Aligning with Health Care Reform:
The Role of Cultural Competence at the Program Level

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EFFICIENT PRACTICES. EFFECTIVE CARE.

Talk Outline

- Overview of CC and its system wide applicability

- Discovering the dimensions of program level CC: Three site study

- Instrument development and its structure

- PCCAS: A walk through the assessment instrument

Cultural Competency (CC)

The multi-pronged ability of a health care system to engage and provide high-quality care to clients with diverse values, beliefs and behaviors

CC is a System Wide Intervention

- Organizations
  - policies and procedures

- Programs
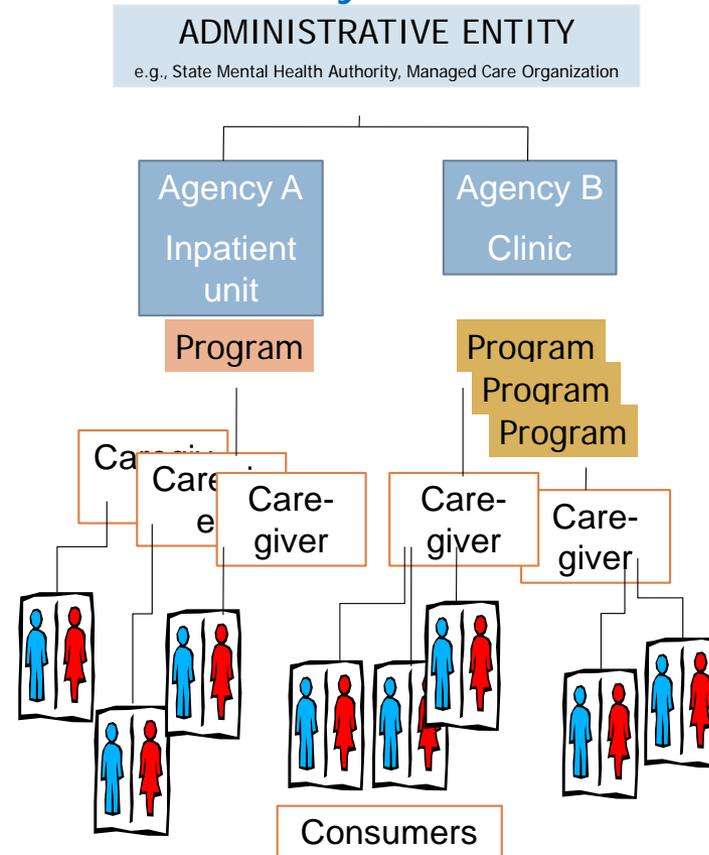 - appropriately adapted services, trained staff and logistic procedures

Caregivers
- personal attitudes (affective domain)
- cultural group knowledge (cognitive domain),
- skills and actions (behavioral domain)

- Consumers
  - cultural activation
  - advocacy

Levels of a Mental Health System

ADMINISTRATIVE ENTITY
e.g., State Mental Health Authority, Managed Care Organization

Agency A
Inpatient unit

Agency B
Clinic

Program

Program
Program
Program

Caregiver
Caregiver
Care-giver
Care-giver
Care-giver

Consumers

Program

A bundle of services provided within a modality of care

- PROS
- Inpatient treatment unit
- Parachute
- Respite

Currency of CC to Health Care Reform

Essential to meeting the triple aims of health care reform

- Improves population health
  - Culturally sensitive approaches to early detection, improves access, stigma reduction
- Elevates the quality of care
  - Culturally appropriate services, language access
- Reduces health care costs
  - Dollars spent in CC activities are offset by benefits of more effective care

