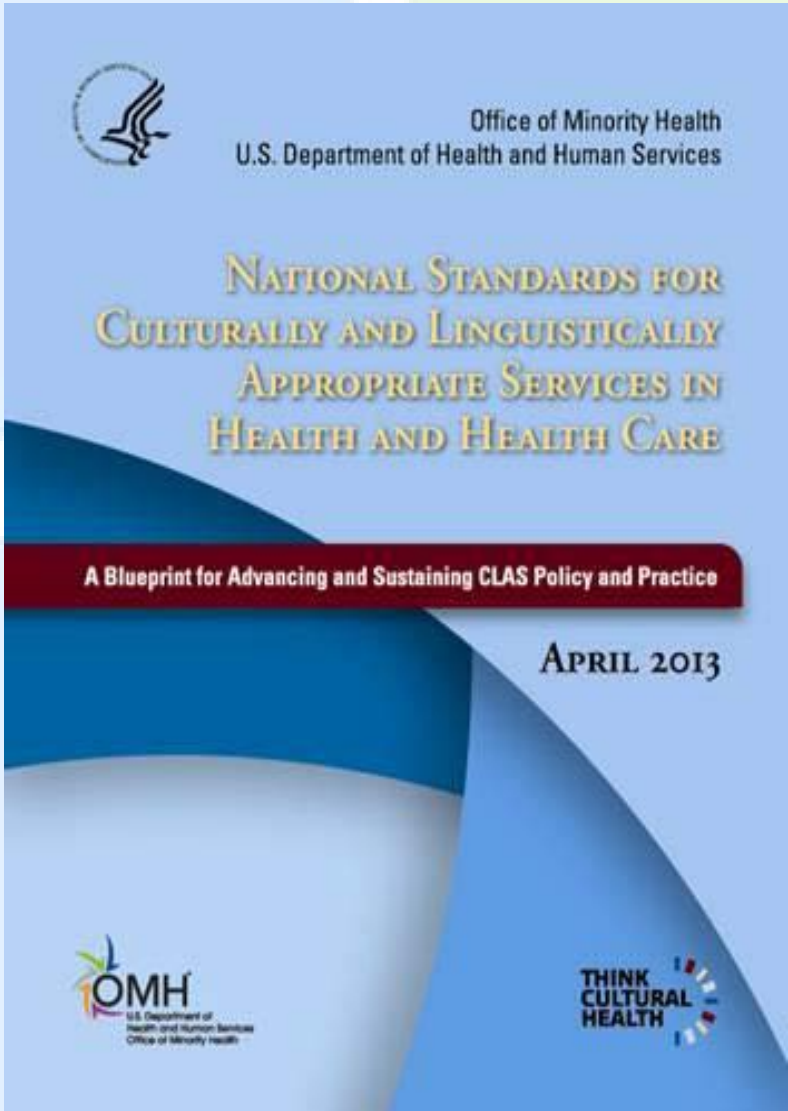


While there are many tools and instruments to assess organizational cultural and linguistic competence, none has been specifically developed to address the unique functions of family organizations concerned with children and youth with behavioral-emotional disorders, special health care needs, and disabilities. The Cultural and Linguistic Competence Family Organization Assessment

Need a Blueprint?

Implement and adhere to the National Culturally and Linguistically Appropriate Services (CLAS) Standards

- Outlines steps for organizations to take
- Key Title VI guidance, but applicable to **all** types of communication assistance (e.g., deaf, hard of hearing, blind, low vision, limited English proficient)
- Provides Americans with Disabilities Act Compliance
- Employed by **all** members of an organization
- **Regardless of size**
- At **every point of contact**



The National CLAS Standards

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.

4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.

