

Implementation of an Organizational Cultural Competence Assessment

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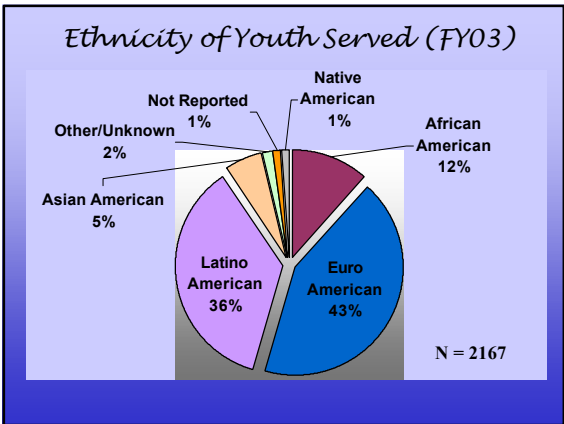
Purpose

- ❖ To share the experiences of a large community-based mental health agency in the implementation of a organizational cultural competence assessment.

Introduction



EMQ Profile

- ❖ 135 Years of History (1867)
- ❖ 670 Employees (not including volunteers, interns, registry, etc.)
- ❖ Service Areas:
 - Santa Clara County
 - 1772 youth/families served FY03
 - Sacramento County
 - 199 youth/families served FY03
 - San Bernardino County
 - 19 youth/families served first five months
 - Foster Family Services
 - Solano, Contra Costa, Los Banos, Alameda, Sacramento, Santa Clara
 - 232 youth/families served FY03

EMQ Continuum of Services

- ❖ Addiction Prevention
- ❖ Foster Family
- ❖ Outpatient
- ❖ Specialized Child Sexual Abuse Treatment (outpatient)
- ❖ System of Care
- ❖ School-Based Day Treatment
- ❖ Residential
- ❖ Wraparound (Santa Clara, 1994; Sacramento, 1999; San Bernardino, 2003)
- ❖ Crisis Mobile Team

EMQ Mission Statement

To work with children and their families to transform their lives, build emotional, social, and familial well-being and to transform the systems that serve them.

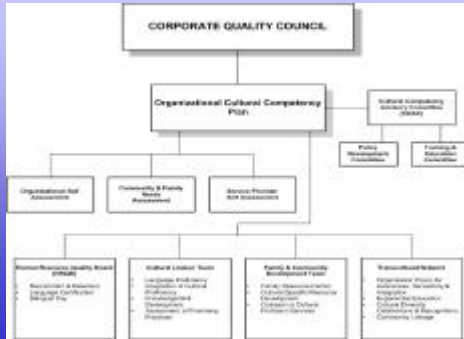


Cultural Competence Activities

- ❖ Budget
- ❖ Diversity Fair
- ❖ Transcultural Network
 - Monthly Informal Events/Discussions
- ❖ Cultural Competence Action Committee (CCAC)
 - Charter in March 2003
 - Composed of senior management, mid-level management, clinical staff, support staff, & Family Partners
 - All counties represented via polycom
 - Weekly meetings



CCAC Organizational Chart



Cultural Competence Dimensions

(Cross, Bazron, Dennis, & Isaccs, 1989)

- ❖ Attitude
- ❖ Practice
- ❖ Policy
- ❖ Structure

Organizational Cultural Competence Continuum

(Cross, Bazron, Dennis, & Isaccs, 1989)


- ❖ **Culturally Destructive**- Actively participate in purposeful attacks on another culture, and dehumanize individuals from different racial and ethnic group.
- ❖ **Cultural Incapacity**- Do not intentionally seek to be culturally destructive, but have no capacity to help individuals from different cultures.
- ❖ **Culturally Blind**- Believe that color or culture makes no difference and that if the system works, all people regardless of color or culture will be served with equal effectiveness.
- ❖ **Culturally Pre-Competent**- Acknowledge weakness in serving some communities and attempt to improve some aspects of services to specific groups.

