# Serving Everyone at the Table

## Strategies for Enhancing the Availability of Culturally Competent Mental Health Service

**Making Children's Mental Health Services Successful**

**Summer 2009**


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# 1

## Introduction

This monograph aims to increase awareness of the impact of culture on the availability of mental health services with the goal of improving services for culturally/racially diverse families in ways that reduce mental health disparities (Hernandez, Nesman, Isaacs, Callejas, & Mowery, 2006; Huang, 2002). The concept of availability is presented using the metaphor of *serving everyone at the table* which necessitates knowledge of everyone's preferences and the ability to respond to those tastes.

The monograph identifies strategies to increase availability as part of a broader conceptual model that addresses the community context in which services are delivered, the characteristics of populations served, and the overall organizational infrastructure through which services are delivered. Availability strategies were identified through interviews conducted with personnel from 12 organizations that met criteria for providing culturally competent services and supports for racially/ethnically diverse children and families. The monograph is part of a series outlining successful strategies for increasing access, availability, and utilization of services at the organizational and direct service levels.

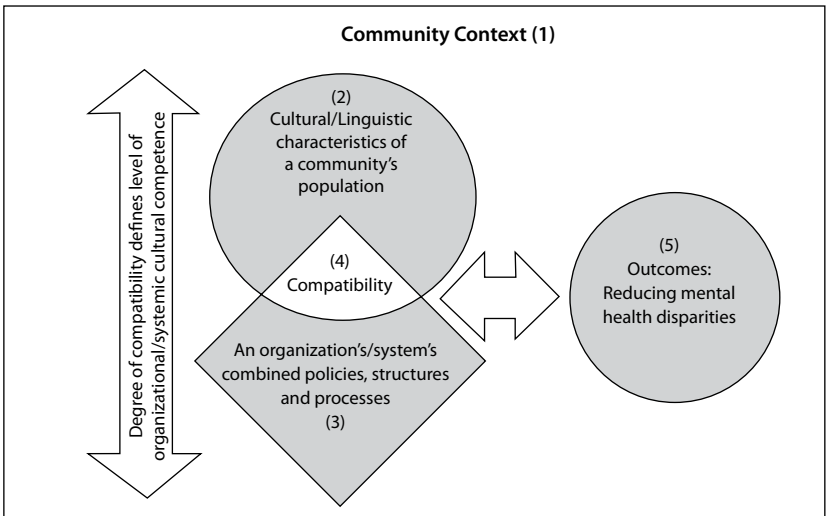
The findings presented in this monograph were derived as part of a larger study (Research and Training Center for Children's Mental Health, 2004), which focused on identifying organizational practices that provide applied examples for operationalizing cultural competence and implementing such practices to improve availability of services and reduce mental health disparities. For the larger study, a review of child and family mental health research literature was conducted, which identified strategies that have been used successfully to increase access, availability, and utilization of mental health services by diverse children and their families (Hernandez, et al., 2006). A review of cultural competence assessment measures was also conducted to determine: (1) how results of such measures have been used to improve services; (2) the effectiveness of existing protocols used to measure cultural competence; and (3) whether cultural competence does indeed lead to improved mental health outcomes for ethnically and racially diverse populations (Harper, Hernandez, Nesman, Mowery, Worthington, & Isaacs, 2006).

**The purpose** of this monograph is to increase awareness of the impact of culture on the availability of mental health services with the goal of improving services for culturally/racially diverse families in ways that reduce mental health disparities.

## Conceptualizing Cultural Competence

Following completion of the literature and protocol assessment reviews, a cultural competence model designed to identify important domains related to cultural competence was developed (Hernandez & Nesman, 2006; Hernandez, Nesman, Mowery, Acevedo-Polakovich, & Callejas, in press). Figures 1 and 2 provide illustrations of this model and its various components. Figure 1 illustrates the relationships between a community's populations, organizational structures, direct services processes, and the overall community context. The box labeled community context (1) highlights the notion that mental health organizations and systems function within larger community, state, and national contexts that affect their efforts to serve local populations. Next, the model points out the important role of a *target population's cultural and linguistic characteristics* by showing its relationship to the organization and to compatibility (2). In this case, characteristics of the community include the influence of culture, ethnicity, race, socioeconomic status, and other social factors on help-seeking behavior and the ways in which different populations interact with organizations and systems. Figure 1 also highlights the importance of an *organization or system's combined policies, structures, and processes* (3). These characteristics of the organization influence the ways in which it interacts with the community's populations, are influenced by the populations' characteristics, and the overall community context. The level of *compatibility* between a target population's cultural and linguistic characteristics and the organizational or system infrastructure influences the organizational cultural competence (4). Increasing compatibility can result in outcomes, such as reduced mental health disparities (5).

**Figure 1**
**Conceptual Model of Organizational Cultural Competence**




**Definition:** Within a framework of addressing mental health disparities within a community, the level of a human service organization's/system's cultural competence can be described as the degree of compatibility and adaptability between the cultural/linguistic characteristics of a community's population AND the way the organization's combined policies and structures/processes work together to impede and/or facilitate access, availability, and utilization of needed services/supports (Hernandez & Nesman, 2006).

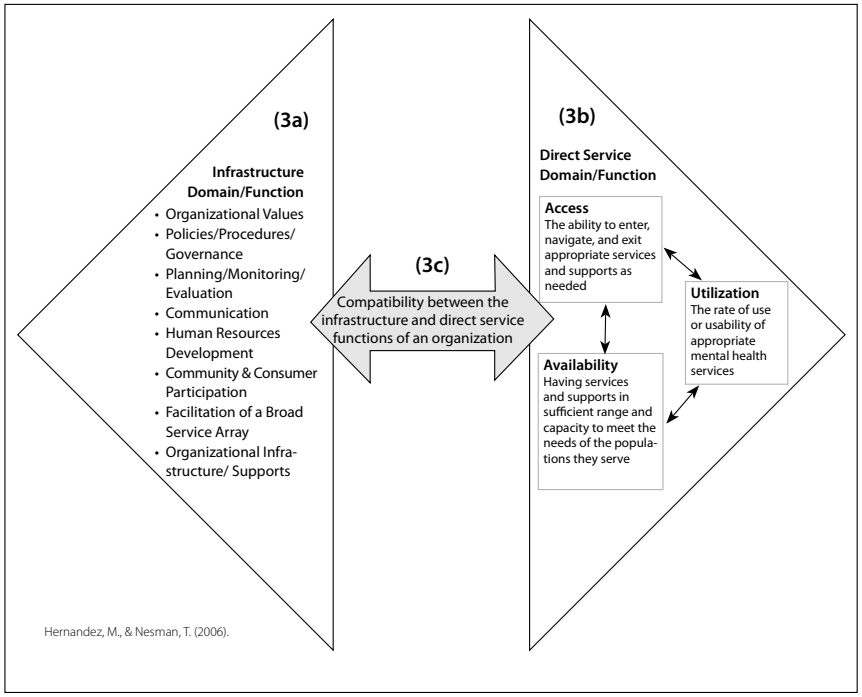
Figure 2 illustrates in more detail the components of the Infrastructure and Direct Service domains of an organization. The *infrastructure domain* is made up of eight interconnected components that are typical of organizations (3a). The components are:

- Organizational values
- Policies/procedure/governance
- Planning/monitoring/evaluation
- Communication
- Human resources development
- Community and consumer participation
- Facilitation of a broad service array
- Organizational infrastructure/supports

Culturally competent organizations modify each of these components. For example, careful attention to the domains of service array and human resources development may contribute to cultural competency by improving bilingual/bicultural capacity, recruitment, promotion, and retention.

The *direct service domain* includes functions related to service accessibility, availability, and utilization (3b), each of which is also influenced by the organization's and population's characteristics. As shown, *compatibility* is needed between infrastructure and direct service domains (3c) in order for culturally competent service delivery to occur. This compatibility must be maintained through reciprocal knowledge development and communication between the target population and the organization, in order to ensure an appropriate and acceptable continuum of services.

**Figure 2**
**Conceptual Model of Organizational Cultural Competence: Organizational Infrastructure and Direct Service Domains**




**The model suggests** that accessibility to mental health services by diverse children and their families can be increased through the development of compatible, or culturally competent, practices at both organizational and direct service levels.

The model suggests that the availability of mental health services for diverse children and their families can be increased through the development of compatible or culturally competent practices, at both organizational and direct service levels. Availability is shown as influencing and being influenced by access and utilization of services (two-way arrows in 3b), indicating that compatibility with the population involves adaptations in all three service domains. These three domains cover the continuum of service delivery from prevention to problem identification and help-seeking, to assessment, treatment, and follow up. Access has been described as the "front porch" of this continuum in mental health service delivery (Callejas, Nesman, Mowery, & Hernandez, 2008) and is defined as the direct service and organizational mechanisms that facilitate a person's ability to enter into, navigate, and exit the appropriate services and supports as needed. Using the metaphor of a restaurant, availability may be thought of as the "menu that allows you to serve everyone at the table." For the purposes of this monograph, availability is defined as having acceptable services and supports in sufficient range and capacity to meet the needs of the target populations. In contrast, utilization is defined as the rate of use of services or their usability for target populations shown by measures such as length of time in service, retention, and dropout rates.

**For the purposes of this monograph,**

**Access** is defined as the direct service and organizational mechanisms that facilitate a person's ability to enter into, navigate, and exit the appropriate services and supports as needed.

**Availability** is defined as having acceptable services and supports in sufficient range and capacity to meet the needs of the target populations.

In contrast, **utilization** is defined as the rate of use of services or their usability for target populations shown by measures such as length of time in service, retention, and dropout rates.

This monograph focuses on key practices that were reported as strategies for increasing the availability of mental health services for underserved populations in the organizations studied. Although there may be overlap in practices that impact direct service domains (i.e., access, availability and utilization), this monograph focuses on practices that were clearly linked to increased availability by the respondents in this study. Separate monographs in this series focus on key practices linked to access (Callejas, Nesman, Mowery, & Hernandez, 2008) and utilization of mental health services (Burrus, Mowery, Nesman, Callejas, & Hernandez, in press).

This monograph is structured as follows. First, there is an overview of the methods used in this study, including selection criteria, data collection techniques, analysis procedures, and study limitations. The next section outlines the identified direct service practices and organizational strategies used within the study sites to increase availability of services. It includes a description of each of the target populations served by the participating study sites, as well as general service delivery information for each organization. (For more detailed descriptions of each participating organization see Appendix A). The final section provides a summary, a discussion of lessons learned, and recommended next steps.

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## How We Identified Key Strategies: Study Methods

### Site Selection

Child/family serving agencies that offer mental health services were selected for participation in this study through a national search. Sites were identified as "exemplary" by a panel of eight researchers, practitioners, and family advocates who work in the areas of cultural competence and disparities in mental health. The panel selected sites based on the following criteria:

- Have strategies for increasing organizational cultural competence
- Serve one or more of the targeted populations (African American/Black, Asian/Pacific Islander, Latino, and Native American)
- Provide evidence that targeted populations value and use their services
- Demonstrate matching strategies to targeted groups
- Exhibit increased access, availability, and utilization, as well as consumer satisfaction with services
- Show evidence of sustainability

Thirty-four sites were nominated and twenty-two participated in an initial semi-structured screening interview and a document review (e.g., evaluation reports, annual reports, websites, etc.). Organizations that met the study criteria were invited to participate in either a site visit or multiple telephone interviews. Those participating in site visits were selected based on strong evidence of impact in the community, well articulated strategies to reach targeted populations, and national or community level recognition of high quality services that had been sustained and adapted over time. Sites that participated in telephone interviews also demonstrated impact in the community but generally had a shorter history of involvement with the target population and were still developing their strategies or were not able to commit the resources needed to host a site visit.

