Planning for Cultural and Linguistic Competence in Systems of Care ....

for children & youth with social-emotional and behavioral disorders and their families

Overview/Purpose

This checklist was developed by the National Center for Cultural Competence (NCCC), and is one in a series designed to assist organizations and systems of care to develop policies, structures and practices that support cultural and linguistic competence.

"A system of care incorporates a broad array of services and supports that is organized into a coordinated network, integrates care planning and management across multiple levels, is culturally and linguistically competent, and builds meaningful partnerships with families and youth at service delivery and policy levels"(Pires, 2002). Systems of care develop formal structures and processes to provide a range of services and supports based on a defined set of values and principles. Systems of care embrace the values that services and supports are community based, child-centered and family focused and culturally and linguistically competent. The NCCC developed this checklist to assist in: (1) conducting strategic planning, (2) designing and delivering interventions, services and supports, and (3) evaluating and assuring quality within the system of care.

Pires, S. A. (2002). Buiding systems of care: a primer. Washington, DC: National Technical Assistance Center for Children's Mental Health, Georgetown University for Child and Human Development.

To serve culturally and linguistically diverse groups effectively and appropriately, the organization or system of care:

❐ performs both need *and* asset assessments with the culturally and linguistically diverse groups in the service area,

❐ develops and administers policy in partnership with families, youth and/or primary consumers,

❐ designs services and supports to meet the needs of culturally and linguistically diverse groups (e.g., family driven and community-based; flexible times, service hours, or appointments; language access services; culturally-based advocacy; use of cultural brokers, traditional healers, culture-specific assessments, interventions and treatment; and participatory action research),

❐ uses appropriate strategies to address barriers to the design and delivery of interventions, services, and supports (e.g., staff attitude and manner, service hours, service location, language, insurance, lack of awareness about systems of care principles and practices including failure to consider family, lack of knowledge about diverse cultural groups, fear and distrust of the service system, stigma associated with social-emotional and behavioral disorders or mental illness),

❐ collects and analyzes data according to different cultural groups (e.g., race, ethnicity, tribal/clan affiliation, language, age, gender, sexual orientation, geographic locale, religion, immigration/refugee status, socioeconomic status, literacy levels, and other factors affecting mental health status of communities such as and violence, trauma),

❐ uses data as described above to identify and/or modify goals and objectives to eliminate racial and ethnic disparities among children and youth experiencing social-emotional and behavioral disorders or mental illness, and

❐ evaluates and monitors the quality of interventions, services, and supports (e.g., through use of family and youth satisfaction surveys, focus groups, comparative analysis, policy teams that include families and youth).

❐ The organization or system of care uses self-identification as an approach to collect, report, and evaluate data for individuals from diverse cultural and linguistic groups.

❐ The organization or system of care has clearly written, consistently implemented, and effective policies and/or guidelines to incorporate *cultural competence* into all functions listed above.

❐ The organization or system of care has clearly written, consistently implemented, and effective policies and/or guidelines to incorporate *linguistic competence* into all service functions listed above.

❐ The organization or system of care has the capacity to survey current research findings and determine their implications for policy making and the use of evidence-based practices in the design and delivery of services and supports for culturally and linguistically diverse groups.

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HUMAN RESOURCES & STAFF DEVELOPMENT
Who we are…

The organization or system of care :

- ❒ employs a diverse, culturally and linguistically competent workforce.

- ❒ provides preservice and inservice training and professional development activities for all staff and governing board members to ensure understanding and acceptance of values, principles, and practices governing cultural and linguistic competence (including families, youth, and peer professionals, etc.);

- ❒ provides orientation training, mentoring, and other supports for all volunteers to ensure understanding and acceptance of values, principles, and practices governing cultural and linguistic competence; and

- ❒ incorporates areas of awareness, knowledge, and skills in cultural and linguistic competence into position descriptions and performance evaluations for all staff.

❒ The organization or system of care has clearly written, consistently implemented and effective policies and/or guidelines to incorporate *cultural competence* into human resources and staff development.

❒ The organization or system of care has clearly written, consistently implemented and effective policies and/or guidelines to incorporate *linguistic competence* into human resources and staff development.