10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

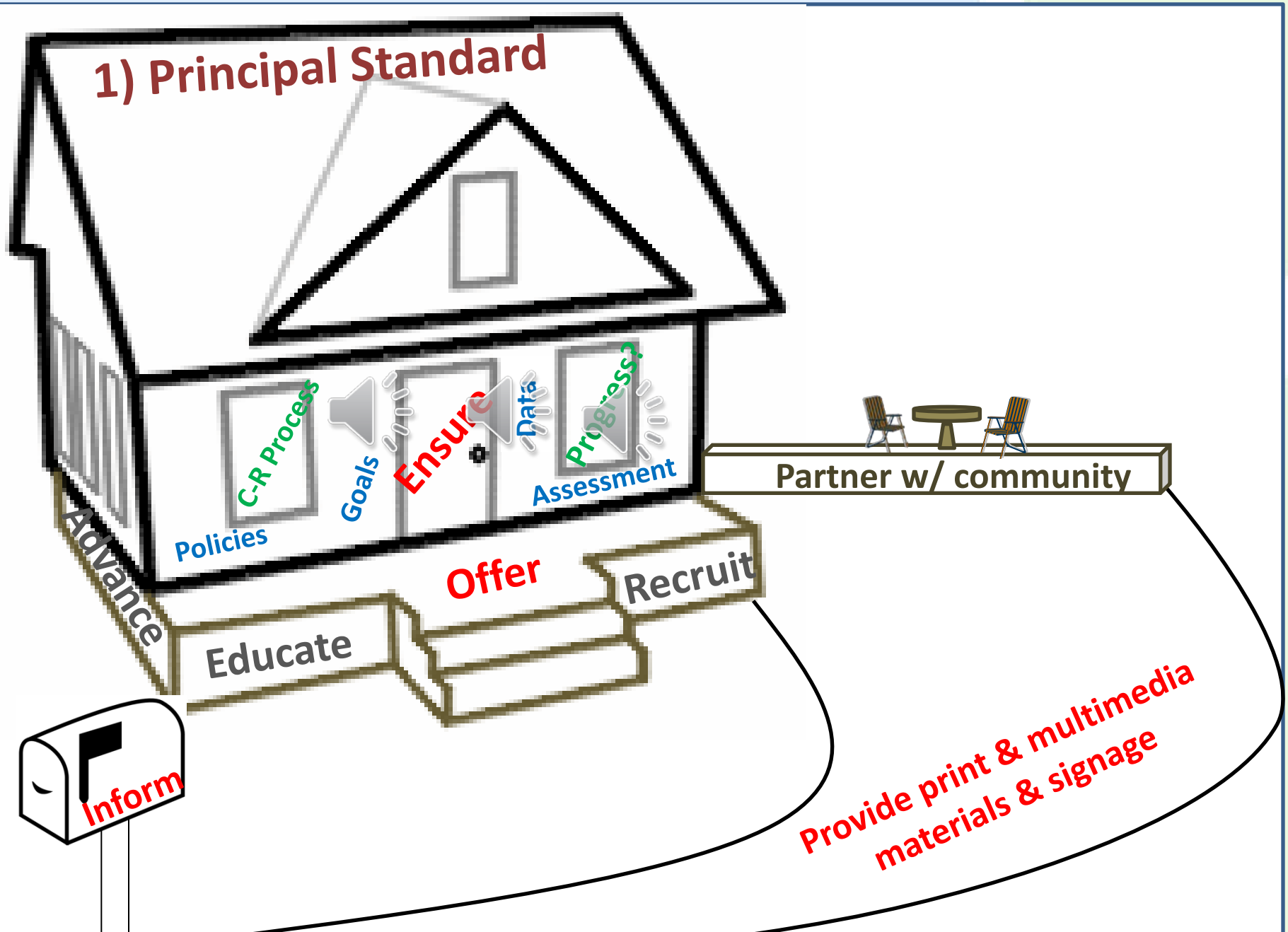
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

