

Date: July 17th, 2001

TO: Chair Diane Linn, Jim Gaynor and Peter Davidson

FROM: Cultural Competency Planning Committee

RE: Recommendations for establishing culturally competent Crisis Services: The Gap Plan

We are pleased to provide you with a report outlining recommendations for developing culturally competent crisis services in Multnomah County. As you know, our committee was charged with the task of creating a method of incorporating Cultural Competency Standards into all current and future contract language, including contracts related to the Gap Plan. The committee would also like to recognize that allowing sufficient time to thoroughly and thoughtfully address Cultural issues, will result in a successful Mental Health integrated system. As such, this document provides a Position Statement that has four sections:

- ★ Background
- ★ Definition of Cultural Competence
- ★ Principles
- ★ Summary Matrix: Principles, Issues, and Recommendations for Developing Culturally Competent Crisis Services: The Gap Plan

We look forward to your response and working together to identify ways in which we can be helpful in the adaptation of the plan.

Sincerely,

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CULTURAL COMPETENCY FOR CRISIS SERVICES: POSITION STATEMENT

BACKGROUND

In the beginning the work of implementing the re-design of mental health services in Multnomah County, the issue of diversity and cultural competent services was raised by members of the Coordinating Council and the public. This process places the county in a unique position to address the gap in the culturally competent services for clients in Verity. The closing of the Crisis Triage Center (CTC) and the development of the Gap Plan provide us with the first opportunity to address the issues of diversity and culturally competent services. This challenge raises a number of complex issues that have policy, clinical and professional implications. The Cultural Competency Planning Committee has met and identified a set of Guiding Principles to be used in the development of a plan for addressing the need for culturally sensitive crisis services. Additionally, we have identified and categorized seven key issues that are present in this community. Before we can offer recommendations, we feel it is imperative to identify current as well as historical issues that impact the ability of our community to deliver quality, culturally competent crisis services. These issues reflect the observations and experiences of members of the committee and may not be relevant to other counties. Lastly, we offer recommendations for each of these issues.

For your information, this report contains the following elements:

- Definition of Cultural Competence
- Guiding Principles
- Matrix outlining Summary of Principles, Issues and Recommendations for Developing Culturally Competent Crisis Services: The Gap Plan

DEFINITION OF CULTURAL COMPETENCE

We support the definition of cultural competence as put forth in the recent Substance Abuse and Mental Health Services Administration (SAMSHA) Report entitled *Cultural Competence Standards in Managed Mental Health Care Services: Four Underserved/Underrepresented Racial/Ethnic Groups*. In this report, "Cultural Competence" refers to "...attaining the knowledge, skills, and attitudes to enable administrators and practitioners within systems of care to provide effective care for diverse populations, i.e. to work within the person's values and reality conditions. Recovery and rehabilitation are more likely to occur where managed care systems, services, and providers have and utilize knowledge and skills that are culturally compatible with the backgrounds of consumers from the four underserved/underrepresented racial/ethnic groups, their families, and communities." The racial/ethnic groups are African American, Asian Pacific Islanders, Latinos, Native Americans and Eastern European speaking languages.

PRINCIPLES

In order to begin addressing the Issues and develop Culturally Competent Crisis Services (The Gap), we wish to anchor our recommendations in a set of guiding principles considered essential for the development of culturally competent services. These principles also come from the SAMSHA report. We recommend using these principles like a checklist to assess program fidelity to the notion of culturally competent services.

I. PRINCIPLE OF CULTURAL COMPETENCE (Cultural competence acknowledges and incorporates variance in normative acceptable behaviors, beliefs, and values in: 1) determining and individual's mental wellness/illness and 2) incorporation of those variables into assessment and treatment.).

II. PRINCIPLE OF CONSUMER-DRIVEN SYSTEM OF CARE (encourage self-help and promotes consumer and family involvement)

III PRINCIPLE OF COMMUNITY-BASED SYSTEM OF CARE (continuum of care which includes valued community resources from minority culture, early intervention and preventive efforts and treatment in the least restrictive environment)

IV. PRINCIPLE OF MANAGED CARE (systems acknowledge the importance of added-value inclusion of ethnic/cultural groups as treatment partners in the delivery of effective, quality services)

V. PRINCIPLE OF NATURAL SUPPORTS (traditional healing practices are used when relevant and family is defined broadly and included in service planning)

VI. PRINCIPLE OF SOVEREIGN NATION STATUS (systems of care for Native Americans shall acknowledge the right of sovereign nations to participate in defining culturally competent managed care)

VII. PRINCIPLE OF COLLABORATION AND EMPOWERMENT (consumers/families collaborate with managed care systems and determine the course of treatment)

