Cultural Competency Toolkit

Dr. June DePonte Sernak

Statewide Diversity Leadership Officer

Center for Family Services

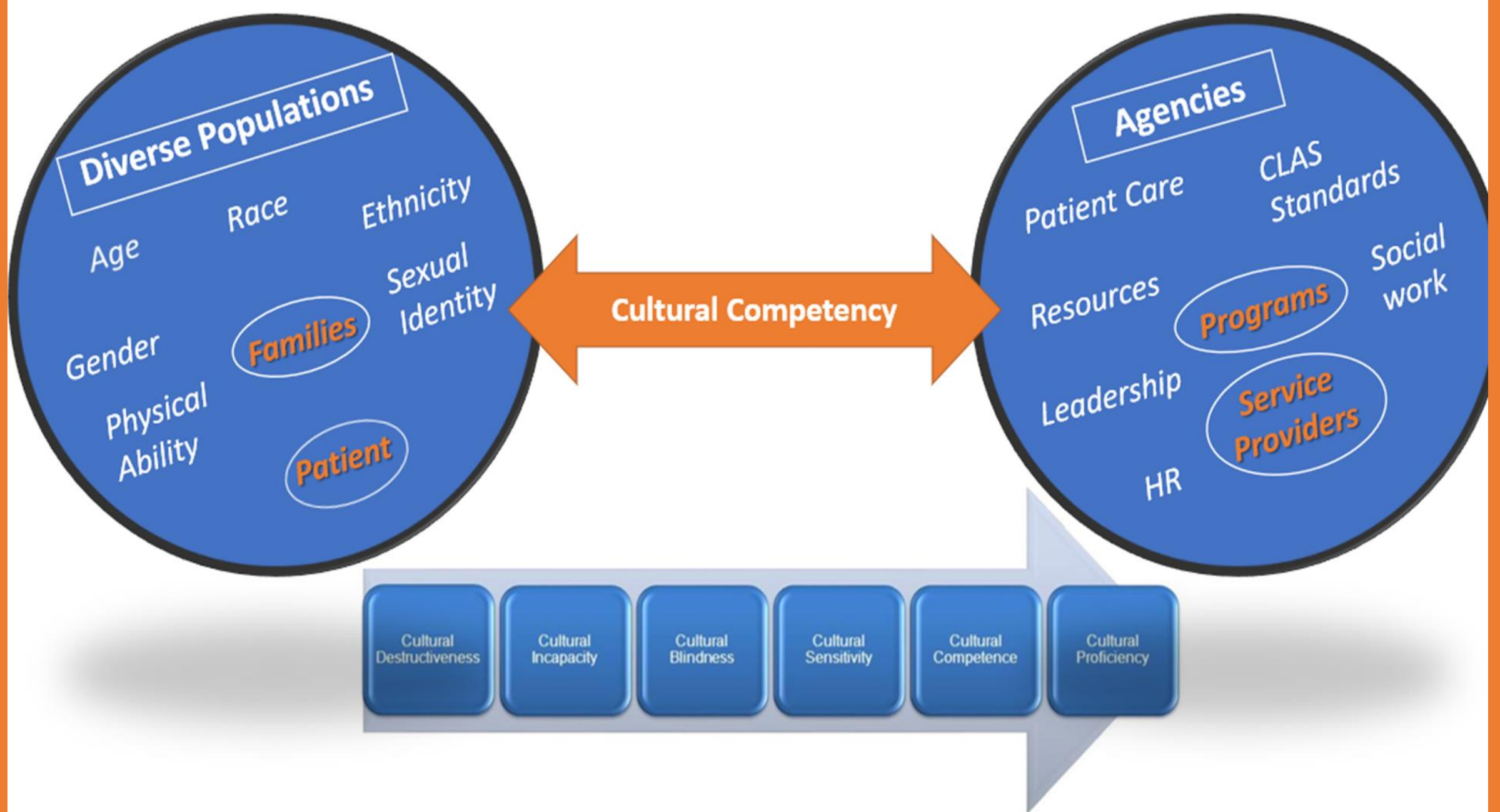# Cultural Competency in Mental Health and Addiction Services

Cultural competency is a critical component of effective mental health care delivery to address diversity and equity issues.