### Data Collection

Two versions of semi-structured interview protocols (one for organizational personnel and one for family members receiving services) were developed, piloted, and revised for use during interviews. Multidisciplinary interview teams included multilingual/multicultural researchers trained to administer the interview protocol. Interviews focused on identifying specific strategies and/or practices used to increase service access, availability, and utilization for one or more of the racial/ethnic populations targeted by the study.

**Organizations participating** in site visits were selected based on strong evidence of impact in the community, well articulated strategies to reach targeted populations, and national or community level recognition of quality services that had been sustained and adapted over time.

### Analysis Procedures

Interview responses from each site were coded using ATLAS.ti version 5.2, qualitative analysis software (Scientific Software Development, 2006). The coding process included identification of practices and strategies related to improved access, availability, and utilization of mental health and support services, relevant community and organizational characteristics, and conceptualizations of cultural competence. Similarities and differences in practices and concepts used across sites were identified through the coding and theory-building process. Once specific practices and concepts were coded, they were collapsed into code "families," or larger categories that corresponded to specific components of the conceptual model of organizational cultural competence (Hernandez & Nesman, 2006), or were identified as having relevance across multiple model domains.

Findings from the literature review revealed a number of practices deemed to be of basic importance in addressing the availability of mental health services and supports for ethnically and racially diverse children and families. These findings included:

- Organizations sought to provide racial/ethnic specific services and racial/ethnic matches when appropriate
- Translation and interpretation services were provided
- Cultural and spiritual practices were integrated into services
- Staff were hired from within communities served
- Training and supports were available for staff to carry out services in a culturally competent manner

These findings were used to develop initial codes for classifying responses across the study sites. Responses that did not conform to the identified codes were analyzed and used to develop additional codes.

### Sample

Twelve sites were selected based on the study criteria and agreement with each site to participate in the study. Seven organizations hosted site visits, during which site personnel and other stakeholders were interviewed and representatives from another five organizations were interviewed by telephone. A total of 151 interviews were conducted with a variety of stakeholders, including administrators, direct service personnel, funders, evaluators, and/or family representatives.

Table 1 provides a general overview of the organizations selected for site visits and telephone interviews. The table indicates the population group(s) served, as well as the general geographic location of the organization or system, a general description of the services offered, and the number of years each site has been in operation. Organizational Type is used to provide an overview of the various organizational forms.

The organizational type encompasses a number of infrastructure components such as organizational policies and procedures, funding requirements and constraints, and the types of services offered. Grassroots neighborhood efforts are listed first in the table, such as an effort started by community residents to combat discrimination and inadequate services. This effort later developed into a Community Development Corporation (CDC).[1] Following such community-based efforts in the table are those of a more traditional systems origin, including organizations affiliated with System of Care grant communities or public/behavioral/mental health departments or systems.

### Study Limitations

The strategies identified during this study have been determined to yield positive results based on interview findings that showed consensus across stakeholders at participating organizations. Although the effectiveness of these strategies is evident to the organizations that participated in this study and the communities they serve, they have not been measured empirically, and may not be generalizable to other organizations or communities. Moreover, study sites did not generally collect empirical data on disparities in service access, availability, or utilization among specific populations, and therefore this study did not allow for testing the degree to which use of these strategies can ultimately be tied to a demonstrated decrease in disparities, as suggested by the conceptual model presented in this monograph. Nevertheless, the findings presented here provide support for the importance of making services truly available to children and families from diverse backgrounds by making sure that compatibility is developed between organizations and specific populations. Future research will need to examine the relationship between increased availability of services and mental health outcomes and the role that community context plays.

[1] Community Development Corporations are broadly defined as non-profit organizations that provide programs and services at the community or neighborhood level and are usually focused around housing and workforce development (National Congress for Community Economic Development, 2005).

**Table 1: Description of Study Sites**

| Study Site | Population Served | Geographic Region | Organizational Type | Service Type | Est. |
|---|---|---|---|---|---|
| 01 Visit | Latino (95% Mexican descent); Native American | Southwest | Community Development Corporation (CDC); originated as grassroots, neighborhood based non-profit | Variety of social and human services, economic development, housing, and mental health | 1969 |
| 02 Visit | Latinos (majority Mexican descent; various indigenous ethnic groups, majority P'urhépecha) | Pacific Northwest | Neighborhood-based, non-profit providing services; originated as grassroots organization | Variety of children's, family, and community development programs; information and referral to specialty services | 1991 |
| 03 Visit | Native American (more than 100 different tribes/ethnic groups served) | West Coast | Community-based non-profit with culturally-specific focus on service provision; countywide services | Variety of educational, family, economic, and community development programs; mental health | 1974 |
| 04 Tele-phone | African American primarily; growing populations of Haitian and African immigrants, Latinos | Midwest | Community-based non-profit with culturally-specific focus on service provision | Chemical dependence treatment, mental health, and family preservation | 1975 |
| 05 Visit | Asian and Pacific Islander | Pacific Northwest | Community-based non-profit providing services countywide; originated as grassroots organization | Variety of social services, including, aging and adult, naturalization, vocational services, mental health across lifespan | 1973 |
| 06 Tele-phone | Latinos ( majority Puerto Rican) | Northeast | Community-based non-profit organization with culturally-specific focus on service provision | Variety of health and human services, including HIV/AIDS, Head Start; mental health | 1960 |
| 07 Tele-phone | Latinos; Native American | Southwest | Community-based non-profit organization | Variety of traditional, spiritually-oriented, and alternative mental health services | 2001 |
| 08 Tele-phone | Latino (about 60%; various ethnic groups); African American (about 30%); Filipino (7%); small percentages of East African immigrants and Caucasians | West Coast | Community-based non-profit | Variety of social services, mental health, and family preservation | 1975 |
| 09 Visit | Multi-ethnic; African American; Haitian; Cape Verdean immigrants; small percentages of Latinos, Caucasians | Northeast | State-wide non-profit organization | Mental health services across lifespan, elderly services, developmental disabilities service, information & referral | 1975 |
| 10 Visit | Multi-ethnic; Latino (about 35% various ethnic groups); Asian and Pacific Islander (about 15% various ethnic/ cultural groups) | West Coast | Children and Youth Services Division/Cultural Competence Department; county mental health system | Variety of mental health services for children with behavioral, emotional, or mental disorders | 1999 |
| 11 Tele-phone | African American | South | System of Care grant site; public mental health system | Variety of family and mental health services focused on serving children with SED | 1999 |
| 12 Visit | African American | Midwest | Managed care program operated by county behavioral health division | Variety of mental health and family preservation services (court ordered referrals) | 1995 |

3

## Key Strategies Used to Increase Availability for Diverse Populations

This section presents findings related to the service delivery strategies used within participating organizations to increase service availability for racially and ethnically diverse children and families. These strategies are focused on making the receipt of mental health services more acceptable to groups that tend to underutilize and distrust such services, similar to the ways in which foods might be prepared and served in varying ways to make them appealing to people with different backgrounds and preferences. Strategies were identified through interviews with personnel, funders, community partners, and family members at each of the 12 study sites. For the purposes of this study, a *strategy is defined as a service delivery practice or series of related practices designed to increase service use for a specific population based upon that population's cultural and linguistic characteristics, history, and worldview.* The findings are presented in a way that highlights how these strategies were tailored to meet the needs of the following populations: African Americans/Blacks, Asian and Pacific Islanders, Latinos, and Native Americans. Findings for each population are followed by a discussion of how these strategies compare across sites.

**A strategy** is defined as a service delivery practice or series of related practices designed to increase service use for a specific population based upon that population's cultural and linguistic characteristics, history, and worldview.

### Direct Service Strategies

The key strategies implemented at the direct service level (see Figure 2) were most often implemented by direct service personnel, including outreach workers, case managers, and therapists, and involved immediate interaction with children and families. Using the metaphor of serving everyone at the table, direct service strategies are similar to considerations such as food and drink preferences based on a menu; such choices are served by wait staff who are analogous to direct service personnel. The direct service strategies used to successfully increase mental health service availability that were identified and described through this study are:

- Interpretation and translation services
- Racial/ethnic service matching
- Ethnic specific organization partnerships
- Cultural and spiritual resources
- Consultation/cultural brokering
- Trust and relationship building

### Organizational Infrastructure Strategies

This study also identified and described a number of strategies that are implemented or developed at an administrative level within organizations or systems—those that do not usually involve direct interaction with children and families needing services. Administrators working closely with funders and policymakers most often implemented the strategies that were associated with the organizational infrastructure domain of the cultural competence model (see Figure 2). Such strategies are frequently reflected in mission statements, established governance policies, human resources procedures, and other components associated with the infrastructure of an agency. However, implementation of these organizational infrastructure strategies can shape whether and how direct service strategies are used to address the needs of racially/ethnically diverse children and families. To return to the metaphor, organizational infrastructure strategies might be equated to a strategic plan developed by restaurant managers/owners—analogous to agency administration—to dictate how they will serve their customers. Such a plan would include decisions about restaurant location, staffing, training, décor, menu composition and language in which it is written. The organizational infrastructure strategies identified and described through this study are:

- Strategic hiring decisions
- Cultural competence training
- Supportive work environment
- Staff training and development
- Flexible service provision
- Education and advocacy

It is important to note that availability strategies were identified at both direct service and organizational infrastructure levels. Direct service strategies made services comfortable and responsive to families, while organizational strategies supported the efforts of staff to carry out such services without overburdening them. Also Figure 2 makes clear, compatibility is needed between the organizational infrastructure and direct service domains in order to adequately meet the needs of the target population(s) within a community (see Figure 1). We acknowledge that strategies identified as increasing availability of services might also contribute to increased access and utilization of services; however, in this monograph we will focus on their contribution to increased availability in order to emphasize this component of service delivery. Separate monographs have been developed that focus on access (Callejas, Nesman, Mowery, & Hernandez, 2008) and utilization (Burrus, Mowery, Nesman, Callejas, & Hernandez, in press). It is believed that these aspects of service delivery are important and should be considered separately in order to understand how each contributes to the overall cultural competence of an organization.

## Increasing Service Availability for African American/ Black Populations

A majority of the population served by four study sites was African American or Black. Site 04 is a community-based ethnic specific organization, Site 09 is a statewide non-profit organization, Site 11 is a federal System of Care grantee, and Site 12 is a managed care program (see Table 1). Two of these sites hosted visits by the study research team (Sites 09 and 12), while staff from the other two were interviewed by telephone. These organizations delivered many different types of services including substance abuse treatment, mental health services, family preservation, elderly services, developmental disability services, information and referral, and services designed for children with serious emotional disturbances (SED) and their families. They also addressed issues such as involvement in the juvenile justice and child welfare systems, truancy, runaway, and gang involvement. Some sites provide services on a referral basis only. (A description of each organization is available in Appendix A.)