FISCAL RESOURCES & ALLOCATION
Where the money goes…

The organization's or system of care's allocation of fiscal resources is sufficient to meet the unique needs and preferences of culturally and linguistically diverse populations in:

- ❒ system of care planning (e.g., need and asset assessments, interagency collaboration, blended funding, and system-wide vision, philosophy, and policy),

- ❒ the delivery of interventions, services and supports within the system of care,

- ❒ the collection and analysis of data categories that are useful and reflect the actual diversity among cultural and linguistic groups in the service area, and

- ❒ program monitoring, quality assurance, and evaluation (e.g., family and youth satisfaction measures, and tracking and surveillance data and protocols).

❒ The organization or system of care facilitates employment and exchange of goods and services within local communities.

❒ The organization or system of care has clearly written, consistently implemented and effective policies and/or guidelines to incorporate *cultural competence* into the allocation of fiscal resources that address the needs of culturally and linguistically diverse groups.

❒ The organization or system of care has clearly written, consistently implemented and effective policies and/or guidelines to incorporate *linguistic competence* in the allocation of fiscal resources that address the needs of culturally and linguistically diverse groups.

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COLLABORATION & COMMUNITY ENGAGEMENT
Who our partners are…

The organization or system of care partners with the following groups to plan, deliver, and evaluate services and supports:

- ❐ culturally and linguistically diverse families;

- ❐ family and youth organizations and related advocacy groups;

- ❐ natural, informal support and helping networks within diverse communities; and

- ❐ local, regional and national organizations that provide technical assistance on cultural and linguistic competence (e.g. ethnic-specific organizations, family organizations, centers of excellence, research and training centers, and advocacy organizations).

The organization or system of care periodically reviews current and emergent demographic trends to:

- ❐ determine whether community partners are representative of the diverse populations in the state or geographic locale; and

- ❐ identify new collaborators and potential opportunities for community engagement.

❐ The organization or system of care has clearly written, consistently implemented and effective policies and/or guidelines to support collaboration and community engagement within diverse communities.

CONTRACTS
Whom we entrust to deliver services and supports…

The organization or system of care incorporates specific requirements and/or measurable objectives for cultural and linguistic competence into contracts such as:

- ❐ the capacity to conduct needs and asset assessments of communities and families served;

- ❐ experience in developing outreach and community engagement strategies in collaboration with diverse families and communities;

- ❐ the ability to create and deliver interventions, services, and supports that are appropriate for diverse groups;

- ❐ assurances that the staff/workforce has the knowledge and skills necessary to serve the culturally and linguistically diverse populations in the geographic locale;

- ❐ structures for staff/workforce to receive ongoing training and/or professional development related to cultural and linguistic competence;

- ❐ experience in employing family members of children and youth with social-emotional and behavioral disorders or mental illness in varied capacities;

- ❐ the capacity to collaborate with and engage families, youth and natural, informal support and helping networks within diverse communities;

- ❐ the capacity to conduct culturally-based advocacy efforts with and on behalf of diverse communities;

- ❐ the means to collaborate with local and/or national organizations and other groups that provide technical assistance.

❐ The organization or system of care has policies and structures to ensure the accountability ofcontractors and subcontractors to (1) adhere to requirements and meet measurable objectives such as those cited above and (2) conduct performance monitoring at regular intervals.

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Culture

Culture is an integrated pattern of human behavior, which includes but is not limited to—thought, communication, languages, beliefs, values, practices, customs, courtesies, rituals, manners of interacting, roles, relationships and expected behaviors of a racial, ethnic, religious, social or political group; the ability to transmit the above to succeeding generations; dynamic in nature (NCCC, 2001).

Cultural Competence

The NCCC embraces a conceptual framework and model for achieving cultural competence adapted from the work of Cross et al. (1989). The NCCC uses this framework and model to underpin all its activities. Cultural competence requires that organizations:

- have a defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally;

- have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge and (5) adapt to diversity and the cultural contexts of the communities they serve; and

- incorporate the above into all aspects of policy making, administration, practice, and service delivery and involve systematically consumers, key stakeholders and communities.

Cultural competence is a developmental process that evolves over an extended period. Both individuals and organizations are at various levels of awareness, knowledge and skills along the cultural competence continuum.