CC Operating at Multiple Levels Impacts Outcomes
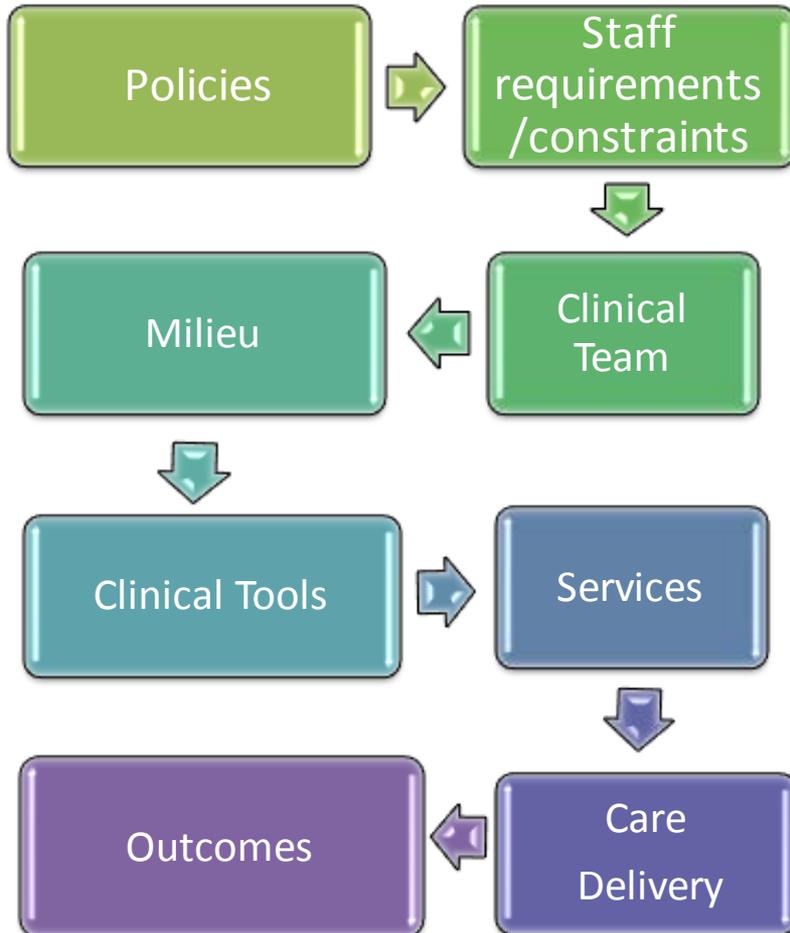
- Organization's CC policies and procedures

- Program's atmosphere, staff, care coordination procedures, training, ...

- Program's tools to promote CC: How to adapt services, stigma reduction, trust building

- Clinician's cultural competency

Poll Question

- Do you think that your programs are infused with the principles of cultural competence?
  - Yes
  - No
  - Not Sure

Discovering the Elements of Program-level CC: Three Site Study of Programs Developed for Cultural Groups

NKI CECC study mounted to:

- Document cultural features of well received programs for cultural groups

- Determine cross-cutting themes of 'cultural responsiveness'
  - Basis for elements of program-level assessment instrument

Three Site Study: Cultural Elements in Community Defined Evidence-Based Programs

- PASS: Youth of Color Empowerment Program
  - CCSI, Rochester, NY

- Chinese Day Treatment Program
  - Hamilton Madison House, NYC

- Latino Inpatient Unit
  - Bellevue, NYC

Evidence-Based

- **Evidence-Based Program**
  - has established evidence of its effectiveness from multiple controlled trials or quasi-experimental research studies

- **Community Defined Evidence-Based Program (promising, grass-roots developed)**
  - has evidence of its effectiveness from either non-research based evaluations, small research studies, or from community based support, longevity and endorsement

PASS

Prevention, Access, Self-empowerment and Support
Lenora Reid-Rose, MBA; Neville Morris, MBA; Ethel Chambers, MSW, RN

- *Population: 13 - 17 year olds with behavioral and emotional challenges and their family members*
- *Goal: to improve youth psychosocial, educational, and community outcomes and family interactions*
- *Setting: Comfortable hotels*

- **Observed cultural highlights**
  - Establishes a safe, neutral, culturally welcoming environment
  - Establishes trust
  - Utilizes but improves communication styles of youth and families
  - Uses adult and peer role mentors

Bellevue Latino Treatment Program
Antonio Abad, MD; Annika Sweetland, MSW, MPH

- *Population: Adult Latino inpatients*
- *Setting: 19-bed psychiatric inpatient unit at Bellevue Hospital Center, the largest public hospital in New York City (NYC)*
- *Goal: To reduce inpatient stay; to foster appropriate community supports*

- **Observed cultural highlights**
  - Bilingual and bicultural staff
  - Peer counselor who is a professional Latina
  - Unit acts as family and involves family
    - *Familismo* on the Unit
    - Community meetings
  - Modified treatment modalities

Hamilton-Madison House (HMH) Behavioral Health Services: Continuing Day Treatment Program
Peter Yee, MSW; Pei-Chen Hsu, Ph.D.