### African American/Black Populations Served

The African American or Black populations served by the organizations that participated in this study were culturally diverse and had various social circumstances and mental health needs. Two of the study sites were located in the Midwest, one in the Northeast, and one in the South. Three of these sites reported that 60 percent to 95 percent of their service population can be identified as African American or Black. This category can include one or more of the following: African Americans (native U.S. born) and immigrants or descendants of Haiti, Nigeria, Somalia, and other African nations, as well as bi-racial or multiracial children. In some cases, bi-racial/multiracial children were being raised by White grandparents seeking information on raising their grandchildren in an environment that is respectful of their grandchildren's cultures.

Staff at these organizations recognized the cultural differences across and within multiple Black populations and African Americans and described ways that they try to respect these cultural differences. As one direct service respondent mentioned when discussing his work with adolescents who are at risk or have SED:

> *We try to do our best to be aware of the cultural differences and…not try to step on their toes or their family or cultural values. We try to work close [sic] with the families to make sure that we carry out their values outside of the house. If they don't let the kids do something in the house, we try not to let the kids do it outside, when they're out with us. That way there's no confusion or misunderstanding (personal communication, interview participant, Site 09).*

Respondents at sites with high or growing proportions of non-English speaking immigrants also noted that language barriers made it especially difficult for parents to find services for children with mental health or other needs. When discussing beliefs and views about mental illness and other needs, respondents who served Black immigrant children and families noted that parents often consider emotional or behavioral disturbances "disciplinary problems," and believed that

children need to be disciplined more for "improper or inappropriate behavior" rather than a specific condition or symptoms that may need to be addressed by mental health practitioners. Respondents also noted that there was often resistance to treatment on the part of parents who felt that labels of mental illness were shameful and would stigmatize the family or child.

Respondents who served primarily African American populations often noted the importance placed on family ties and spirituality in many of the families with which they worked. However, these respondents also noted that family members should be treated with respect and that service providers should not assume to know the cultural and spiritual preferences of African American families and individuals. As one administrative respondent noted,

> *People think because they read in [a] book about a particular culture—because of course they have books on every single culture and how to do effective therapy with African American culture—aha, I know how to deal with African Americans (personal communication, interview participant, Site 04).*

Another direct service respondent noted that it was even important to ask families how they prefer to be identified to let family members know that their input is respected: "Sometimes it's the difference between African American and Black" (personal communication, interview participant, Site 12). Various respondents who discussed the strengths of African American families also identified resilience in African American individuals, families, and communities as a major factor in surviving and overcoming the hardships faced by African American populations throughout this country's history.

A number of respondents noted that the majority of the families they served were poor and had limited access to transportation. Respondents at various sites also noted that domestic violence and anger management were important issues affecting families and might negatively impact children's mental health. One site, in particular (Site 04), offered domestic violence and anger management services with an emphasis on acknowledging historical trauma in African American populations (Williams, Neighbors, & Jackson, 2003), as well as a positive emphasis on "Black Identity and the Black Experience." According to respondents at this site, their programs allow individuals and families to place mental health and other issues in context. For instance, anger expressed on the part of families might be related to frustrations regarding the ways that discrimination and racism exacerbate the difficulties of poverty, which many families have experienced for generations.

## Direct Service Strategies

### Interpretation and Translation Services

According to respondents at agencies serving non-English speaking Blacks, services must include interpretation and translation. For the agencies profiled, this meant having printed materials in Spanish, French Creole, and Cape Verdean Creole. For example, at Site 09 administrators conducted a survey to find out what languages were spoken by their employees and learned that about one-third speak more than one language. This allows the organization to be a resource for

document translation and interpreting. They also produce printed materials in languages other than English, offering mostly French, Spanish, and (Haitian) Creole documents.

#### Racial/Ethnic Matching

> *"You hear this more and more these days, they say, 'I want to talk to someone who looks like me" (personal communication, interview participant, Site 12).*

Increasingly, agencies are grappling with requests for a racial/ethnic match from their clients, in the form of providers who look and sound like them. All of the agencies serving African American/Black children and families employ Black service providers in an effort to match the racial/ethnic background of clients to that of their providers.

At Site 09, the strategy was to employ providers of the same background as the clients and to match the client and provider on language. Administrators at Site 09 felt that this strategy allowed their staff to communicate more clearly with families. The ability to "break down" terms like domestic violence or Attention Deficit Hyperactivity Disorder (ADHD) into concepts and common terms with which a family is familiar and can relate to is even more important with sensitive topics, such as domestic violence.

When ethnic matches were not possible, administrators at Site 09 reported that they would connect clients with providers who "know" their culture. Part of this "knowing" is recognizing cultural norms; such knowledge can allow a provider to recognize that what is considered deviant behavior in the U.S. may be normal, or even preferable in the family's home country, or within their ethnic/racial group.

Recognizing similarities between groups was also considered helpful; for instance, Site 09 administrators pointed out that while there are large differences between White Americans and Haitians, for example, there are far fewer between Caribbean people and Latinos.

About a quarter of the staff at Site 04 is not Black but administrators believe this has strengthened the cultural competence of the staff, by making them conscious of serving all clients in a culturally responsive manner. According to the administrators interviewed, cultural competency is fostered through training. Several administrators also keep up-to-date with relevant literature and in some cases conduct cultural competence trainings.

These agencies apply knowledge about their clients to approximate an ethnic match, when they are unable to do this in a literal sense. Even when an ethnic match is possible, providers may be faced with new challenges. In some instances, matching from within a small community can create other problems; for example, because of the stigma associated with seeking mental health, some Haitian clients do not want their providers to be from their own community.

Respondents at Site 11 suggested asking clients about their preferences for ethnic match, rather than making assumptions about what they would like. The

goal at this site is to create an ethnic/racial match with therapists and direct service providers whenever possible. When a family is reluctant to work with someone of a race other than their own, the site honors that preference. At the same time, they challenge the family's perspective by introducing them to the idea of working with providers of differing racial and ethnic backgrounds.

Employees at Site 12 described their screening process as including questions regarding client preferences on culture, ethnicity, and gender. In order to try to accommodate client preferences, the organization employs males, females, African Americans, and Latinos as therapists, mentors, and crisis workers. They also hire contract workers to increase the diversity of their staff. Despite these strategies, satisfying the match preferences of families depends on the providers employed and available at any given time. As indicated by the comments of a Site 12 employee, there is an element of chance involved with matching:

> *The thing they [Site 12] do most is try to pair the family with a [provider] whom they think will best meet their needs. Sometimes it is the luck of the draw. At our agency we have one male [provider]. A lot of the families that come in that have boys, they want an African-African male; he is far from African-American. They get a male. They didn't get exactly what they wanted. [Site 12] tries its best to meet those preferences…(personal communication, interview participant, Site 12).*

Although employing personnel who look like their clients is important, respondents at Site 04 emphasized that their facilities have an ethnic, cultural quality not only because of their staff members, but because their office is decorated with pictures, artwork and other elements that have an "ethnic feel." One agency administrator interviewed described two major benefits of such choices: Clients see themselves reflected in the facility and this helps them feel connected to the agency.

#### Cultural and Spiritual Resources

Site 11 receives referrals from and offers assistance to churches. The church is considered a part of their system of care and wraparound services. According to respondents at this site, the agency may connect clients to area churches that provide clothes, food, and shelter.

Many African Americans naturally turn to the church rather than to the mental health community, if the choice is left up to them—as opposed to being mandated to treatment. Therefore, early in the process of serving families, providers at Site 11 conduct a needs assessment to learn about the informal resources available to individuals and families. This allows the agency to tie clients back to resources, such as churches. Believing it to be a more effective way of treatment, respondents at Site 11 explained that they are willing to include informal supports—such as pastors—in meetings with families, if they so desire.

Respondents at Site 12 recognize the importance of having a variety of resources–including spiritual resources–so that they can respond to clients' beliefs and needs. Providers at this site exhibit "community compatibility" and work with the faith-based community, since many of the mothers they serve have a strong connection in that community. The faith community serves as a support

system and is a part of the healing process for families. Staff do not, however, "push" involvement with the church and are careful to include this resource only as a result of families' desires.

Service providers at this site said they make no assumptions that therapy and residential treatment are "needs." They attempt to find out what it is about therapy that is needed and consider for example, whether a minister already working with a family may be able to counsel them. In their view, the best help may not be "paid-for services." They stress that being able to get at the root need of families comes from developing rapport.

Respondents at Site 09 indicated that they are willing to get churches involved in their care of families, if the families are comfortable with that arrangement. At the time of study interviews, this site was creating a resource guide of community services that they planned to give to churches, in recognition that churches are a "market" to which they should promote themselves. According to respondents at Site 09, another important aspect of having close relationships with churches is that people trust their faith leaders; therefore, personnel from Site 09 make presentations in churches as a way to inform pastors of their services and maintain contact afterward. Administrators at Site 09 expressed awareness that people new to a community often seek out churches, therefore maintaining a relationship with churches is also a good way to be introduced to new people and offer services to them. To further develop relationships with churches, respondents at Site 09 explained that they include religious organizations in their community outreach and have pastors on family care teams. Site 04 personnel recognized that many families of their clients are churchgoers and therefore make it a priority to be affiliated with churches, whether formally or informally. According to respondents at this site, they receive referrals from some church pastors because the pastors are familiar with the agency. The staff also participate on some religious coalitions when there are openings for community participation and have submitted joint grant proposals with churches in which they are specified as the mental health provider.

Having a good working relationship with churches also creates an arena in which the issue of stigma associated with seeking mental health care may be addressed. Many of those interviewed recognize that some African Americans believe that the power of the church is enough to positively impact mental health. These kinds of beliefs may be addressed with family group counseling, involving the pastor. It is important to note, however, that cooperative relationships between mental health providers and the church community are possible only when clergy believe in the utility of the services of the former. In some cases, pastors counsel their parishioners to seek religious salvation instead of mental health treatment, believing that mental illness is indicative of sin.

## Organizational Infrastructure Strategies

### Supportive Work Environment

The development and maintenance of a supportive or "family-like" work environment was considered to be crucial in providing responsive and comprehensive services to meet the needs of African American/Black children and their families.

The work environment was conceptualized fairly broadly and included everyone from frontline staff to management. Site 12 administrators emphasized hiring qualified women of color for leadership positions, so that management more closely reflects frontline staff and the population served.

As described by administrators, the work climate/environment that they foster impacts the work of their staff. At Site 12, an administrator noted that the open environment they create allows people to ask the questions they need to ask about things they do not understand—such as customs they are unfamiliar with— so that they can better meet the needs of families served. This openness to learning is reinforced in trainings and supervision.

