Conducting a Cultural and Linguistic Competency Assessment of Urban Indian and Detroit Wayne Mental Health Authority Organizations in a System of Care

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Agenda

- Introductions
- Ice Breaker
- Overview of Cultural and Linguistic Competency Assessment
  - Purpose
  - Enlisting Participation
  - Survey Design
  - Procedures: Recruitment, Data Collection
- Results
  - Strengths/Challenges
  - Observations/Ideas to Uphold CLAS Standards
  - Current SOC and Agency CLC Activities
- Break-Out Session
- Share Ideas
- Closing
African Americans, American Indians, Asian Americans, Latinos will make up roughly 50% of total U.S. population by 2050.

Census Projections for 2060

- Non-Hispanic White: 44%
- Hispanic White: 25%
- Black or African American: 15%
- Asian: 9%
- American Indian/Alaska Native (AI/AN): 1.3%
- Native Hawaiian or Pacific Islander (NH/PI): 0.3%
- Two or more races: 6%
- NH/PI: 0.3%
Health Disparities

- Racial, ethnic, and cultural minorities experience higher rates of negative health outcomes (U.S. Department of Health and Human Services [DHHS], 2011).

- CLC barriers affect the quality of service delivery (e.g. accessibility and effectiveness of services) (Truong, Paradies, & Priest, 2014).

- Providing culturally and linguistically (CLC) appropriate services is a key strategy to eliminating disparities in health and health care (Betancourt, 2004; 2006; Brach & Fraser, 2000; HRET, 2011).

- Knowledge of cultural practices and attitudes towards MH health care impacts the relationship/openness between providers and clients.
GOAL of SAMHSA SOC Grant

- To offer culturally and linguistically relevant services to underserved youth (age birth to 21) with SED in Wayne County, or Native children, youth and families who are “out of balance and challenged by spiritual unrest.”

- Proposed to assess services currently provided according to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) established by the U.S. DHHS.
CLAS Standards

- The Principal Standard is:  *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.*

- With 14 additional standards organized into three themes:
  - Governance, Leadership and Workforce.
  - Communication and Language Assistance.
  - Engagement, Continuous Improvement and Accountability.
Study Purpose

1) To gather baseline data on how CLC is being utilized in child and family serving agencies/organizations in the CONNECTIONS SOC.

2) To assess workforce and consumer knowledge, perceptions and experiences around CLC.

3) To utilize data so the Implementation Team and participating agencies/organizations can develop best practices that promote CLC and enrich workforce development on CLC-specific issues.
Enlisting Participation

- Evaluation Team presented to Cross-Systems Management Team (High-Level Leadership) in 2014 to propose CLC Assessment:
  - Approval was granted by the CSM Team in August 2015.
  - CSMs identified a Point of Contact (POC) person within their agency to provide information and facilitate data collection.

- The SOC Liaison met with leadership and boards at many of the organizations to enlist their buy-in.

- Some organizations expressed concern that the Authority would have access to results for each organization.
  - To enlist participation, we assured agency leadership that they would receive a confidential report on their own agency, and the Authority would not be provided agency-specific results.
Survey Design

- Surveys were developed based on the CLAS Standards for 5 groups:
  1) Board of directors
  2) Agency/organization leadership.
  3) Direct service providers.
  4) Parents/caregivers of children/youth receiving services.
  5) Youth 12-21 years old receiving services.

- Developed flyers to advertise survey, recruitment script.
- Collected demographics, consents.
Surveys were developed by the evaluation team to address the CLAS Standards and how the standards are met within organizations.

Each survey included statements that were rated on a 5-point Likert scale. Depending on the statement, the scales were:

- Strongly agree, Agree, Disagree, Strongly Disagree, Don’t know
- Often, Sometimes, Rarely, Never, Don’t Know
- Note that we chose not to include “Neutral” options

Qualitative questions to provide opportunities for respondents to explain and elaborate on their responses.
Board Survey

11 Questions, including 6 opportunities to provide comments, addressing:

- How respectful their agency is of the culture of youth, families and staff.
- Whether the board make-up reflects the community served.
- Whether the organization evaluates CLC.
- The priority of CLC as reflected in budgeting, policy-making and community engagement.
Leadership Survey

- 15 Questions, including 9 opportunities to provide comments, addressing:
  - How well their agency respects the culture and diversity of youth, families and staff.
  - How well-prepared staff are to meet the cultural and linguistic needs of youth and families.
  - How familiar respondents are with the CLAS Standards.
  - To what degree the organization engages with other organizations, government representatives and the community when setting policies and procedures and conducting advocacy.
Direct Service Providers Survey

Direct Service Providers have the greatest interaction with clients, are implementing services, and have day-to-day experience with how policies and procedures impact service.