- *Population: Outpatients who are Chinese*
- *Setting: Agency that provides clinical and support services to the Asian population in New York City*
- *Goal: To provide social opportunities and support community living*

- **Observed cultural highlights**
  - Language accommodation
  - Establishes trust and shows respect for traditional social roles
  - Family involvement
  - Shame and stigma reduction

Common Elements/Domains of Cultural Responsiveness

- Engagement
  - Culturally friendly milieu
  - Language/communication accommodations
  - Passionate/compassionate bilingual/bicultural staff
  - Conscious efforts at trust building and stigma reduction
  - New/modified/flexibly delivered services
- Family/Community Involvement
  - Peers from cultural groups engaged in programs
  - Family involvement
  - Community involvement

Please chat in!
Which of these elements are infused in your programs?

How Were the PCCAS Instrument Items Selected?

- Began with three site study elements
- Presented at stakeholder committee meetings
    - Items reviewed and scaling categories developed
    - Final items selected based on criteria of expected reliability and feasibility of collecting data
  - Final instrument: 14 items
    - Scoring based on increasing levels of achievement in each criterion
    - Stakeholder groups developed levels of achievement

Why Do An Assessment?

It can serve as a roadmap to the achievement of cultural competency

- Identifies cultural strengths and assets of the program

- Determines areas of progress and those in need of improvement....creation of an action plan

- Informs training interventions and staff development activities

Please chat in!

- Are you currently using any assessments to evaluate cultural competency within programs?

- If so, which ones?

THE NKI PROGRAM-LEVEL CULTURAL COMPETENCY ASSESSMENT SCALE (PCCAS)

Cultural Competency Criterion	Domain
1. Cultural Assessment of Consumer	Engagement
2. Engagement: Language Capacity	
3. Engagement: Communication Styles	
4. Engagement: Trust Building	
5. Engagement: Culturally Framed Stigma Reduction	
6. Culturally Friendly Service Delivery Environment	
7. Culturally Modified or New Services	
8. Involvement of Consumer Peers from Cultural Groups	Family/Community Involvement
9. Family Service Involvement	
10. Community Resources	
11. Satisfaction with Program	Outcomes
12. Service Delivery Outcomes	
13. Recovery Outcomes	
14. Program Outreach	Access

CRITERION 1: CULTURAL ASSESSMENT OF CONSUMER

Detailed cultural assessment in addition to age, gender and race/ethnicity

Rationale:
Provides a view of beliefs, values and world views of the consumer that can be used to improve diagnosing and the therapeutic alliance of staff with cultural groups

CRITERION 2: ENGAGEMENT: SPOKEN LANGUAGE CAPACITY

Procedures and staff to facilitate working with consumers/families with limited English proficiency or with consumers who are Deaf

Rationale:
The therapeutic encounter will be enhanced if staff can communicate with consumers/families in their preferred language

CRITERION 3: ENGAGEMENT: COMMUNICATION STYLES

All levels of program staff communicate with persons from cultural groups in ways that are respectful to them

Rationale:

Barriers between staff and consumer are reduced when modes of communication are respectful, acceptable and familiar to the consumer

CRITERION 4: ENGAGEMENT: TRUST BUILDING

Intentionally and actively works to build and maintain the trust of consumers and family members from cultural groups

Rationale:
Retention and engagement in the program is likely to increase if consumers feel their personal information is held confidential, and that staff care about them by being responsive to their values and preferences

CRITERION 5: ENGAGEMENT: CULTURALLY FRAMED STIGMA REDUCTION

Intentionally conducts activities to reduce stigma of mental illness as experienced by a cultural group

Rationale:

Stigma can impede engagement in services. Persons from cultural groups often delay seeking treatment or drop out of services because of the cultural group's views of mental illness

CRITERION 6: ENGAGEMENT: CULTURALLY FRIENDLY SERVICE DELIVERY ENVIRONMENT

Program is conducted in physical spaces that are made appealing and familiar to the cultural groups served