Site 04 has created a variety of avenues to support their staff. These include an annual retreat and monthly staff meetings, featuring speakers who may address issues designed to improve staff understanding of the community, service delivery skills, and knowledge of resources so that needed services are available to the families they serve. These supports are credited with increasing morale and decreasing burnout among staff. One administrator interviewed attributed the low turnover rate at this site to these attempts at taking care of staff, along with a general culture he described as "family type" in which "folks look out for each other" (personal communication, interview participant, Site 04). They also make an effort to keep tabs on the emotional stress—burnout—being experienced by staff, while encouraging staff to use their vacation time each year and take time away from work when they are supposed to—that is, not working at home. All of these attempts at maintaining a supportive work environment help to minimize worker stress and improve staff morale, factors that help agencies minimize staff turnover and results in increasing the availability and continuity of well-trained staff for their clients.

#### Strategic Hiring Decisions

A key strategy for enhancing availability of appropriate services is adapting hiring and staffing procedures so that staff at all levels of an organization are knowledgeable about and/or reflect the communities being served. Hiring culturally diverse direct service providers is important and mirroring that diversity across the administrative structure means that the administrators may be able to reflect the concerns of their community. The agencies profiled employed a diverse staff that reflected their service populations and included bilingual individuals, as well as African Americans/Blacks, Latinos, and Asians. Site 09 also hired staff having personal experience with the population and their language as a way to increase service acceptability, even when matching the ethnic make-up of the staff with the community was not possible.

According to an administrator at Site 04, in order to have access to a pool of highly trained individuals at a reduced rate, they were considering having psychiatry and psychology residents from diverse communities complete their residency at their facility.

### Staff Training and Development

According to personnel at Site 11, they have made a "conscious commitment" to provide high-quality training for their staff and they make it a priority to provide ongoing training. Their service providers received cultural competency training, as part of the standard training curriculum. Such training improves the availability of services by improving the cultural sensitivity skills of workers (Hernandez, et al., 2006).

Respondents at Site 09 emphasized the value they place on cultural competence, as expressed in their cultural competence training of staff and volunteers, as well as their hiring of a culturally diverse and bilingual staff. They advised that staff become knowledgeable about the history of minority peoples, particularly the history of their local minority community and to avoid "lumping" people together, even if they are from the same country or background. Instead of making assumptions about their backgrounds, they recommend that service providers learn about the details of each client.

The physical location of an agency—urban versus rural, for example—may impact its ability to provide training, as it can make it more or less difficult to access resources, such as universities. This is an arena where, if financial resources allow, technology can be helpful: Site 11 and Site 01 have multiple locations in their states, including rural areas. These latter sites conduct Internet-based training because their rural offices are not physically located near many resources.

### Flexible Service Provision

Agency administrators and their staff recognize the intricate links between problems that sometimes make it difficult to separate "mental health" issues from other family concerns and may in-turn impact family well-being:

> *The premise of us being here is to provide mental health, but you cannot touch mental health unless you touch the housing and finance and employment. All of them are triggers, and all of them are co-dependent on each other; because they are all stressors of each other…If you have a child with any severe emotional disturbances, they're going to test your work. The schools are going to call you about it…and then you may have to limit yourself and work more than eight hours while the kids are in school. And that's going to touch on your finance, and as a result of touching on your finance, you can't afford a house, you can't afford what you ought to be. And then if you work more, Section 8 will cut you off because you make too much money (personal communication, interview participant, Site 09).*

> *We look at school, which is a trigger, we look at the environment, which is a trigger…and we have home. Those are the three big domains…[the school, the home, the community]. Because if there's a problem at home, the school will hear about it; and before the kid gets to the school, the community is going to be affected, after the kid leaves school the community is going to be affected before he gets back home. So we look at those three pictures…and that's how we provide services to the families…looking at it from those three perspectives (personal communication, interview participant, Site 09).*

Recognizing the interrelated nature of the various spheres of life has prompted several agencies to expand the services they offer, oftentimes showing creativity in their responses to multiple problems. (Such decisions and strategies are implemented at the direct service level, but discussed here since they are made at the organizational level.) Since many families face steep financial hardships, this is an area in which agencies are also offering assistance. Site 09 for example has funds to pay rent, while also assisting clients with employment and money management. Another example of an expanded array of services, also from Site 09, is their employment of "clinical mentors." Clinical mentors are Master's level clinicians who provide therapeutic services in non-traditional settings, in the form of a big brother or a big sister.

These organizations also recognize and build-in ways to make services available for the complexity of needs of both child and family. They have learned that family relationships are interwoven, so that even when a child is the "identified patient," the entire family requires assistance:

> *Very rarely do we find kids—even when they have been labeled or diagnosed as having a mental illness, I can guarantee you, there's more to their story than that! No child comes…with just one thing. There's [sic] always complex needs of the child and of the family. And I can tell you in 90 percent of the time, it's less the child; it's more of the family...child, mom, dad, everybody…extended and everything (personal communication, interview participant, Site 09).*

## Increasing Service Availability for Asian and Pacific Islander Populations

Two of the 12 study sites served a substantial number of Asian and Pacific Islanders (API). Site 05 is a community-based ethnic-specific organization and Site 10 is a public county behavioral health provider (see Table 1). Both of these sites hosted visits by the study research team. Services delivered by Site 05 covered a wide range of social, medical, educational, legal, and mental health needs for 30 different API ethnic populations of all ages. Site 10 was responsible for overseeing and providing the county's public health and behavioral health services for all ages and populations, including a large Vietnamese community. This site contracts with regional clinics and community-based providers and co-locates clinicians at these sites. A more detailed description of each organization is available in Appendix A.

### Asian and Pacific Islander Populations Served

Organizations in this study serve API populations from a variety of backgrounds, experiences, and age groups including immigrants, refugees, and the American-born. For example, clients at Site 05 speak over 30 languages and dialects. Specific populations served include Mien, Hmong, Chinese, Cambodian, Filipino, Sikh Indian, Laotian, Korean, Japanese, Thai, Samoan, Punjabi, and Taiwanese. There was also a growing number of mixed race families—Asian and non-Asian—and households with members of different acculturation levels. Some families have lived in the United States for several generations and have

many connections in the community, but many are first-generation immigrants who are socially and linguistically isolated.

Site 05 serves over 1,300 children, youth, and their families annually. Among those served, 85 percent are from low-income households and 88 percent are youth of color, of which 75 percent are API. The population of children and youth served by Site 05 was also described as at-risk, with many single parent families or two parent families in which both parents work for low wages. Many clients depend on Medicaid, but some immigrant families have no insurance. Children who are referred to Site 05 are most often children of immigrants or refugees, although some youth have been refugees themselves. Children who are born in the United States are highly acculturated and bilingual, while parents often speak their native language; these are some of the main issues that result in inter-generational cultural clashes. Although the expertise and language capacity of Site 05 is targeted to serve those who identify as API, the agency's culturally competent and holistic service model has been helpful to those from other immigrant and refugee backgrounds, most recently those from East Africa and Eastern Europe. However, the children and youth from mixed ethnicity families, especially those of mixed Asian origins, have created a challenge for staff recruitment and ethnic matching.

Although the API population makes up a smaller percentage (14 percent) of the clients served at Site 10, it includes a large Vietnamese speaking community. Emerging populations such as Korean and Cambodian have also been identified through the agency's ongoing monitoring and data collection and as a result, agency forms have been translated into Spanish, Vietnamese, Farsi, Korean, and Cambodian languages.

Respondents at Asian serving organizations mentioned unrecognized poverty, lack of understanding about mental health services, and the number of languages spoken in the API population as major challenges to having a sufficient array of services. However, being considered a "model minority" limits the amount of attention that is given to developing services targeted at API populations across many service sectors. Another factor that limits attention to this group is the relatively small number of Asian and Pacific Islanders who reside outside of Western states. In addition, respondents mentioned that even when services are available, many families are hesitant to use them because of a lack of understanding about what counseling and other mental health services are, since there is sometimes no equivalent in their countries of origin.

For many Asian and Pacific Islanders, it is more acceptable to have physical ailments, so many somaticize; there is no shame in being physically ill, unlike that associated with mental illness. API populations served were described as feeling more comfortable and more familiar with seeking help at medical clinics and networking with each other to meet needs.

## Direct Service Strategies Used to Increase Availability for Asian and Pacific Islander Children and Families

### Interpretation and Translation Services

> *When we interpret, we have different roles. We become cultural brokers, and interpreters, and messengers…you can say one thing, and it may represent something else, but doesn't mean that literally. It may mean something else. It could be a metaphor, an expression of things. It's not easy for them to understand our system; we have to talk about that, and it takes some time to get the accurate information from the client; you have to let the provider know that (personal communication, interview participant, Site 05).*

This approach to interpreting, described by a Site 05 case manager, offers their non-English speaking API clients linguistic services that are multidimensional. Their approach is thorough and goes beyond strict translation, although that too is included. Site 05 has reading materials in the waiting room that are appropriate to the culture and languages of the families they serve; and their outgoing telephone message is recorded in different languages. In addition, they offer training in a variety of API languages. This allows the site to offer a language match for many of their clients' languages. When client and case manager do not speak the same language, Site 05 has the capacity to provide translation by their staff. In addition to translation and interpretation services, this site also provides cultural competency consultation services, as well as English as a Second Language (ESL) immigration classes.

In order to share these resources, Site 05 personnel explained that they are available for consultations with clinicians from other agencies. Another way that they make their services widely available is through their translation work in a variety of settings, such as courts and schools. This strategy of pursuing relationships with other agencies to share translation services is one way to provide services to clients, as many organizations do not have their own bilingual staff. This is a strategy born of necessity, given that organizations compete with each other for such candidates and find it difficult to retain sufficient numbers of linguistically competent staff.

One issue that many providers face is the difference in English language skills between generations. As described in the quote below, Site 05 responds to this by employing "cultural brokers":

> *The majority of families I see, the parents have English proficiency issues; the kids are fluent. But the routine care has been kids and families get matched up with a provider who speaks their language if at all possible and is familiar with their culture. I don't speak any Asian languages, so any appointment that would happen with me, their primary clinician would be present…for the whole appointment in which they'd act as cultural broker for us. And that's why we schedule the child psychiatric appointments to be two hours for the first intake, so we have enough time so the family can tell their story and not feel rushed. And the follow up appointment's an hour. For the vast majority of appointments their therapist is there so they know what happened and they can provide that translation (personal communication, interview participant, Site 05).*

Interpretation and translation services are critical in many API communities but can be ineffective if interpreters are not adequately qualified to interpret (mental) health terms. An administrator at Site 05 recounted a story in which interpreter error at a physician's office might have been lethal had a woman given her daughter medications in the dosage indicated by the interpreter. The interpreter, who was not fluent in English, misunderstood the physician's orders for taking seizure medication. The mistake was discovered by the Site 05 interpreter during the first session with the family and it was quickly resolved. This situation also caused conflict between mother and daughter because the daughter spoke English and having heard what the physician had said, disagreed with her mother.

#### Cultural and Spiritual Resources

Site 05 has volunteers from a variety of places including faith-based and other community-based organizations, some of whom were former clients. Staff at Site 05 schedule time to share information about their organization with community-based organizations by giving brief speeches and distributing brochures; they reach out on individual, group, and system levels. Relationships with these organizations may result in referrals once a connection has been established.