Cultural competency provides advancement to capture process and procedure to gain capacity for diverse patient care, incorporating sociocultural differences and bias to reduce systemic disparities.
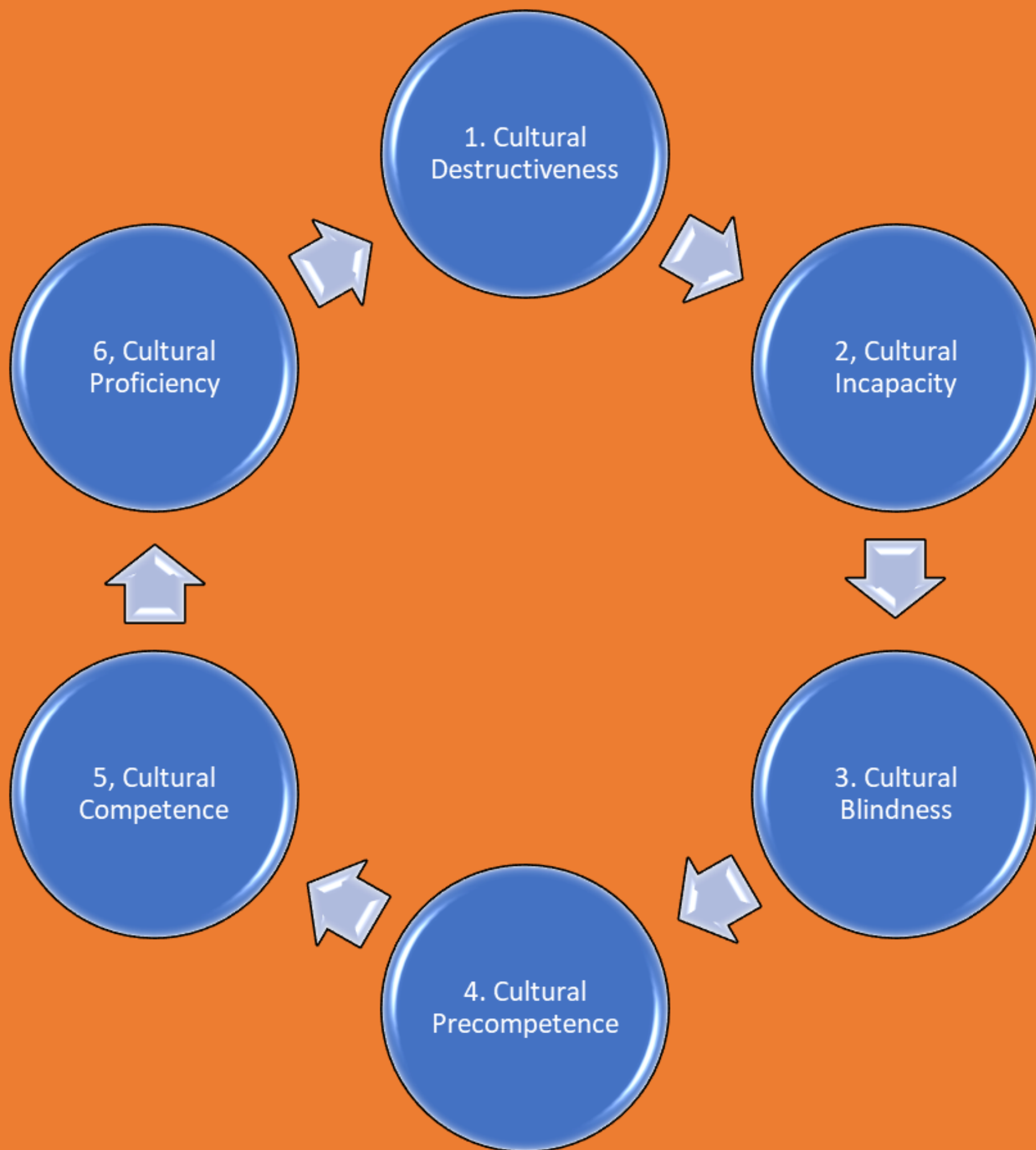
Cultural Competency Metrics

- **Cultural Competency Continuum**
- **CLAS Standards**
- **CC Levels**

Cultural Competency Continuum

Cultural Competency Continuum

1. Cultural Destructiveness

2, Cultural Incapacity

3. Cultural Blindness

4. Cultural Precompetence

5, Cultural Competence

6, Cultural Proficiency

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The Cultural Proficiency Continuum

There are six points along the cultural proficiency continuum that indicate how people see and respond to difference:

- **Cultural Destructiveness**. See the difference, stomp it out. Negating, disparaging, or purging cultures that are different from your own.