51 questions in 7 sections, with comments on each section:

- About their agency in general.
- Policies and procedures.
- Staff recruitment and retention.
- Public and community relations.
- Produced materials and resource use.
- Service delivery.
- Service evaluation.
Youth & Caregiver Surveys

- Youth and Caregiver Surveys had the same questions, with language adjusted to indicate “my” experience or “my family’s” experience.

- 10 multiple choice questions, each with space to provide comments, addressed the following:
  - Comfort with space, staff and providers.
  - Opportunity to speak with staff in preferred language.
  - How well they understand documents and materials.
  - How caring, understanding and interested they perceive providers to be.
  - How respected they feel.
  - Whether there are agency staff of their own culture.
Review Surveys
Participant Recruitment

- Data was collected between October 2015-March 2016.
- The team worked with a point of contact (POC) person at agencies to determine the best way to collect surveys.
  - The POC person facilitated data collection with all participating groups.
- Administration - Surveys were available in hard copy and in an on-line survey via Qualtrics software.
  - Most surveys to boards, leadership, and providers, were completed on-line (90%), and all parents/caregivers, and youth were on paper.
Board, Leaders and DSP

- **Boards** - Our System of Care Liaison visited several agency boards to enlist participation.
  - Some completed surveys on paper. Others completed on-line through survey link.

- **Leaders and DSPs**
  - Links for the Leader and DSP surveys were emailed to the POC with brief email messages.
  - The POC at each organization distributed the messages to staff.
Parent/Youth Data Collection

- The evaluation team made 16 agency visits to each child-serving participating agencies.
  - The POC recommended days and times that their agency had a high volume of clients on site.
- Approached clients in a waiting room/public space:
  - Ask if interested in completing a survey.
  - Consents signed, surveys provided.
  - $20 gift card for their time.
Parent/Caregiver Data Collection

- Evaluation staff assisted parents and youth and answered questions.

- **Language** - Parent/caregiver surveys were available in Spanish and Arabic.
  - At an agency that specialized in serving Spanish-speakers, a Spanish speaking staff member and volunteer were critical in recruitment and collection.

- We were prepared to collect surveys on computers but parents and youth preferred paper-and-pencil surveys.
## Participating Groups (N=986)

<table>
<thead>
<tr>
<th>Participant Group</th>
<th># Agencies/Orgs</th>
<th># Respondents</th>
<th>CLC Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Directors</td>
<td>9</td>
<td>61</td>
<td>11</td>
</tr>
<tr>
<td>Leadership</td>
<td>13</td>
<td>65</td>
<td>15</td>
</tr>
<tr>
<td>Direct Service Providers</td>
<td>13</td>
<td>297</td>
<td>51</td>
</tr>
<tr>
<td>Parents</td>
<td>12</td>
<td>347</td>
<td>11</td>
</tr>
<tr>
<td>Youth</td>
<td>13</td>
<td>205</td>
<td>11</td>
</tr>
</tbody>
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- 14 agencies agreed to participate in some or all of the surveys
CLC Survey Respondents' Gender

- Board of directors: 0 Male, 0 Female, 4 Other
- Leadership: 38 Male, 54 Female, 11 Other
- Direct service providers: 258 Male, 27 Female, 2 Other
- Parents/Caregivers: 286 Male, 58 Female, 2 Other
- Youth: 105 Male, 93 Female, 6 Other

Legend:
- Blue: Male
- Green: Female
- Light blue: Other
CLC Survey Respondents' Race

American Indian/Alaska Native/First Nations

Black/African American

White/Caucasian

Missing Race

Percent
RESULTS

Of the Cultural and Linguistic Competency Assessment
Respectful Quality of Care

- Agency Have CLC Services: 92% Board Members, 97% Leaders, 90% Direct Svc Providers, 92% Parents, 85% Youth
- Agency Respects Staff: 92% Board Members, 100% Leaders, 88% Direct Svc Providers
- Agency Respects Consumers: 97% Board Members, 100% Leaders, 93% Direct Svc Providers
- Feels Respected by Staff: 93% Board Members, 85% Leaders
Knowledgeable about CLAS Standards

Direct Service Providers
- 49% Knowledgable
- 51% Not Knowledgable

Leaders
- 55% Knowledgable
- 45% Not Knowledgable
Results: Observations/Ideas to Uphold CLAS Standards

Of the Cultural and Linguistic Competency Assessment
Principal Standard

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.