Site 10 also listed faith-based services among their network of providers and received referrals from them. They communicate with a variety of spiritual and faith healers and ensure that faith healers, priests and other spiritual resources know how to contact them.

#### Consultation/Cultural Brokering

At Site 05, employees have had many of the same experiences as their clients. Exactly which experiences will be relevant differs, but for example for the Laotian community, the experiences that seem to be particularly relevant are of being immigrants and having American-born children. As described in the section on Interpretation and Translation Service, Site 05 has cultural competency consultants. They are contracted by their county mental health office as certified cultural brokers and in this capacity the county calls on them to work with psychiatrists and other providers; this is an innovative way to meet the needs of a diverse population when direct ethnic matching with a therapist is neither possible nor preferable.

### Organizational Infrastructure Strategies

#### Flexible Service Provision

According to many employees at the organizations profiled, flexibility was key to enhancing the availability of mental health services for racially/ethnically diverse populations. In learning about the needs of API populations, organizations found that their vision of services had to be expanded. For example, in addressing transportation barriers, Site 05 described the flexibility that they have with visiting clients in their homes, sending taxis for them to attend appointments at the agency, and having case managers accompany clients to their appointments with physicians.

Because of the stigma associated with mental health organizations, Site 05 has sought ways to build connections with other providers. For example, they are making services available in less stigmatizing and more familiar environments, where clients would not automatically be labeled as "crazy" because of the other services offered there; in some places schools are trusted and familiar places, especially if they are neighborhood schools and they offer parent and family activities. In addition, they are finding ways to integrate people from the community who are trusted (e.g. teachers, guidance counselors, pastors, neighbors). Respondents pointed out that API families value and trust services at their children's schools, so this has become a preferred place to provide services or link to referral sources. Site 05 has also forged collaborative relationships with API school personnel who are able to speak the language of families and provide a bridge to services.

#### Strategic Hiring Decisions

Regardless of what their staffing plan has been, sometimes agencies find themselves facing community problems that they cannot address in traditional ways. For example, when Sikh children became the target of bullying after the September 11, 2001 terrorist attacks, administrators at Site 05 decided that they would respond by hiring someone who could work with this particular community. In order to help families deal with this problem and in an effort to educate their community, Sikh temple leadership collaborated with Site 05 to develop a program to provide case management at the temple. It took six months to find the right person for this position, with hiring involving a joint interview process between Site 05 and the Sikh Coalition.

As with other such hires, although skilled, this case manager did not have mental health credentials. She was hired because she was a recognized and trusted member of the Sikh community to whom people revealed their concerns. The case manager was hired with the philosophy that she could learn the relevant knowledge and skills for the position; she had access to the same supports as the other staff. To that end, Site 05 staff performed training and clinical supervision, although the case manager was also supervised and supported by Sikh Coalition officers.

> *It took six months to find the right person, but it was important not to compromise. We wanted someone who would connect to the community, that people would feel comfortable coming to. We considered a candidate… who had the credentials, but he didn't know the community. We ended up hiring a young woman because it is easier for women and children to talk to her. She was not credentialed, but has learned those skills through training and supervision provided by [Site 05] (personal communication, interview participant, Site 05).*

#### Staff Training and Development

Administrators at Site 05 pointed out that investing in their training enhances the capacity of the workforce. This site was widely recognized as a teaching institute that provided their interns with excellent cultural competence training. In fact, some of those interviewed at the site described their training at the agency as far superior to that of their college educations.

Although all agencies may not have access to top-notch training, Site 05 was able to share their resources by training mainstream providers and by providing individual cultural consultation to other providers. With a highly trained cadre of mostly master's level ethnic minority specialists, Site 05 charges a fee for cultural competency consultation services as they meet with providers for case-by-case consultations.

One intern described the impact that good training can have on the therapeutic relationship:

> *I'm infinitely shocked at the role that I have here. Clients that didn't used to come consistently for case management or services, if they had a problem they'd come, but they'll come because they like to be with us, and I think that's a huge thing. They only used to come for their medication, but they know that I really talk to them, and I'll talk about what's going on and they actually leave their house and do it. And I don't think that's a testimony to me; I think that's testimony to the training, the community here, just the willingness to connect with them (personal communication, interview participant, Site 05).*

Agency support for training extended to allow staff career advancement. For example, someone who began with the agency as an interpreter became a case manager and had been promoted to clinical supervisor at the time of the interview, having completed undergraduate and graduate degrees while working at Site 05.

The following comment from an administrator sums up the attitude and experiences of many at the organizations working with API populations: "That we start where the patient is…That doesn't seem like it should be transformational, but it is" (personal communication, interview participant, Site 10). Administrators and staff were committed to letting the needs and experiences of their clients guide services they provide in both scope and tenor, and the strategies they devised were with that goal in mind.

## Increasing Service Availability for Latino Populations

Five of the twelve study sites mainly served Latino populations and all were classified as community-based organizations. Two of these organizations did not provide mental health services as a primary part of their service array, one of which (Site 01) was identified as a Community Development Corporation (see Table 1), and the other (Site 02) focused on after school programs but also offered support groups for women and information and referrals to partner mental health clinics. Sites 06 and 08 are non-profit organizations that provide a variety of mental health oriented and family support programs in the Northeast and West Coast, respectively. Site 10 is a department within a county behavioral health division on the West Coast that serves a number of diverse populations, of which 35 percent are Latino. Two of the sites (Site 01 and Site 02) hosted visits by the research study team, while staff from the other sites were interviewed by telephone. A more detailed description of each organization is available in Appendix A.

### Latino Populations Served

The Latino populations served by the organizations that participated in this study were culturally diverse. Populations served included descendants or immigrants of one or more of the following countries: Mexico, Puerto Rico, the Dominican Republic, Ecuador, Nicaragua, as well as other Caribbean, Central and South American countries. The sites reported that between 35 percent and 95 percent of their service population identified as Latino. In many cases English was not the primary language of the populations served by these organizations; therefore, it was important to consider having services available in the languages of the clientele. Respondents at each of the sites highlighted the fact that a lack of knowledge about available services has great impact on their use in the community. Most sites also noted serving a significant number of undocumented immigrant families or individuals, for whom funding and legal restrictions impacted the types of services that they could access. Child mental health issues addressed by these organizations included serious emotional disturbance and depression, but other concerns such as school dropout, involvement in the juvenile justice and child welfare systems, and gang involvement were also areas of focus.

Many respondents cautioned against stereotyping individuals solely based on their cultural heritage. Yet, several highlighted generalized cultural characteristics that they felt were important for service providers to recognize when working with Latino populations. One of these characteristics is the importance of generating trust and creating an atmosphere that was variously identified as "informal," "personable," "comfortable," or "familiar." For example, Site 01 is an organization that maintains the trust of the community through emphasizing the spiritual, the "familia," and treating everyone with "respecto." These values are put into practice in the way staff interact with each other, clients, and community members who are engaged through their advisory boards. Respondents at other sites described their organizations as providing "comfortable" and "relaxed places" where Latino community members can feel comfortable socializing and seeking assistance discreetly. Respondents at some sites mentioned the need to maintain flexible hours and provide informal opportunities that allow clients to "hang out" and socialize. Respondents also noted the need for support services and linkages to resources, especially for those who were new to the U.S. and/or were separated from extended family. Also noteworthy is recognizing what constitutes "family" across Latino populations. Participants noted that Latino families can vary from nuclear families in which men assume a dominant and central role or those in which women have a great degree of independence and decision-making power, to families that include grandparents living within the home and single-parent households.

According to respondents, Latino families may view mental illness as either a serious condition that must be treated by professionals or "the will of God." Families do not always consider mental health or developmental issues to be of concern because of a cultural value for accepting individuals as they are. Respondents also explained that in many Latin American countries there are no "middle ground" services that deal with children's behavioral problems without labeling them as being "crazy." In many cases, psychologists are only available to

the wealthy; therefore, poor families have no recourse when facing mental health issues but to deal with them within the family.

Latino-serving sites identified availability issues that cross several domains, including community infrastructure and political, social, and cultural factors. For example, respondents mentioned stigma as a barrier among the Latino populations they served. Interviewees noted that recent immigrant parents were often resistant to receiving mental health services because they felt that mental illness was shameful or would identify the child or family as "crazy." Respondents at multiple sites also reported some cultural differences in interpreting the causes of mental illness, such as viewing them as "disciplinary problems" and believing that such children required more or harsher discipline. Most respondents also noted that the majority of the families they served lived below the Federal Poverty Level, with limited resources for transportation, jobs, insurance, housing, and food. Each Latino serving site also emphasized the barriers that exist for undocumented immigrant families and individuals, which included hesitancy in seeking help even when they acknowledged problems, because of fear of arrest or deportation.

In summary, the differences among Latino populations served by organizations in this study provide an example of the great diversity within this population and the need to tailor programs for particular populations' contexts. There were similarities in the challenges faced by these organizations, relative to the array of services available within the larger service system, and the need for advocacy to expand the array and increase the cultural appropriateness of services.

## Direct Service Strategies Used to Increase Availability for Latino Children and Families

### Interpretation and Translation Services

Respondents at Site 06 specifically noted challenges in providing appropriate services for families from many different Spanish-speaking countries. One such challenge mentioned was in the way Spanish is spoken in different countries—especially with regard to particular words that may be acceptable in one country or region and vulgar in another. Respondents also noted cultural differences with regard to communication styles—some groups were characterized as being "introverted" and deferential to professionals, making them less likely to vocalize concerns in public or professional settings. All of these factors are exacerbated because of the unavailability of bilingual personnel in schools and other service organizations.

Site 02 is an organization serving a primarily indigenous Mexican population, so many of the families they serve speak Spanish as a primary language, but for the indigenous families both Spanish and English are second languages. Both the paraprofessional and professional staff is bilingual Spanish speaking and depends upon members of the community to help with interpretation and outreach to the indigenous population. Site 02 collaborated with other organizations and helped Spanish speaking clients connect to other communities. Another strategy they have adopted is that of consultation – clients can call in for assistance with interpretation and are linked with someone who has an understanding of

"P'urhépecha" (a language spoken in rural Mexico). The strategy used by Site 01 was to hire someone who attended one of their programs and now works in an after-school program to bridge communication between school personnel and non-English speaking families. This is an example of how the capacity to provide interpretation and translation services could be augmented by tapping community resources.

#### Cultural and Spiritual Resources

Staff at Site 02 indicated that in their work with an organization that runs support groups, they encourage the organization to challenge the Western idea of support groups, placing emphasis on looking for natural supports within communities and families. They use this same framework in considering whether mental health problems may be related to the religious or spiritual needs of their clients, so that clients can benefit from natural supports such as ministers or other spiritual leaders, or even family and friends.

Respondents at Site 07 included spiritual guidance, spiritual growth, and spiritual support among their many services, as well as a curandera/curandero or "Mexican cultural doctor/spiritual healer." They also link with other spiritual providers. Site 06 administrators recommend that workers ask clients about their religion. This is not a cursory inquiry but meant to solicit information regarding frequency of participation and whether anyone at the religious institution has been consulted regarding family problems. Apart from yielding important information, such inquiries can help providers sidestep or address the issue of "mixed interventions": formal mental health care and a spiritual intervention that together may contradict each other—or at least appear that way to clients.