Rationale:

Features of surroundings that are familiar, welcoming to families and celebratory of cultural group enhance consumer and family feelings of comfort and a sense of connectedness while participating in the program

CRITERION 7: CULTURALLY MODIFIED OR NEW SERVICES

Strategies for making their services responsive to values and preferences of persons from cultural groups with the aim of improving their effectiveness

Rationale:

Services need to be reviewed and modified for applicability and their responsiveness to values and preferences of the cultural group

CRITERION 8: INCLUSION IN PROGRAM OF STAFF FROM CULTURAL GROUPS WHO HAVE MENTAL HEALTH EXPERIENCES

Both paid and volunteers, who have mental health experience and are from the cultural groups served by the program are included

Rationale:
Can facilitate engagement of cultural clients in the program by enhancing consumer trust in the program and providing role models of recovery

CRITERION 9: FAMILY MEMBER INVOLVEMENT

Engages persons that are identified by the consumer from their family including from social networks to take part in care planning and providing ongoing supports

Rationale:

Family and social networks can play a large role in the lives of members of cultural groups

CRITERION 10: COMMUNITY RESOURCES

Identifies and promotes community resources acceptable and responsive to cultural values and preferences of consumers to enhance health outcomes

Rationale:

Connecting consumers from cultural groups to these community assets can provide additional support for personal recovery

CRITERION 11: SATISFACTION WITH PROGRAM

Conducts activities to measure consumer and family member satisfaction with the services provided

Rationale:

Improvement for cultural groups needs to be based on consumer and family member appraisals of the program

CRITERION 12: SERVICE DELIVERY OUTCOMES

Examines disparities in service delivery outcomes related to engagement and retention in the program

Rationale:

Consumers from cultural groups may have particular difficulties in engagement into and retention in services. Differences in service delivery measures on engagement and retention could reflect these difficulties which need to be identified

CRITERION 13: RECOVERY OUTCOMES

Examines disparities in service process outcomes and identifies and monitors recovery outcomes that are desired by consumers from cultural groups

Rationale:

Recovery outcomes for cultural groups may differ from those of clinically comparable consumers from other groups because of different beliefs, relationships, tools and resources to achieve goals. These need to be identified and monitored by the program

CRITERION 14: PROGRAM OUTREACH

Identifies cultural groups in the community/service area who underutilize services and might benefit from the program, and conducts outreach to increase their access

Rationale:
To increase the enrollment of cultural groups into programs that might be of benefit to them, outreach efforts should be undertaken that include identifying these groups and informing them about what the program can offer

IN SUMMARY

- PCCAS provides a road map for an action plan of CC

- It can be flexibly used and should be repeated over time
    - The groups you see today will not necessarily be the ones you see tomorrow

- It leads to quality improvement
    - As we move to a value based system, it's incumbent upon us to improve services for the people we serve

Please chat in!

- Which domain can you start focusing on right away to begin incorporating principles of cultural competency within your programs?

Resources

- Siegel C; Haugland G; Reid-Rose L; Hopper K. Components of cultural competence in three mental health programs. Psychiatric Services. 2011;62(6): 626-631

- Copies of the PCCAS and other CC materials available on the NKI Center of Excellence website:

http://cecc.rfmh.org

CEU Information

- All attendees will receive an email after the webinar on how to access the webpage to apply for the CEU through the NYU Silver School of Social Work.

- To get your 1 CEU credit for attending this webinar:
  - You will receive an email after the webinar with a link to register with the Silver School
  - There is a nominal $15 processing fee to process the CEU through the School
  - You will need to complete a brief knowledge test
  - You will then receive your certificate within 10 business days

Questions

Next Lunch and Learn Webinar!

Race and Trauma: Race-based Traumatic Stress and Psychological Injury

Presenter: Robert T. Carter, Ph.D.

May 28, 2015

12:00pm-1:30pm

Racism has severe psychological and emotional effects on people of color, impacting their daily lives and experiences with mental health services. During this webinar, Dr. Robert T. Carter will discuss race-based traumatic stress, ways of working with participants who have experienced racism, and implications for the assessment of trauma beyond the DSM-5.

Thank you for participating with us today!

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