- **Cultural Incapacity.** See the difference, make it wrong. Elevating the superiority of your own cultural values and beliefs and suppressing those of cultures that are different from your own.

- **Cultural Blindness**. See the difference, act as if you don't. Acting as if the cultural differences you see do not matter, or not recognizing that there are differences among and between cultures.

- **Cultural Pre-competence**. See the differences, respond inadequately. Recognizing that lack of knowledge, experience, and understanding of other cultures limits your ability to effectively interact with them.

- **Cultural Competence**. See the difference, understand the difference that difference makes. Interacting with other cultural groups in ways that recognize and value their differences.

- **Cultural Proficiency**. See the difference and respond. Honoring the differences among cultures, viewing diversity as a benefit, and interacting knowledgeably and respectfully among a variety of cultural groups.

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Culturally and Linguistically Appropriate Services (CLAS) National Standards

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.

National Standards for Culturally and Linguistically
Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

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.

Cultural Competency Levels

Agencies can review CC at multiple levels in their structure to ensure competency in all facets.

- Macro- Societal Level
- Meso- I Institutional Level
- Meso- P Programmatic Level
- Micro- Individual Clinical Level

Tools for Cultural Competency

- ❑ Regional Technical Assistance Training Session
- ❑ Cultural Competency Agency Assessment
- ❑ Technical Assistance for CC Plan Completion
- ❑ CC Plan Submission and Review
- ❑ CC Strategy Sessions
- ❑ CC Leadership Forum
- ❑ CC Annual Review

Regional Technical Assistance Training Session

- Quarterly Regional TA Sessions
- All agencies encouraged to attend
- Provide framework to complete CC Plans
- Presented by:
  - South & Central Diversity Consultant Lisa Colclough
  - Lisa.Colclough@centerffs.org
  - North Region Diversity Consultant Nye Jones
  - njones@familyconnectionsnj.org
  - Dr. June DePonte Sernak, Statewide Diversity Leadership Officer
  - june.depontesernak@centerffs.org

Cultural Competency Agency Assessment

❑CC Assessment in Survey Monkey (approx. 10-minute completion)