VIII. PRINCIPAL OF HOLISM (providers recognize and value holistic approaches)

IX. PRINCIPLE OF FEEDBACK (services are open for legitimate opportunities for feedback and exchange)

X. PRINCIPLE OF ACCESS (services are geographically, psychologically, and culturally accessible)

XI. PRINCIPLE OF UNIVERSAL COVERAGE (access to crisis care is not contingent on income)

XII. PRINCIPLE OF INTEGRATION (integration of physical and mental health services)

XIII. PRINCIPLE OF QUALITY (emphasize culturally competent quality services)

XIV. PRINCIPLE OF DATA DRIVEN SYSTEMS (decision-making is based on data - prevalence, incidence, service utilization and other measures of utilization)

XV. PRINCIPLE OF OUTCOMES (measure actual outcomes - satisfaction - for client and family)

XVI. PRINCIPLE OF PREVENTION (education programs on mental illness, risk factors, and early identification)

SUMMARY OF PRINCIPLES, ISSUES AND RECOMMENDATIONS FOR DEVELOPING CULTURALLY COMPETENT CRISIS SERVICES: THE "GAP PLAN"			
ISSUES	RECOMMENDATIONS		PERFORMANCE INDICATORS
1) <i>Philosophy</i> - current crisis system modeled on dominant majority perspective (e.g., individualistic, medication oriented, limited family involvement)	→ Create (free standing) Cultural Competence Crisis Advisory Committee consisting of representatives from ethnic service providers agencies, families, and consumers → same as above → To include representatives from racial/ethnic communities in design process		
2) <i>Policy Making and Decision Making</i> - majority of culturally specific service providers have not been consulted or included in the implementation of the policy /program development of the new Crisis System even though decisions will directly impact communities of color. <ul style="list-style-type: none"> • results in feelings of marginalization • Results in poor integration of services with established providers, lack of trust that providers will be able to help clients appropriately. 	→ expand 1-2 current sites to other locations in N and W Portland → support (financially) ethnic service providers in having in-house crisis services as appropriate → use specific service providers for clinical consultation, case management and when needed clinical assessments and interventions for those times when clients present at other sites		
3) <i>Client Demographics</i> - 3 proposed Crisis sites are not geographically located in sites that reflect population shift for communities of color. There is lack of trust in the "3" clinic's. Can they appropriately handle linguistic and cultural differences? Are the hour's of operation realistic for communities of color to access?	→ encourage hiring and promotion of personnel from within specific ethnic community → mandate ongoing training for all crisis workers		
4) <i>Personnel</i> - current job descriptions, hiring practices, training and pay do not reflect true picture of qualifications/skills needed for delivering culturally specific services – specifically with interpreter/ linguistic skills	→ need to allocate resources (fund s & personnel) to create and maintain current list of ethnic specific providers; also work with media (radio, TV and newspaper) to educate public on variety of ethnic service providers/agencies		
5) <i>Public Relations</i> - existing resource manuals often omit the wide list of community based ethnic/diverse service providers/agencies making it difficult for crisis workers (e.g., police) to appropriately triage or refer.			

SUMMARY OF PRINCIPLES, ISSUES AND RECOMMENDATIONS FOR DEVELOPING CULTURALLY COMPETENT CRISIS SERVICES: THE "GAP PLAN"		
Access to care involves the elimination of barriers. Barriers that are within perception of the persons we are serving. Language, cultural understanding, trust and respect. Feedback is necessary to assure quality and continuum of care.	Demonstrates the need for a culturally specific advisory board of community providers and consumers.	
6) <i>Services</i> - crisis services cannot continue to be delivered solely in traditional mainstream fashion where minimal consideration is given to gender/ethnic specific differences in crisis situations, health status, alternative expressions of care and support, extended family connections, natural support systems and efforts at prevention. Culturally impacted groups are best to identify the natural supports that would support best practices within their communities.	→ hiring and support of local ethnic counselors → require and upgrade culturally competency training of new and continuing employees → involve community of ethnic service providers as consultants and as collaborators in service planning → implement evaluation measures of effectiveness that are monitored by Advisory Committee new and continuing employees → involve community of ethnic service providers as consultants and as collaborators in service planning → implement evaluation measures of effectiveness that are monitored by Advisory Committee	
7) <i>Financial Resources</i> - proposed funding arrangements has potential to squeeze out the flexibility of local ethnic specific providers ability to provide tailored crisis response arrangements to their clients or new consumers; providers need to have the flexibility to coordinate crisis management services in order to keep families in their own communities.	→ county or new contracting entity provide set aside special funds (i.e., Diversion Funds) that can be flexibly accessed by ethnic service providers to provide individualized crisis services for existing or new clients PRN → Building capacity of ethnic community providers. → Building interface between established acute care providers	
8) Individuals with Disabilities – Visual and Hearing impairments including blindness and deafness Autism, DD & Mental Retardation Speech and language impairment Illiteracy Physical impairment Medical impairment and medical disability	forms in Braille, assistance with documentation sign language, understanding of deaf cultural and PCP coordination. Understanding or social interactions and communication barriers. PCP & DD service coordination. Need family involvement understanding and accommodation of communication barriers, stuttering, impaired articulation. Waiting room sensitivity and accommodation	