- All participants reported positively in regards to respectfulness and culture. Parents/caregivers, and youth, said they are happy with the services.

- One challenge is limited knowledge of the CLAS standards document, but not the “intent” of the standards.
Governance, Leadership, Workforce-Observations

- Policies consider diversity.
- Board, leadership and direct service providers do not reflect the population they serve, but board and providers believe they do.
- Board and leadership report providing enough CLC training, but direct service providers want more.
- Time and resources are need to support CLAS standards.
Governance, Leadership, Workforce-Ideas

- Share report with board and staff to “brainstorm” on how to more adequately reflect their service population.
- Provide more CLC and other training (for professional development) for direct service providers who are mostly Master’s level.
- Address the lack of staff, time and resources to provide CLC and address with board and/or funders.
Communication and Language Assistance—Observations and Ideas

- Lack of consistent translator and interpreter services—and lack of clinically trained bi-lingual providers:
  - Create a county wide resource list of translators/interpreters and provide funds.
  - Utilize community people.
  - Inform Universities of need to adjust curriculum to include a language certification for mental health trainees/social workers.
Engagement, Continuous Improvement and Accountability - Observations

- Lack of data collection and evaluation and what is done is not reported back, or used to inform programs.
- Board said they engage community, but other staff did not report this.
- There is a lack of reporting to constituents, local and state government on CLC work with their consumers.
- State mandates can negatively impact agency policies.
Engagement, Continuous Improvement and Accountability Ideas

- Agency-wide reports on data collection need to be ongoing as well as connections between data and service delivery, job retention, and funding.
- More community engagement is needed and this might help recruitment for board and staff.
- Data on CLC efforts needs to be reported to local and state reps/funders as well as deficits in funding to train on CLAS standards and impact on health equity.
Current CLC Activities
SYSTEM OF CARE ACTIVITIES

- Annual CLC Summit.
- LGBTQ2S workgroup formed.
- Population-specific providers
- Required annual CLC training.
- CLAS Standards included on CSM agenda.
- Edited Children’s Service Guidebook to include Native definition of SED.
- CLAS Standards Training at Quarterly Leadership Training.
- CLC Assessment Workshop at CLC Summit.
- Special population standard added to the SOC Operating Guidelines-encourage agencies to partner together.
- Wellplace (access center) asks preferred language during intake.
AGENCY ACTIVITIES

- **Trainings**
  - Micro-aggressions
  - Cultural Bias
  - Cultural Humility
  - Regular CLC focused trainings

- Health disparities work.

- Annual Cultural Competency Reports.

- Partnerships with interpretation services to improve access-enlist online language programs.

- Language cards and posters in agencies.

- Identification of consumer’s preferred language.

- CLC workgroups formed.
Break-Out Session

- Group break-out.
- Pick two topics and brainstorm.
- Discuss strengths and challenges related to the topics.
- Report out to larger group.
Questions to Ponder about CLC

1. Do you, or your agency in general, know about CLAS standards?
2. Do you think your agency abides by the CLAS standards?
3. Do you think your board members and agency staff are diverse?
4. Do you reflect the population you serve?
5. Do you have language services and bilingual providers and materials in different languages?
6. Does the population you serve have input in setting policies/procedures?
7. Do you collect, share and use your evaluation data for funding purposes?
**Brainstorm-Session**

1. Increase Board knowledge about CLC and agency activities.
2. Increase knowledge of CLAS Standards.
3. Increase workplace diversity.
4. Improve access to language services and bilingual providers.
5. Increase use and sharing of data collected.
6. Increase community, advocate, providers and client involvement in setting policies/procedures.
Practice Cultural Humility

To practice cultural humility is to maintain a willingness to suspend what you know, or what you think you know, about a person based on generalizations about their culture. Rather, what you learn about your clients’ culture stems from being open to what they themselves have determined is their personal expression of their heritage and culture, what is called their personal culture.

https://thesocialworkpractitioner.com/2013/08/19/cultural-humility-part-i-what-is-cultural-humility/
Conclusions

- Learning to be more Culturally and Linguistically Competent is challenging.
- We end with the words of a parent:

  “They have helped, and made a huge impact on my child's life for the better.”
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QUESTIONS?

“She of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

— Dr. Martin Luther King, Jr
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References