❑Open to all agency staff to participate

❑ Demographic information

❑National CLAS Standard category-based questions

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Technical Assistance for CC Plan Completion
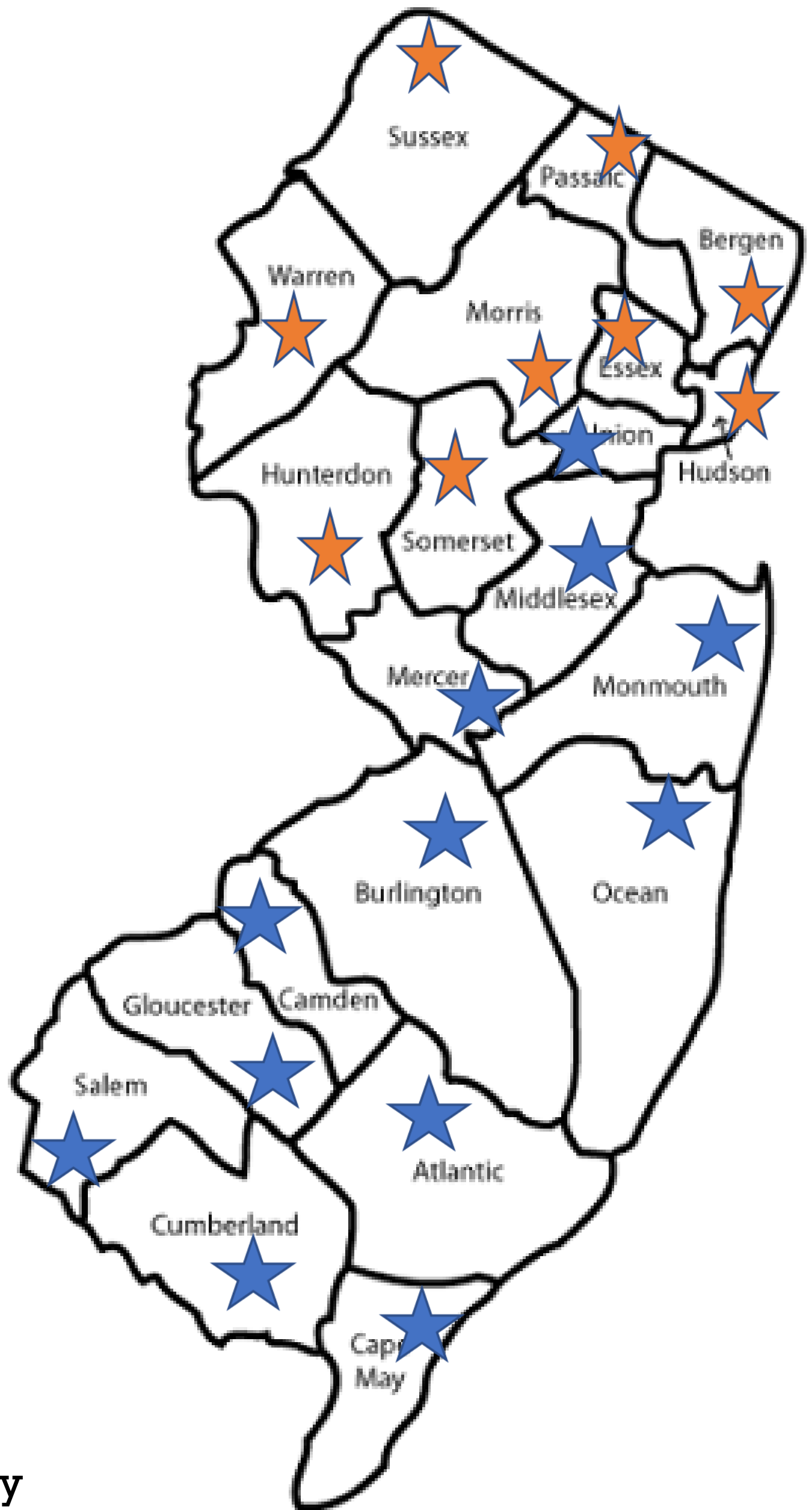
☐ Primary TA contact by county
☐ Set up TA Session
☐ Provide CC Template

★ Central South Region

★ North Region

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CC Plan Submission and Review

☐ Complete CC Plan with goals, benchmarks and contact information

☐ Submit completed plan to:

Dr. June DePonte Sernak, Statewide Diversity Leadership Officer at

june.depontesernak@centerffs.org

☐ CC Plans will be reviewed and follow up scheduled as necessary for clarification purposes

☐ Semi-annual/ Annual review for updates and changes to CC Plan

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Theme 1: Governance, Leadership, and Workforce

Select your organization's stage of implemention for each practice	Currently implementing	Planning to implement	Not planning to implement at this time
1.2a **Identify and designate a CLAS champion or champions**, who are supported by the organization's leadership, and whose specific responsibilities include (at a minimum) continuous learning about, promoting, and identifying and sharing educational resources about CLAS and the National CLAS Standards throughout the organization.	☐	☐	☐
1.2b **Create and implement a formal CLAS implementation plan** that is (at a minimum) endorsed and supported by the organization's leadership, that describes how each Standard is understood, how each Standard will be implemented and assessed, and who in the organization is responsible for overseeing implementation.	☐	☐	☐
1.3a **Target recruitment efforts to the populations served to increase the recruitment of culturally and linguistically diverse individuals**, through actions such as: posting job descriptions in multiple languages in local community media, holding job fairs in the community(ies) served, and/or working with leaders of local community institutions to create mentorship and training programs targeting populations served.	☐	☐	☐
1.3b **Create internal organizational mentorship programs**, specifically targeting culturally and linguistically diverse individuals, that provide information about and support for additional training opportunities, and that links individuals in junior positions with individuals in senior positions to receive career guidance and advice.	☐	☐	☐
1.4a **Deliver or make freely available continuous CLAS-related training and technical assistance** to leadership and all staff.	☐	☐	☐
1.4b **Create and disseminate new resources about CLAS within the organization using widely accessible platforms** (e.g., employee-dedicated webpages, employee Intranet, employee break room).	☐	☐	☐
1.4c **Incorporate assessment of CLAS competencies** (e.g., bilingual communication, cross-cultural communication, cultural and linguistic knowledge) on an ongoing basis into staff performance ratings.	☐	☐	☐