Providers at Site 01 said they incorporate many spiritual and indigenous aspects of Native American cultures such as curandero, talking circles, and sweats. For example, their substance abuse program invites local healers to provide services for clients who request them. They hold parenting classes and other presentations in many places, including churches.

Site 08 staff provides outreach to all churches and this is one way people learn about them. They even rented space from a church before they outgrew it. Inviting a pastor to treatment sessions to serve as additional support is also an option, if the family wants this. They recognize that Latinos may go to pastors for counseling because they are trusted and that this population tends to use informal supports more than Caucasians.

The staff of Site 07 expressed a willingness to be in contact with families' spiritual resources if desired, as a way to keep communication lines open. However, as the following comment from one worker highlights, coercion and such pressures from outside entities need to be considered:

> *As far as encouraging people to work with their informal supports…I make it available but I don't encourage them. I find that, this is my personal bias, personal growth is personal and when you're doing things for other people, then you're less likely to do it (personal communication, interview participant, Site 07).*

They offer pastoral guidance, so that if people want to go to churches, they can refer them to those as well.

Respondents said that seeing staff at community events and health fairs—which may be held at churches—builds trust and allows people to relate to mental health providers in a different way; in the minds of clients these encounters may serve to move services away from being strictly compartmentalized into "mental health."

#### Racial/Ethnic Matching

Site 08 employs White, Latino, and African American direct service personnel, and according to one respondent, "that helps a lot." The same respondent stated, "families are very much more comfortable right at the beginning if there's someone of the same color" (personal communication, interview participant, Site 08).

Respondents at Site 01 raised the issue that simply sharing the same race does not mean you have the same identity: Their example was that a Latino person with a doctoral degree probably identifies with their professional role, rather than their race/ethnicity; although it is unclear how widespread such a sentiment is, the larger point is that making assumptions based on shared race or ethnicity may be unwarranted. Although many families might prefer to receive services from a racially/ethnically matched provider, the exact opposite is sometimes strongly desired.

#### Trust and Relationship Building

The indigenous population has historically been discriminated against in Mexico. As one respondent commented, "From what I understand, they get treated like less than second class citizens," which limits the trust that can be developed with service providers, including those who speak Spanish (personal communication, interview participant, Site 02). Increasing the availability of services for families at Site 02 has been challenged by a lack of trust in the community. Respondents reported that, although input is regularly gathered to inform program development, involvement has been limited; "Repeatedly now, at some point in time they will [say to] us 'Yes we want that', but when it actually comes to the point where we've got the services set up, they become resistant…" (personal communication, interview participant, Site 02). Of course, resistance in these cases should be understood in the context of fear and a lack of trust. Through developing one-on-one relationships, staff members have been able to increase trust, engage families in programs, and link families to other services in the community. One respondent described the importance of relationship building as a way to overcome a strong desire to protect privacy in this close knit community that often fears strangers or outsiders. Relationships are developed as they spend time getting to know individuals who come for services and discover commonalities, such as the value of children and the challenges of adapting to a new country. Relationships of trust are also facilitated by having trusted people from the community working in various capacities at the agency and consulting with recognized community leaders about the issues affecting families. One suggestion that has been useful in making their services truly available to families in the community, is for staff to demonstrate to families that they are "on

their side and they're there to help them and they're there for the long-term" (personal communication, interview participant, Site 02).

## Organizational Infrastructure Strategies

### Strategic Hiring Decisions

One strategy carried out by all Latino-serving organizations was that of training and hiring individuals from the community served. Administrators at Site 02 said they hire individuals from the community at all of their sites, with priority given to those individuals who are from the same country and speak the same language as their clients. Sometimes, these hires include former clients. Staffing for an after school program at Site 02 included volunteers as well as college and other student tutors from the community who are trained and given a small stipend. Site 02 also recruits community members for natural helper positions who provide outreach and linkage activities in the community. This strategy allows people to fulfill an interest in being helpful in their own communities.

Sometimes people who received services want to share that information with their community and this may lead to their becoming a natural helper or capacitadora. These indigenous helpers bring a sense of community that agency staff often cannot, because they are not living among those they are helping. For example, respondents at Site 02 talked about a program teaching parents how to dress their children for school and another making sure that children attend school. It is likely that if they did not employ *capacitadoras*, administrators at Site 02 might have remained unaware of the financial constraints faced by these families, which make it difficult for them to afford clothing.

Although community members may not be instantly able to serve in vacant positions, with good training and supervision many can excel and grow. One tremendous benefit is that they are familiar with the culture and are aware of issues that are relevant to community members. The fact that staff is from the community they serve, means that they are reflective of their clientele and may have a better understanding of them. Natural helpers are available in several communities but in order to work in many organizations, they are required to gain formal training. The following extended quote from an administrator emphasizes these points:

> *There's no substitute, I think, for having people who are kind of native to the community but trained in the methodology of treatment, rather than the other way around…I think … there's no excuse for not having enough of those [people], because there are enough kids out there, and enough people in the community who have an interest and many already have the training and clearly have the ability to become good clinicians or whatever if the…community organizations team up with local universities or junior colleges…to develop those skills in people. I think that that's how organizations become competent; you import the competence right from your own community [a]nd except for the highly specialized stuff like the medical thing, some of the psychiatric stuff that's a little harder to come by in a culturally competent way, but so much of what we see in treatment in the community are not terribly sophisticated in terms of what you need*

*to know to do all of it. It really isn't. Show me a strong community person who is involved in school and church and other stuff, I can turn that person into a very good therapist for a kid and very quickly, because they come equipped with the right [mindset]. See, I think that's the answer to cultural competence—is go get it from the community, because if the community is feeding you people that need treatment, it's also there to help with it (personal communication, interview participant, Site 01).*

Hiring decisions may change and evolve based on community need and on issues that occur in the community that necessitate a different kind of staffing, such as described with Site 05 earlier.

#### Flexible Service Provision

Site 02 respondents reported that they would like to provide more services that deal with mental health issues within their own programs because they would be more accepted by families than are referrals to other providers. For example, several respondents commented on the need for programming that addresses the isolation women experience due to language and cultural differences, as well as the depression and low self-esteem that are often seen in this population. Other respondents pointed out the pressures experienced by children who are adjusting to the U.S. culture and the need for additional programming to assist children and parents with acculturation. Some mental health services have been incorporated into the array of programs offered by Site 02 through partnerships with other providers, but these are limited by costs and credentials that are required to offer such services at their location.

The services offered by Site 01 address a variety of community issues and needs including mental health, substance abuse, domestic violence, housing, and education. More recently it has incorporated Migrant Head Start, parent training, youth after-school, and job readiness programs. Based on the organization's overall values for family and respect, the parenting program was developed to provide opportunities for parents to learn and change behaviors that attract the attention of the child welfare system. Counseling for children and parents is also available through referrals within the organization to a counseling center that has been renamed a "Family Center" in order to reduce the potential stigma of being associated with mental illness.

Services for youth have included a dropout prevention program that addresses both student and parent issues related to educational achievement. The program is designed to follow students from the 3rd through the 12th grade in order to show long-term commitment to the students and provide the needed support. The program brings all participating families to the school each semester, which resulted in raising the level of parent involvement, an increase that has been sustained through PTA involvement. Subsequently, youth drop-in centers have been developed and are located in facilities within high Latino population communities. These centers provide after school programs, life skills education at local schools, and summer internship experiences with local businesses, with each center making referrals to other services in the community.

Through the after-school drop-in center programs, youth at Site 01 develop relationships with youth workers that facilitate identifying problems and reduce the potential embarrassment they might feel asking for help at school or at home. Staff at the centers have also developed trust with the parents, to the extent that when two student participants were shot in the community, center staff provided emotional and other support for the families and students in the program. The organization also made a donation to the funeral and helped the family raise funds. One respondent described this experience as follows:

> *We helped them out with a lot of different things the family needed, and that in itself was really powerful because they really felt connected to us, and they felt like we were their friends in their time of need; so that was really powerful. And the friends of those students still come around, and they see what we're doing, and what we're up to (personal communication, interview participant, Site 01).*

There is a Mothers Against Gangs program in one community center and a special summer internship program provides 60 to 80 students with work experience, for which they are paid a stipend. The program also involves parents in a stipend-yielding enrichment program. Although the focus of the summer program is on passing the state graduation test, it provides enrichment activities such as money management, small business management, and field trips to the state university and State Legislature.

Site 06 provides a wide range of services and links to other providers in the community to further expand their service array. The types of services provided include mental health counseling and related services such as a hospital inpatient program and home-based crisis intervention for adults, domestic violence programs, and adolescent day treatment and residential programs. They also provide preventative and support services such as Head Start, intensive case management, and home-based interventions to keep children out of foster care. Additionally, they try to meet basic family needs such as housing, food, and education, and are expanding their resources and support system to maintain them in the community in the future. One respondent suggested, "You can't get to the big picture if you don't know the little picture. They [families] include the systems that brought them in, or if that person's only support is the clinic, we expand that" (personal communication, interview participant, Site 06). Therefore, the organization's role also includes advocacy and representing the community at the higher systemic level. Respondents believe that in this way their organization helps prevent children from getting lost in the system or falling through the cracks.

The staff at Site 06 view the organization's approach as "Whatever it takes, we'll do it," which also includes working with other agencies to ensure provision of a wider range of services. Respondents reported that all of their programs are full, indicating the amount of need in the community as well as suggesting that their services are well utilized. In addition, they mentioned that services are available across the lifespan, from "babies to elderly" and that new programs are added "all the time" in order to meet identified needs.

### Staff Training and Development

Site 02 administrators reported a very careful approach to the training of community "recruits" for natural helper positions, which carry out outreach and linkage activities in the community. Training takes place in three phases. First, there is natural helper training—staff had been identified as natural helpers in the community and were enlisted as (trained) volunteers. After working as natural helpers, they then receive "capacitadora" (which literally means someone who empowers others) training and work a few paid hours per week. Then the capacitadora—in the capacidad program—receive training to become trainers and are able to train new personnel. This strategy allows people to be helpful in their own communities, which many seek to do.

Site 01 emphasizes connections to Latino leaders and community members in order to attract highly qualified employees. The organization provides internships or employment for promising young leaders. They fund 100 college scholarships a year through a golf tournament and have an agreement with the state university to match the amount donated for Latino students. Often graduates come to work for [the organization] to "give back." The organization has also identified internal needs as it has grown and has brought in key staff through connections that were developed previously. For example, a need to have its own researcher on staff was identified and a psychologist researcher who had worked with the organization in previous collaborative efforts was hired. New positions were created to focus on grant writing and fund raising to address the needs of the growing organization. Many staff and administrators had pre-existing connections to the organization as service recipients, students, entry level staff, or members of the Board of Directors.