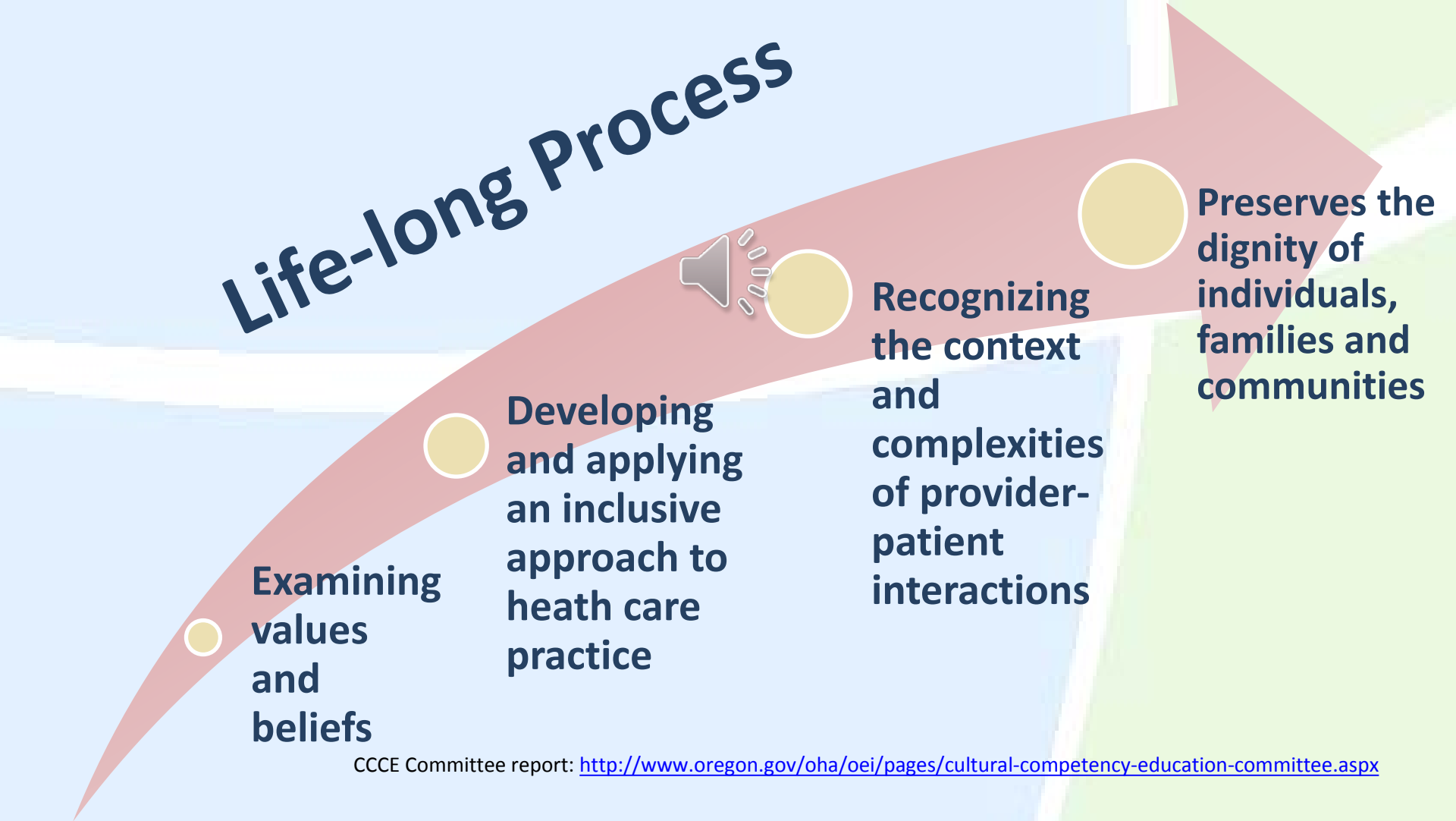
Audience The enhanced National CLAS Standards reference both health and health care organizations to acknowledge those working not only in health care settings, such as hospitals, clinics, and community health centers, but also in organizations that provide services such as behavioral and mental health, public health, emergency services, and community health. Any organization addressing individual or community health, health care, or well-being can benefit from the adoption and implementation of the National CLAS Standards.

To further reflect the more inclusive nature of the enhanced National CLAS Standards, the enhanced Standards use the terminology *individuals and groups* in lieu of *patients and consumers*. *Individuals and groups* encompass patients, consumers, clients, recipients, families, caregivers, and communities. Therefore, the term *individuals and groups* includes anyone receiving services from a health or health care organization.

Another way to think of CLAS?



When are we competent?



CCCE Committee report: http://www.oregon.gov/oha/oei/pages/cultural-competency-education-committee.aspx

Resources

- National Center for Cultural Competence - Assessment
  - http://nccc.georgetown.edu/documents/ncccorgselfassess.pdf
- Office of Minority Health
  - http://www.minorityhealth.hhs.gov/templates/browse.aspx?lvl=1&lvlID=3
- Think Cultural Health
  - https://www.thinkculturalhealth.hhs.gov/
- A Blueprint for Advancing & Sustaining CLAS Policy and Practice
  - https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedCLASStandardsBlueprint.pdf
- Substance Abuse & Mental Health Services Administration (SAMHSA)
  - http://captus.samhsa.gov/prevention-practice/strategic-prevention-framework/cultural-competence

Resources

- National Association of Social Workers Code of Ethics
  - http://socialworkers.org/pubs/code/code.asp
- American Psychological Association
  - http://www.apa.org/ethics/code/index.aspx
- Substance Abuse & Mental Health Services Administration (SAMHSA)
  - http://captus.samhsa.gov/prevention-practice/strategic-prevention-framework/cultural-competence
- National Technical Assistance Center for Children's Mental Health
  - http://gucchdtacenter.georgetown.edu/about.html
- Technical Assistance Partnership for Child & Family Mental Health
  - http://tapartnership.org/COP/CLC/

Credits:

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NH Children's Behavioral Health Collaborative
Creating a unified system of care