Theme 2: Communication and Language Assistance

Select your organization's stage of implementation for each practice	Currently implementing	Planning to implement	Not planning to implement at this time
2.5a **Complete an organizational assessment specific to language assistance services** to describe existing language assistance services and to determine how they can be more effective and efficient.	☐	☐	☐
2.5b **Standardize procedures for staff members and train staff in those procedures.** It may be appropriate to provide staff with a script to ensure that they inform individuals of the availability of language assistance and to inquire whether they will need to utilize any of the available services.	☐	☐	☐
2.6 **Provide individuals with notification that describes what communication and language assistance is available, in what languages the assistance is available, and to whom they are available.** Notification should clearly state that communication and language assistance is provided by the organization free of charge to individuals.	☐	☐	☐
2.7a **Require that all individuals serving as interpreters complete certification** or other formal assessments of linguistic and health care terminology skills to demonstrate competency.	☐	☐	☐
2.7b **Provide financial and/or human resource (e.g., time off) incentives to staff who complete interpreter training and meet assessment criteria**, to build organizational capacity to provide competent language assistance.	☐	☐	☐
2.8 **Formalize processes for translating materials into languages other than English and for evaluating the quality of these translations.** This may include testing materials with target audiences.	☐	☐	☐

Theme 3: Engagement, Continuous Improvement, and Accountability

Select your organization's stage of implemention for each practice	Currently implementing	Planning to implement	Not planning to implement at this time
3.9 Incorporate CLAS into mission, vision, and/or strategic plans by determining how organization acknowledges and addresses concepts such as diversity, equity, inclusion, and practices such as asking individuals about preferences for care/services.	☐	☐	☐
3.10a Tailor existing evaluation efforts to include measures of CLAS implementation (e.g., patient/client satisfaction measures can include questions about CLAS; outcome data can be stratified by REAL data to determine demographic differences).	☐	☐	☐
3.10b Complete a CLAS-related organizational assessment of the cultural and linguistic needs of populations served and of organizational resources to address these needs.	☐	☐	☐
3.11a Collect race, ethnicity, and language (REAL) data (at a minimum) from all individuals receiving services, either by tailoring existing data collection approaches or creating a new data collection process.	☐	☐	☐
3.11b Use REAL data to identify needs, describe current care and service provision trends, and improve care and service provision.	☐	☐	☐
3.12 Collaborate with stakeholders and community members in community health needs assessment data collection, analysis, and reporting efforts to increase data reliability and validity.	☐	☐	☐
3.13 Include community members in the process of planning programs and developing policies to ensure cultural and linguistic appropriateness by convening town hall meetings, conducting focus groups, and/or creating community advisory groups.	☐	☐	☐
3.14 Consider using staff as cultural brokers to help improve feedback mechanisms, conflict resolution process, and communication with culturally and linguistically diverse individuals.	☐	☐	☐
3.15 Partner with community organizations to lead discussions about the services provided and progress made and to create advisory boards on issues affecting diverse populations and how best to serve and reach them.	☐	☐	☐

CC Strategy Sessions

❑Agency leaders, departments or programs can request training sessions and strategic support

❑Topic areas may include*:

  ❑Unconscious Bias

  ❑Cultural Intelligence

  ❑Team Building and Diversity

  ❑Women in the Workforce

  ❑Generational Diversity

CC Leadership Forum

- ☐ Annual Leadership Conference to share insights and trends with agency leads and representatives
- ☐ Keynote speaker
- ☐ Breakout sessions
- ☐ Networking opportunities
- ☐ *Author corner featuring local authors and resources.