### Education and Advocacy

Respondents at Site 08 named advocacy as a key need in assisting families to receive services and in bringing needed services to the community. One respondent emphasized the need for advocacy in the schools—one of the only mental health providers in the community. Given the multiple resource challenges, Site 08 staff members have also focused on empowering parents "…to be able to be stronger advocates for their children and in their community" (personal communication, interview participant, Site 08). They found that they must educate parents about their rights, services they are eligible to receive, and how to work with the schools when their children are struggling academically. Respondents commented that this approach has been especially successful with Latino families because "We make it easy to get the help needed. Once families get here, we make it comfortable" (personal communication, interview participant, Site 08). Nevertheless, some respondents voiced frustration with "political lip-service" that has promised additional services but has had no "follow-through." A respondent summed up the situation: "A lot of needs would not be met if [Site 08] was not in the community" (personal communication, interview participant, Site 08). In spite of its apparent success in filling gaps in services, Site 08 itself is challenged by a lack of resources. The program is currently struggling with sustainability, especially for the grant-funded family support program.

Site 01 emphasizes connections to Latino leaders and community members in order to carry out advocacy efforts for the Latino community. One respondent suggested that "because of the work that different people have done over 35 years, [it] has been able to be a launching pad for lots of leaders—leaders in other organizations, leaders nationally, leaders politically" (personal communication, interview participant, Site 01). The organization emphasizes developing young leaders through scholarships, internships, and employment experience. People who have worked at the organization have moved on to careers in industry and government and many keep in touch to find out about community issues and provide assistance when possible.

Site 01 also serves as an advocate for services provided by other providers in the community and across the state, and holds cultural competence training for many providers. They have a close working relationship with regional managed care providers, who in some cases were former colleagues, which allows for continued influence.

## Increasing Service Availability for Native American Populations

Three of the twelve sites included in the study served a clientele that was primarily Native American and all of these were classified as community-based organizations (see Table 1). Site 03 is located in a large urban county on the West Coast. At this organization, a centrally located facility houses a wide range of mental health, prevention, family preservation, and health services. A second site, Site 01, is located in the Southwest and is a Community Development Corporation that provides for-profit housing and community development services, as well as a variety of social and behavioral health services. In this organization the services offered to Native Americans include parenting programs, a continuum of mental health services, and substance abuse residential treatment. The third organization, Site 07, is also located in the Southwest and provides a variety of treatment and support services for mental health and substance abuse issues, including traditional and non-traditional indigenous approaches. Two of the sites (Site 01 and Site 03) highlighted in this section hosted visits by the research study team, while staff from the third site were interviewed by telephone. A more detailed description of each organization is available in Appendix A.

### Native American Populations Served

Site 03 targets all Native Americans in a large urban county, which includes representatives from approximately 105 tribes. The American Community Survey (ACS) identifies more than 100,000 residents in this area as having some Native American heritage, including some who are Cherokee, Chippewa, Navajo, Sioux, and from other tribes in smaller numbers, as well as those who are identified as mixed race/ethnicity. Children and families served by Site 03 vary in their levels of acculturation and length of residence in the county. Some have lived in the area all of their lives, while others have moved recently from reservations or travel back and forth between reservations and the area. A number of these tribes are very traditional and speak tribal languages, while others "know that they are Indian, but they may not be as traditional…[for which] the identification isn't as strong" (personal communication, interview participant, Site 03). Although some families moved to the area by their own choice, there are many whose ancestors were forcibly removed from traditional lands or relocated from other parts of the United States by the government. Most families are aware of, or personally experienced forcible placement in boarding schools, and have had negative experiences with research and social programs that promised improvements in services, but did not deliver on these promises. These experiences have resulted in deep mistrust of outsiders.

The majority of children currently served by the system of care (about 80 percent) at Site 03 are in out-of-home placement foster care and are referred through a unit that focuses on Native Americans at the Department of Children and Family Services. Referrals are also increasing from schools and juvenile probation and are often related to child abuse and neglect. The majority of child diagnoses include attachment disorders, depression, behavioral problems, anxiety, post-traumatic stress disorder (PTSD), and substance abuse. (The substance abused by women and children is often methamphetamines, but alcohol for men.) Sexual

abuse and domestic violence disproportionately affect women and girls, although there are other social and economic problems. Children and youth who are referred for services at Site 03 through probation orders are primarily referred for truancy and petty theft. Respondents reported that many truants are also runaways who have resorted to stealing and drug use while living on the streets.

Although the primary populations served by Site 01 and Site 07 are Latino (90 percent and 50 percent respectively), the organizations also serve a fair number of Southwestern Native Americans. The total Native American population reported by the ACS for the state served by Site 01 is more than 300,000, which includes those of mixed race as well as major tribal groups such as Cherokee, Chippewa, Navajo, and Sioux. A small number of Native Americans is also served in the urban areas through the continuum of services provided in low to moderate income communities. Services are provided in English, Spanish, Navajo, and Hopi, based on the needs of the community. Site 07 provides a number of innovative and progressive services in an urban setting, including traditional Native American healing practices. The Native American population identified by the ACS in this county is more than 30,000. Native American clients from urban and surrounding rural areas are referred to Site 07 for mental health and substance abuse problems through a county referral process.

A major challenge of addressing the mental health needs of this population is the lack of services and infrastructure available in rural communities and on reservations.

### Direct Service Strategies Used to Increase Availability for Native American Children and Families

#### Cultural and Spiritual Resources

Site 03 serves many different Native American tribes. They integrate Western and traditional treatment modes—such as weekly Talking Circles and Sweat Lodge Ceremonies—throughout the treatment process (from assessment to the types of questions asked). For example, clients in a residential treatment program receive services from "non-Indian providers" for basic treatment such as Twelve Step Programs. Native American customs are included with input from each individual family to ensure that the treatment meets client needs, not simply on the basis of identifying a family as Native American. Their cultural outlook also includes a holistic framework from which mental, physical, emotional, and spiritual work is performed.

The staff at Site 03 includes a Spiritual/Cultural Advisor who participates in the adaptation of all psychological instruments and traditional practitioners who visit several times a year; these practitioners perform ceremonies such as the Coming of Age Ceremony for girls. Site 03 has developed a close working relationship with its community partners and responds to their requests for counselors or the Spiritual/Cultural Advisor; in this way they are available to increase the capacity of other providers.

Personnel at Site 07 are able to provide connections to churches for clients. They have two Christian counselors on staff, one of whom is bilingual. They

are linked with other providers and can offer pastoral guidance if people attend churches, but can make referrals for those kinds of services as well.

With strong traditions of spirituality and religiosity in the community, these sites recommend the inclusion of Native American ceremonies in treatment if families are interested in their incorporation.

#### Racial/Ethnic Matching

> *This lady was in a crisis. She was trying to get back to [city name deleted]. I had my supervisor come in and she is non-Native, and it really did not sit well with her. She really wanted to deal with Indian people. [It is] just the need to identify with other Native people. And, to find a center that is just all Native American's it's like, 'Wow! I hit the jack pot here.'*
>
> *I think the fact that you can walk through the front door and see a lot of redskins is important; and I've had them tell me that. I've had someone tell me that the other day. I think that is a big thing, being in one location. I know some of the staff members have been here for a long time, and are really committed to the community. Even though it is a large community it is small enough that a lot of us know each other. I've come to know a lot of people over the last five years. A lot of staff members here are really active in the community. I think that is important when a client comes in and they are doing an intake and they recognize the case manager as in: 'Oh yeah, I see that person at all the pow wows.' I think that is important, it builds credibility.*
>
> *When they come in they see Indian people providing services to them and they feel better. They feel that we will treat them in a way that is respectful to them even though some of our staff are not Indian. If they see a brown person – a Latino or Hispanic, they don't question that. They think that because they are here they must know something about Indians (personal communication, interview participant, Site 03).*

Although providers at Site 03 are Native American, there are so many tribes that it would be virtually impossible to know all of them, even if provider and client are Native American. The strategy utilized by Site 03 to deal with the diversity among tribes might be termed watchfulness: Site 03 provides repeated trainings and an understanding of tribal differences. To that end, administrators at Site 03 require all staff – Indian and non – to attend community events (such as sobriety runs) to learn about particular communities. They also employ traditional practitioners from various tribes who are able to share some tribal rituals, such as rites of passage for 15 and 16 year old girls. Administrators reported that they typically inquire about the language of family and child in order to monitor the language match between staff and families being served.

Site 07 provides access to a variety of contracted clinicians from diverse ethnicities and professional backgrounds. Client match with providers is emphasized, based on the individual and family's cultural and therapeutic preference.

## Organizational Infrastructure Strategies

### Strategic Hiring Decisions

Respondents at Site 03 described the type of staff that can work well with their population. For example, one respondent explained the importance of demonstrating value for the feelings of clients:

> *As Native people it is hard to open up, we are taught that your feelings are very sacred. What you feel inside has a lot of energy…so, it's hard for Native people to feel comfortable to go some place foreign, to go to some place new, and to open up to relieve that energy (personal communication, interview participant, Site 03).*

Site 03 respondents also felt that case managers who understand how to work with Native American families are the key to helping clients experience good outcomes. Their case managers were described as being very committed to finding ways to meet the families' needs.

> *What I am impressed with in our case managers is the fact that they will stop at nothing to get our families what they need. They take it very personal when there is a need…Our case managers will research, they will go out to other organizations, and they will call and just, I would say, search 'til the end of the earth for resources that would best fit the family. And that is really strong with our families. I think a lot of the time, our families look forward to hearing from the case manager. They don't mind talking to the case manager, letting them know what their needs are, which allows us to provide them with better services, overall resulting in healthier families (personal communication, interview participant, Site 03).*

### Flexible Service Provision

Staff at Site 03 meets a range of needs through internal referrals across departments and programs. There is also flexibility in the types of services that can be provided, including home visits and the provision of transportation (i.e., bus tokens, taxi vouchers, or in-house transportation), paying for identification cards, setting up appointments for clients, and assisting them with navigating the system.

The "one-stop shop" is a model that offers tremendous flexibility in terms of what services can be offered. There, organizations offer a seemingly endless menu of services: addressing substance abuse issues, providing reading glasses, food donations, rental assistance, emergency housing, and even medical care. The one-stop shop is particularly attractive in a large city because of transportation barriers that people face; being able to provide such a wide array of services in one place eliminates the need for clients to try to get to multiple locations. "I think that being able to provide all these services in one place provides a better atmosphere …and people will want to come back. Even if they just want to come back and talk" (personal communication, interview participant, Site 10). For clients to be able to visit organizations without requesting formal service—for them to be able to "just talk" or to have lunch with staff, allows them to see their providers in a variety of circumstances and many participants felt this helped them build trusting relationships with clients.

Administrators at Site 03 addressed funding issues that would make some families ineligible for services. For example, they negotiated a contract that would allow them to provide services countywide at satellite offices as their target population was not confined to any one district of the county; without that arrangement, the services would not be available to those families. Therapists also provide services in schools or in the home depending on what families prefer.

#### Staff Training and Development

Respondents at Site 03 described several organizational and systemic challenges to providing services for Native Americans in their community. The organization is working at overcoming some of these barriers by developing training to improve internal and external communication and hiring Native consultants to reinforce traditional values.