Linguistic Competence

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. This may include, but is not limited to, the use of:

- bilingual/bicultural staff;
- cultural brokers;
- foreign language interpretation services including distance technologies;
- sign language interpretation services;
- multilingual telecommunication systems;
- TTY or TDD;
- assistive technology devices;
- computer assisted real-time translation (CART) or viable real-time transcriptions (VRT);
- print materials in easy-to-read, low literacy picture and symbol formats;
- materials in alternative formats (e.g. audiotape, Braille, and enlarged print);
- varied approaches to share information with individuals who experience cognitive disabilities;
- materials developed and tested for specific cultural, ethnic and linguistic groups;
- translation services including those of;
  - legally binding documents (e.g. consent forms, confidentiality and patient rights statements, release of information, and applications)
  - signage
  - health education materials
  - public awareness materials and campaigns; and
- ethnic media in languages other than English (e.g. television, radio, Internet, newspapers, and periodicals).

The organization must have policies, structures, practices, procedures, and dedicated resources to support this capacity. (Goode & Jones, revised August 2003)

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Guiding Values & Principles

Organizational

- Systems and organizations must sanction, and in some cases mandate the incorporation of cultural knowledge into policy making, infrastructure and practice.[*]
- Cultural competence embraces the principles of equal access and non-discriminatory practices in service delivery.[*]

Practice & Service Design

- Cultural competence is achieved by identifying and understanding the needs and help-seeking behaviors of individuals and families.[*]
- Culturally competent organizations design and implement services that are tailored or matched to the unique needs of individuals, children, families, organizations and communities served.[*]
- Practice is driven in service delivery systems by client preferred choices, not by culturally blind or culturally free interventions.[*]
- Culturally competent organizations have a service delivery model that recognizes mental health as an integral and inseparable aspect of primary health care.

Community Engagement

- Cultural competence extends the concept of self-determination to the community.[*]
- Cultural competence involves working in conjunction with natural, informal support and helping networks within culturally diverse communities (e.g. neighborhood, civic and advocacy associations; local/neighborhood merchants and alliance groups; ethnic, social, and religious organizations; and spiritual leaders and healers).[*]
- Communities determine their own needs.[†]
- Community members are full partners in decision making.[†]
- Communities should economically benefit from collaboration.[†]
- Community engagement should result in the reciprocal transfer of knowledge and skills among all collaborators and partners.[†]

Family & Consumers

- Family is defined differently by different cultures.[◊]
- Family as defined by each culture is usually the primary system of support and preferred intervention.[◊]
- Family/consumers are the ultimate decision makers for services and supports for their children and/or themselves.[◊]

[*] Adapted from Cross T. et al., 1989.
[†] "Other Guiding Values and Principles for Community Engagement" and "Family & Consumers" are excerpts from the work of Taylor, T., & Brown, M., 1997, Georgetown University Child Development Center, (GUCDC) University Affiliated Program, and
[◊] "Promoting Cultural Diversity and Cultural Competency- Self Assessment Checklist for Personnel Providing Services and Supports to Children with Disabilities & Special Health Care Needs Goode, T., 2002, NCCC, GUCDC.

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About the National Center for Cultural Competence

The mission of the National Center for Cultural Competence (NCCC) is to increase the capacity of health care and mental health programs to design, implement and evaluate culturally and linguistically competent service delivery systems. The NCCC conducts an array of activities to fulfill its mission including: (1) training, technical assistance and consultation; (2) networking, linkages and information exchange; and (3) knowledge and product development and dissemination. Major emphasis is placed on policy development, assistance in conducting cultural competence organizational self-assessments, and strategic approaches to the systematic incorporation of culturally competent values, policy, structures and practices within organizations.

The NCCC is a component of the Georgetown University Center for Child and Human Development (GUCCHD) and is housed within the Department of Pediatrics of the Georgetown University Medical Center. It is funded and operates under the auspices of Cooperative Agreement #U93-MC-00145-09 and is supported in part from the Maternal and Child Health program (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services (DHHS). During the term of the Cooperative Agreement, the NCCC shared partnerships with *two* Federal departments*, two* Federal administrations, *one* Federal agency and *nine* of their respective bureaus, divisions, branches, offices, institutes, and programs. The NCCC conducts a collaborative project under the auspices of another Cooperative Agreement with the GUCCHD and the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, DHHS. Additionally, the NCCC contracts with private sector organizations.

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