CC Annual Review

- ☐ Scheduled strategy review session with agencies
- ☐ Review goals for CC Plan
- ☐ Update action items
- ☐ Create metrics for each year
- ☐ Provide resources and/or TA sessions for review

Current DMHAS CC Structure

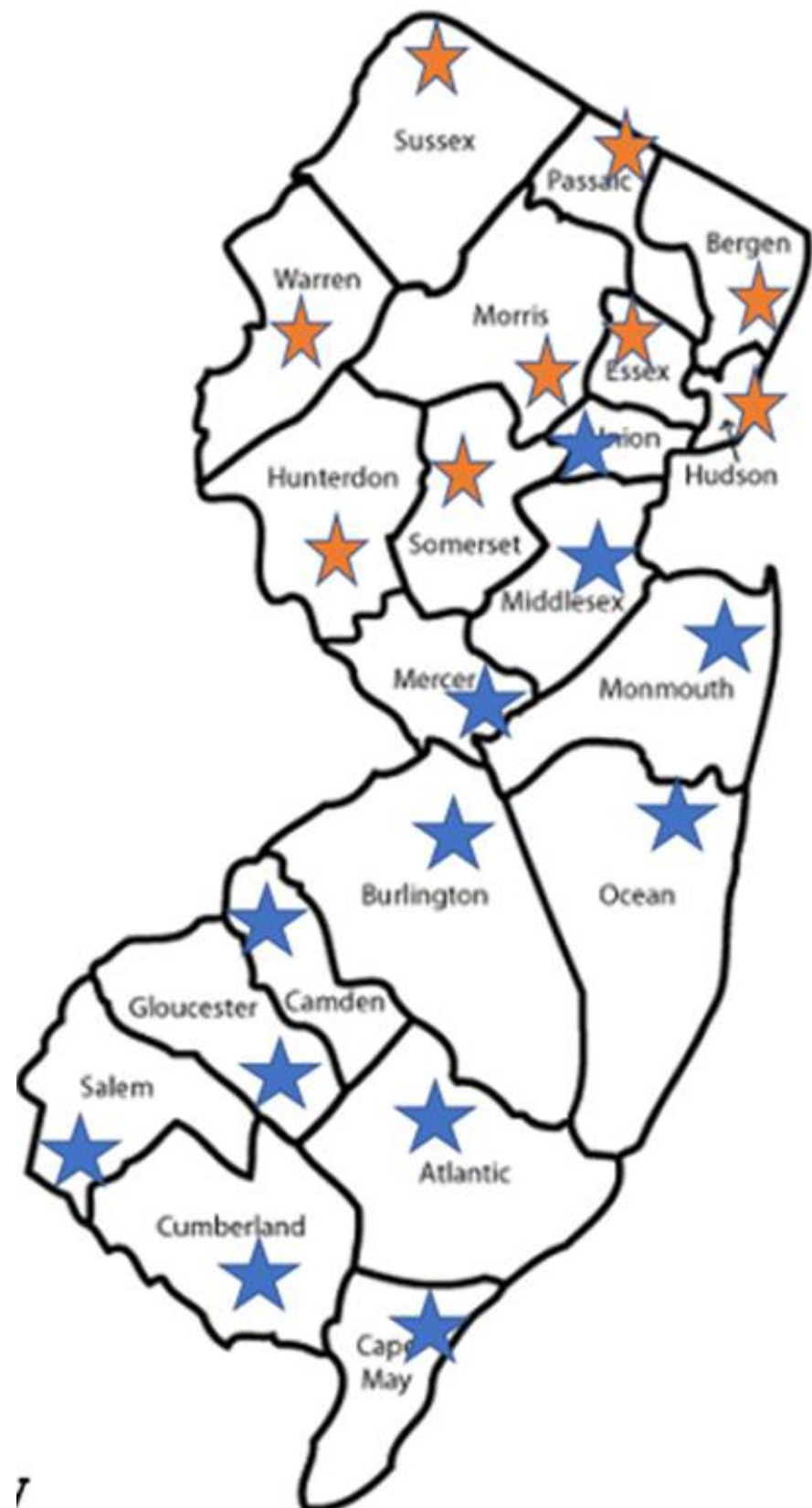Over 200+ Mental Health and Addiction Service Providers Statewide
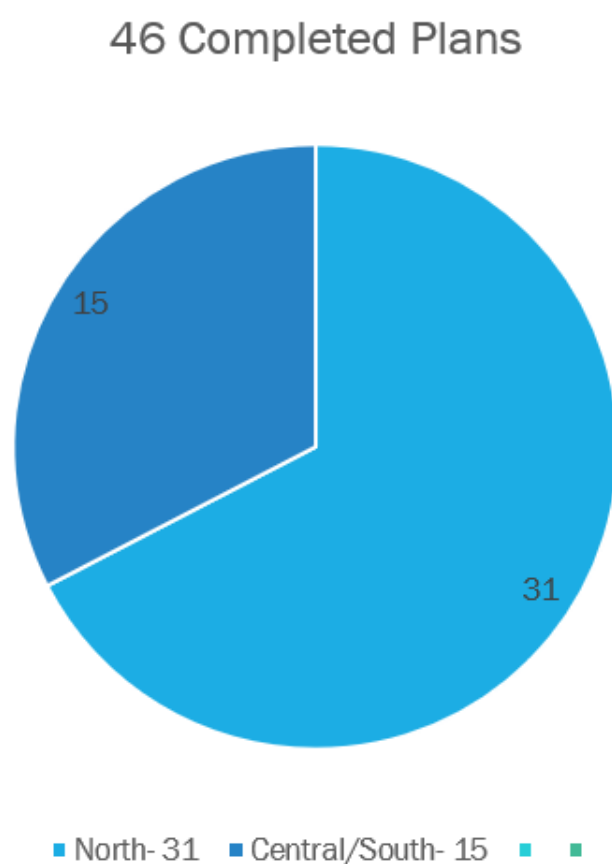
North Region*
Central South Region*

