Getting Started…and Moving On…

Planning, Implementing and Evaluating Cultural and Linguistic Competency for Comprehensive Community Mental Health Services for Children and Families

Implications for Systems of Care

This checklist was developed by the National Center for Cultural Competence (NCCC). It 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. This checklist focuses on systems of care and organizations concerned with the delivery of services and supports to children and youth with emotional, behavioral and mental disorders and their families. Cultural competence is a key principle that must be integrated within all aspects of systems of care. This checklist is also designed to support efforts by the Child, Adolescent and Family Branch, Substance Abuse and Mental Health Services Administration, U.S. Department of Health & Human Services to eliminate racial and ethnic disparities in mental health.

Nationally, systems of care and organizations are attempting to respond effectively to the needs of children, youth and families from culturally and linguistically diverse groups. There is no one method for getting started on the journey towards cultural and linguistic competency—at either the individual or system level. Organizations may embark on this journey at different points of departure with different estimated times of arrival for achieving specific goals and outcomes. Health care, mental health and human service organizations are at various stages along the cultural competence continuum. Similarly, their personnel have different levels of awareness, knowledge and skills related to cultural and linguistic competence. Few organizations or systems of care have evolved to a degree of proficiency in which cultural and linguistic competency is infused at the levels of policy, administration, practice and service delivery, and consumer/family engagement (Modified from Cross, et al., 1989). This checklist provides guidance for *getting started ... and moving on!*

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☐ **Create a structure.** Convene work groups with the sole purpose of addressing cultural and linguistic competency. A work group can be created by the governance body for the system of care and in each of the partner agencies and organizations. Work groups should have representation from all levels of a given organization. Such groups should also reflect the diversity within the organization and community at large—including youth and families. A work group can serve as the primary body to plan, implement and provide oversight to the organization's and system's cultural competence efforts.

☐ **Clarify values and philosophy.** Ensure that the organizations and agencies within the system of care have values, principles and/or mission that incorporate culture as an integral aspect of all of their endeavors. Use an inclusive process to re-visit and if necessary amend the organization's values and mission. The inclusion of families, youth and community constituency groups can enrich this process.

☐ **Develop a logic model for cultural and linguistic competence.** There are numerous concepts and definitions for cultural and linguistic competence. Reach consensus on a definition or framework for cultural competence *and* linguistic competence within the context of your organization and the communities it serves. Engage key stakeholders in this process. This process is also beneficial to partner organizations and agencies to reach consensus on a logic model for cultural and linguistic competence for the entire system of care. A work group may assume leadership or facilitate these efforts at the organization and system level.

☐ **Keep abreast of community demographics.** Identify the racially, ethnically, culturally and linguistically diverse populations served by the system of care as a whole and each partner agency and organization. Compare this information with the demographics of the geographic area. Determine and address any disparity in access and utilization of services. Be cognizant of the sub-cultures and within-group differences among these populations.

☐ **Assess family and youth satisfaction.** Use multifaceted approaches to assess the degree to which youth and families are satisfied with services they receive. Include probes that elicit the extent to which families and youth feel their belief systems and cultural practices are respected and integrated in the care they receive. Telephone interviews, written surveys and focus groups are commonly used processes. Key informants or cultural brokers can provide guidance on approaches to best assess consumer satisfaction that are consistent with the cultural norms of youth, families and communities.

☐ **Create structures for family and youth involvement.** Families and youth should be integrally involved in the design and implementation of services they receive. Establish governance boards, advisory committees, task forces and work groups to facilitate the meaningful involvement of families and youth in all aspects of your organization. Ensure an environment where trust, respect and shared power are highly valued and required.

DEFINITIONS

Cultural Competence
The NCCC embraces a conceptual framework and definition of cultural competence that requires organizations to:
- 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) adapt to diversity and the cultural contexts of the communities they serve.
- incorporate the above in all aspects of policy development, administration, and practice/service delivery and involve consumers/families systematically (Modified from Cross, et al., 1989).

Linguistic Competence
Linguistic competence is the capacity of an organization and its personnel to communicate effectively with persons of limited English proficiency, those with low literacy skills or who are not literate, and individuals with disabilities. The organization must have policy, structures, practices and procedures and dedicated resources to support this capacity (Goode & Jones, 2002).