Organizational Cultural Competence Continuum

(Cross, et. al, 1989)


- ❖ **Culturally Competent**- Accept and respect differences among and within different groups; continually assess policies and practices about cultural knowledge and resources; adapt service models in order to better meet the needs of different cultural groups.
- ❖ **Culturally Proficient**- Conduct original research, develop new therapeutic approaches based on culture and disseminate information to enhance the knowledge base of culturally competent practices; advocate for cultural competence throughout the systems and for improved relations between cultures.

Assessment Process




Pre-Assessment

- ❖ Pilot
 - ❖ Weigh pros and cons of changing the questionnaire
 - ❖ Modified original tool from all items likert scale to some likert ratings and mostly "Yes/No/I Don't Know" responses
- ❖ Meeting with different groups on multiple occasions
- ❖ Communication Rule of Thumb: Minimum of 3 different means (phone calls, email, letters)



Multiple Phases and Perspectives

- ❖ **Phase 1**
 - Direct employees self-assessment
 - July 2003- One week data gathering period
- ❖ **Phase 2**
 - Consumers
 - September 2003- Two week data gathering period
 - Staff provided questionnaire and self-addressed stamped envelope
- ❖ **Phase 3**
 - Board of Directors, Foster Families



Cultural Competence Self-Assessment Tool


- ❖ Cultural Competence Self-Assessment Questionnaire
 - Mason, J.L. (1995)
 - Research and Training Center on Family Support and Children's Mental Health, Regional Institute for Human Services, Portland State University
 - Administration and Service Versions
 - 6 Subscales:
 - Knowledge of communities
 - Personal Involvement
 - Resources and Linkages
 - Staffing
 - Organizational Policy and Procedures
 - Reaching Out to Communities
 - 20-30 minutes to complete

Cultural Competence Assessment Tool- Consumer

- ❖ Revised Client-Rated Cultural Competence Inventory (CCCI)
 - Developed through focus groups and interviews with families of youth receiving mental health services
 - Contact Info: Sarah Hudson, DrPH, Assistant Professor of Psychiatry, Pediatrics and Health Services Administration, University of Pittsburgh
 - Email: schollesh@msx.upmc.edu

Phase 1: Self-Assessment

- ❖ Participants
 - Executive, Administrative/Support, and Clinical Staff
 - 64% from Santa Clara County
 - 92% from Sacramento County
 - 100% from San Bernardino County
- ❖ Method
 - Supervisor to staff
 - One CCAC member as a contact for each program
 - Spanish and English version
 - Option: Complete as a group or individually
 - Process to debrief and provide feedback
 - CCAC and Programs
 - Questionnaires returned directly to the Outcomes & Evaluations Dept.



Phase 2: Families

- ❖ Participants
 - 19% return rate
- ❖ Method
 - Spanish and English versions available
 - Programs distributed questionnaires to families
 - Optional staff assistance
 - Self-addressed stamped envelope to return directly to the Outcomes & Evaluations Dept.
 - Raffle to encourage family participation



Phase 1: Self-Assessment Process Results

- General feedback from staff
- ❖ Questions were too general
 - ❖ Length of the measure
 - Too short; Too long
 - ❖ Compared our data to the original author's factor structure
 - Similar factor structure
 - ❖ Ability to analyze data by *STAFF POSITION* and/or *COUNTY*



Phase 2: Families' Assessment Process Results

- ❖ Staff were supportive of process
- ❖ Encouraged staff to administer "as many questionnaires as possible"
 - Minimum of 10% per program
- ❖ Return rate approx. 19%
 - Goal- 25-30%
- ❖ Compared our data to the original author's data
- ❖ Ability to analyze data by:
 - PROGRAM
 - COUNTY
 - Assistance by staff influenced decision responses



Lessons Learned

Critical Factors & Lessons Learned

- ❖ Reframe "Resistance" to stages of change
- ❖ Consistent communication from CCAC members
- ❖ Continually clarify purpose of the assessment
- ❖ Sponsorship from all levels
- ❖ Empowering Supervisors- Providing them with answers to address staff concerns
- ❖ Communicate results to all levels
 - Reports; Meetings; Intranet



Assessment Implications and Plan

- ❖ Training
- ❖ Bilingual Compensation
- ❖ Develop other chartered committees
 - Cultural Competence Liaison Committee
- ❖ On-going evaluation
- ❖ Tie cultural competence to clinical outcomes