Regional Workshops

Research-based trainings

Yearly conferences

Technical Assistance

★ Central South Region
★ North Region

2020-2021 Completed

46 Completed Plans

15

31

■ North- 31 ■ Central/South- 15 ■   ■

- 30% have followed the template for CC plans and took advantage of Technical Assistance.
- There are approximately 40 agencies that participated in Technical Assistance
- Match with the CLAS Standards with the CC Template with a checklist for a overview.
- 25% have clear goals and timeframes assigned to promote cultural competency consistently in their agencies and align logically with CLAS standards. Each submission is written very differently and requires interpretation as to whether the CLAS standards are fully aligned. Several submitted assessment results or short narratives without SMART goals and objectives.
- There are noticeable differences depending on their areas of service. For example, those with housing included COVID guidelines with their CC Plans.

Cultural Competency SWOT

Strengths

DMHAS Support
Statewide Diversity Consultant Role
Technical Assistance
Multicultural Services Advisory Committee (MSAC)
Analysis and review of existing completed plans

Weaknesses

CRM or Formatted agency list for follow up
Statewide participation
Varied levels on Cultural Competency Continuum

Opportunities

Cultural Competency Toolkit
Regional Trainings
CLAS Standard Metrics
CC Leadership Council

Threats

CC Trends
DEI Initiatives by Agency
Global Systemic Issues
Mindshare/Staffing/Timing

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2021-2022 DMHAS STATEWIDE DIVERSITY CONSULTANT UPDATE

- Creation of Cultural Competency Toolkit

- Multicultural **Services** Advisory Committee (MSAC)
  - Strategic **Planning Review**
  - Training Opportunities
  - Updated Website
  - Volunteerism, Ambassadorship

- Schedule strategy review sessions with agencies

- Regional Training sessions to review CC Toolkit and goals for CC Plans for 2022

- Metrics for CC Plans following Checklist & CLAS Standards

- Quarterly Reporting

UPDATE

Dr. June DePonte Sernak
Statewide Diversity
Leadership Officer

Center for Family Services
june.depontesernak@centerffs.org
1-609-707-4070 (cell)
www.centerffs.org/msac