Logic Model
For the purposes of this document the term logic model refers to a visual schematic that summarizes the relationship between the resources, activities and outcomes of a culturally and linguistically competent system of care (Santiago, 2003).

☐ **Conduct a self-assessment.** Assessing attitudes, policies, structures and practices is a necessary, effective and systematic way to plan for and incorporate cultural and linguistic competence in organizations. Determine which instruments and consultants best match your needs and interests. The self-assessment process should include families, youth and other key stakeholders.

☐ **Create a plan for achieving cultural and linguistic competence.** Use the self-assessment results to develop an organizational plan for achieving and/or enhancing cultural and linguistic competence. Such results may lead to changes in: organizational values, mission, policies and structures; budgets/allocation of fiscal resources; composition of advisory boards and committees; strategic planning processes; staffing patterns, position descriptions and personnel performance measures; approaches to practice, treatment and interventions; delivery of supportive services; quality assurance and evaluation methods; approaches to community engagement and information dissemination; professional development and inservice training activities; management information systems; telecommunication systems; and facility design and décor. Develop an action plan and allocate resources to support this process.

☐ **Determine staff and volunteer development needs/interests.** Conduct periodic assessments of organizational personnel and volunteers, including family organizations and youth groups, to determine their needs and interests related to cultural and linguistic competence. The assessment should query persons on the preferred methods, approaches and formats for increasing awareness and acquiring new skills and areas of knowledge. Ensure that resources are budgeted to support these efforts.

☐ **Engage communities.** Develop partnerships that acknowledge strengths and build upon the resiliency and the many networks of support within diverse communities. Communities have the inherent ability to recognize their own problems, including the health of their members, and intervene appropriately on their own behalf (Goode, 2002). Expand collaborative relationships to include natural helpers, community informants, cultural brokers, faith-based organizations, ethnic-specific and advocacy organizations and local merchants. Give careful consideration to delineating the values and principles that underpin community engagement.

☐ **Adopt or adapt "lessons learned".** Network within and dialog with other organizations or systems of care that focus on children and youth with emotional, behavioral and mental disorders and their families that have begun the journey of achieving cultural and linguistic competency. Consider the following: (1) reviewing their policies and practices, (2) adapting those that are consistent with your philosophy of care, and (3) negotiating opportunities for mentoring, training, consultation and technical assistance. Access resources from public and private sector centers and programs that have expertise in cultural and linguistic competence (e.g. integrated therapies, indigenous practices, in-home services, health literacy, advocacy and community outreach/engagement and youth and family partnerships). Gather and categorize resource materials to expand your organization's library/resource center.

☐ **Create a refuge for sharing and learning.** Provide safe, non-judgmental forums for personnel and volunteers, including family organizations, to honestly explore cultural considerations—their own and those of the children, youth, families and communities they serve. Including youth, families and community partners can inform and enhance these experiences.

References

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Goode, T. (2001). *Policy Brief 4: Engaging communities to realize the vision of one hundred percent access and zero health disparities: a culturally competent approach.* Washington, D.C. National Center for Cultural Competence, Georgetown University Center for Child & Human Development.

Goode, T. & Jones, W. (2000, revised 2002). *Definition of Linguistic Competence.* Maternal and Child Health Bureau (2002). *MCHB Draft 2003-2007 Strategic Plan*

Santiago, R. (2003). *Definition of Logic Model.* [personal correspondence]. USDHHS, SAMHSA, Center for Mental Health Services (2000). *Cultural competence standards in managed mental health care services: Four underserved/ underrepresented racial/ethnic groups.* Rockville, MD: Author

USDHHS, Office of Minority Health (2001). *National standards for culturally and linguistically appropriate services in health care.* Washington, DC: Author.

Resources

Bureau of Citizenship and Immigration Services (BCIS)
Available: http://www.immigration.gov [April 4, 2003]

Cross Cultural Health
Available: http://www.xculture.org [April 4, 2003]

Office of Minority Health Resource Center—Closing the Health Gap
Available: http://www.omhrc.gov [April 4, 2003]

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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.

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