> *We have ongoing training with staff...That is where the traditional practitioners come in, is that they remind us of the direction that we need to go. [We need] reminders of our values and spirituality and how that plays into our organization…Traditional practitioners make sure that we are on the right track (personal communication, interview participant, Site 03).*

At Site 03 training covers a variety of topics including the history of Native Americans and multi-generational trauma and an examination of the ways in which these issues impact Native people today. The training covers the impact of relocation and residential schools, traditional cultural ways and values, and information on stereotyping; information on stereotyping is particularly important because there are so many tribes with a variety of cultural and other differences.

Some agencies provide training on working with Native Americans for the non-Native organizations with which they have contracted relationships; such training is stipulated as a requirement in some of their contracts. At Site 03 training has extended into the wider community and other service systems with which Native Americans have contact:

> *We train about how to bring in the community to support the family as well. For example, we had a little boy who was in a foster home and he was burning sage in the back yard and praying. The foster family thought he was smoking marijuana and called his probation officer. The probation officer came and they put him in jail for the weekend. There was nothing we could do. We were trying to tell them. They did a drug test and there were no drugs on him. It was terrible. We had to go to court, so we had to get one of our traditional advisors to go to court and tell the judge that it was not marijuana. The judge actually said, 'I never heard of anything like that.' So the judge said that the boy was staying there [in jail] until, 'I have someone here explaining to me what this is.' So, now we are putting training together for foster families to explain this, to explain our practices and what our children may do (personal communication, interview participant, Site 03).*

### Supportive Environment

Overall, respondents said that providing services for Native Americans must occur in a supportive work environment. Administrators and supervisors listen to staff and for example, respond to requests for more training. Supervisors trust staff enough to let them set their own schedules. An important aspect of these relationships is maintaining good communication between administration and staff and this includes weekly meetings to discuss what is working. In recognition of the stressfulness of the job, they also have talking circles with the staff.

The importance of a supportive work environment in increasing the availability of services for Native American lies in the ability of an organization to hire and nurture the kind of staff that opens up the offerings on the service "menu". With many workers in the field experiencing high stress from the nature of the job, turnover can be high. Apart from organizational costs of having to retrain staff, constantly having new faces in an organization breeds an aura of mistrust for clients; essentially a basic ingredient for improving availability is maintaining stable staffing. Once an organization has invested in creating the kind of staff that does expand the services they can offer, it is expedient to keep them by establishing a work environment that encourages employees to bloom, work hard, and develop loyalty to the organization and their clients.

### Advocacy and Education

Site 03 has begun some bridge building and collaboration with other organizations through its grant funded projects. For example, it has invited other organizations to participate in advisory boards to develop new programs, promoted increasing availability of services to each other's clients, and participated in community councils with other Native organizations.

Administrators at Site 03 found it a challenge to gain the trust of the Native American community when they collected data to inform them of the development of new services; this was due to a lack of follow-through by previous researchers and providers: "So many people come to our community and they ask our community questions and they empower our community with the thought of change; however, change never comes" (personal communication, interview participant, Site 03). But due to the trusting relationships built between staff from Site 03 and community members, Site 03 garnered cooperation in a needs assessment process that brought in new funding.

The service system also lacked data about Native Americans that could be used for planning purposes.

> *Most often Native agencies don't have data. We didn't have data before either and we would try to get it from the different county departments. We were always recorded as 'other'. So, we didn't have any data in the county on American Indians. We would sometimes get it from the county and we would ask them to look more at their data to see how they were identifying Native Americans and we would see that they would often be misclassified. They were misidentified so the data really wasn't very accurate (personal communication, interview participant, Site 03).*

Site 03 used grant funding and their organizational research capacity to build data resources in order to conduct this research themselves. This has contributed to more culturally competent research methods, capacity building of the organization, and a more nuanced interpretation of data because community members weigh in on the analysis.

> *With [the grant] we were so fortunate to have three years to actually go into the community and get that data, right from the community. We built our agency's capacity in terms of research…As we've grown we have a lot more staff that have a lot of skills…We've been able to take on other smaller research projects as well. We are now seen as being able to take on those types of projects, which comes with additional funding. It was helpful to get [the community] more trusting because there was still that lack of trust about research (personal communication, interview participant, Site 03).*

Such research had not been successfully accomplished before because the community was not easily identifiable: they are spread out across the county, agencies did not recognize this "invisible population" or did not record them as Native American, and many Native American children were in non-Native foster families and therefore not classified as Native American. Given that the Native American community did not trust researchers and that researchers did not include this community in the research process, there was little information about how to adapt services to make them more available for this population. Site 03 was able to collect data and interpret it in a culturally competent manner because they had community input on the whole research process. Having the data increased their capacity to advocate for and gain additional funding, as well as educate other providers regarding the needs and characteristics of the Native American population.

# 4

## Conclusion

Availability of mental health services has been presented here as a key component of organizational cultural competence (Figure 2). When applied to systems of care this includes not only the availability of services offered by an individual organization, but also development of an appropriate array of services across the child serving system. This is accomplished for racially and ethnically diverse families through coordination and collaboration, and by offering a continuum of services with cultural and linguistic brokerage to ensure linkages across services.

Based on the findings of Study 5, one way that services meet the needs of racially/culturally diverse children and families is to ensure availability of services by creating linkages to community-based organizations and groups that are already serving these targeted populations and opening pathways into mental health services through collaborative relationships. Such collaborations must include representation at governance, administrative, supervisory, and direct service levels in order to effectively impact the array of appropriate services. For example, staffing with bilingual personnel can include consideration of compensation for cultural and linguistic services provided through a community-based organization or assistance in navigating services across the system of care. Linking to community-based organizations can increase the array of services to include early intervention, early identification and outreach, all of which are crucial for reducing disparities. Collaboration can also enhance treatment by including cultural brokerage and/or interpretation within existing services, development of new service types, or the creation of new combinations of services.

Availability of services can also be increased through new ways of dispersing services or the provision of services where racially/culturally diverse populations live. The location of services is important for ensuring they are truly available to families at times and places when and where they can be reached. Several strategies that increased the variety of locations for services were described by representatives at the sites studied, including developing relationships and memoranda of agreement with mental health providers located in underserved areas, co-locating staff at these organizations, or placing staff in schools and community-based organizations. Other supports can also be provided, such as transportation vouchers, bus schedules, or vans that transport clients to a central location. Consideration must also be given, however, to increasing the array of services that are available to people where they live and to the provision of services in a manner that encourages people to access them. In order to enhance availability, strategies must encompass the entire system of care, rather than be focused on single organizations.

A major finding of this study is the need for flexibility in how services are made available. This concept includes consideration of where staff meets with clients (e.g. schools, restaurants within the community, in the home, etc.), the type of programming provided, and the characteristics of staff that provide the services (e.g. professionals, paraprofessionals, peers, etc.). In order to ensure availability when, where, and in a manner that reaches diverse children and families, there must be adequate human resources through strategic hiring, training, and supervision. There must also be funding in place to allow for services to be provided in a variety of locations and in a variety of ways. This requires collaboration across the service system to ensure that those who are serving families in culturally appropriate ways, for example, ethnic-specific community based organizations, are receiving funding commensurate with their role; many community based organizations provide early intervention, linkage, and navigation services which are underfunded, typically. Capacity building in community based organizations should be actively pursued so that services provided more informally within communities can be expanded to include professional mental health treatment and can be appropriately compensated. In order to achieve this, some organizations negotiated improved compensation rates and partnered with majority agencies; they also pursued professional training to establish their own cadre of clinicians.

Adequate availability of services for diverse populations depends upon ongoing attention and learning at all levels of an organization. It also requires support for staffing, training, and funding at a high level of authority within organizations. The findings of this study suggest that there are several ways to accomplish shared decision-making and power-sharing within systems of care. Examples include budgeting for a supervisory level position that oversees all cultural competence activities and ongoing assessment within the organization, explicit inclusion of cultural competence in policies, client procedures and paperwork, and ongoing learning at all levels with participation from cultural experts and community leaders in routine training, decision-making bodies, and strategic planning efforts.

The study findings emphasize the importance of ongoing learning for agency personnel as this is linked to understanding the communities and populations being served; such knowledge is needed to continue to adapt and develop compatible services. "Responsiveness" is a key idea in this regard: Organizations must learn of resources, strengths, and needs of their target populations, and devise ways to use such information to respond to what they have learned as well as assess the impact of strategies they have implemented. Responsiveness also includes building capacity to be able to meet an emerging need, whether it is a new population or changes within an existing population (such as increasing acculturation). It also means developing an understanding of how the community being served defines their needs and how services can best adapt to those definitions.

By focusing on availability, the intention is to point out that even though mental health services might be provided by an organization or system, if they are not compatible with diverse populations (e.g. if they are not matched to their preferred language, culture and format) they are not really available to the children and families. Availability also means that services must be adaptable to meet individual preferences within diverse populations.

## Lessons Learned

An important lesson shared from sites participating in the study is the need to address the whole family, regardless of which family member is identified as being in need of assistance. Although it is sometimes necessary, or even preferable to work with an individual client, there are many benefits of including the entire family in care. For example, study participants found that working with an entire family allowed them to respond to family issues that likely impinge on symptoms that a child is exhibiting. Further, because many of the racial/ethnic groups profiled are ill at ease with the very notion of mental health treatment, having their children treated without their active involvement can serve to stimulate their worry about mental health care. Additionally, their inclusion means that this natural resource—that of the entire family or even extended family—can be utilized as a source of support.

Related to the importance of attending to families rather than individuals, is the value of recognizing a wide range of family needs. Many agencies embedded mental health services in a wide range of other types of assistance such as direct financial assistance, employment leads, and immigration and ESL classes. Many study sites were not mental health organizations, but were agencies serving children and families that offer mental health services among a menu of other services. This less stigmatizing model, in which agencies do not lead with their mental health services, but include it along with a host of others, may serve to encourage people who normally would not, to seek services. For example, among some groups, physical illness is more acceptable than mental illness; agencies that address physical well-being as well as mental health are a more attractive option to such groups than going to facilities that address mental health only. Integrated service provision is a strategy that could be considered for all of the target populations.

Many organizations opted to employ staff that have qualities and skills such as being highly connected with the community, but who are not trained in mental health disciplines. Once hired, agencies then provide mental health training to complement informal, but highly valuable skills. This strategy of "growing" the workers they need, allowed agencies to hire people from the communities they serve, an important asset for such organizations and example from which many can follow.

Another lesson learned from the study is that many of the organizations were ethnic-specific. Focusing on one ethnic group allowed agencies to become deeply familiar with their target and develop an infrastructure to support specific needs as they are identified in the context of that group. In some cases, organizations provided racial/ethnic matching and utilized a strategy of hiring from the community to facilitate such matches. It should be noted however, that issues of confidentiality and boundaries may be unique challenges when agencies hire from within their surrounding communities. Employing paraprofessionals from the community being served can be a drawback because of the very reason that they can be effective—being close to and from a community—may be the same reason that people do not want to encounter them in their formal role. Some people worry that involving a neighbor in their private life will be awkward when

they see them socially, or even that the paraprofessional will divulge what should be confidential information to others in their community. Another issue that paraprofessionals working in their own communities have to learn to navigate is that of boundaries, as lines may be blurred between when they are "on duty" and when they are not.

The importance of relationship building is a strategy employed by all of the study sites to develop trusting relationships. The reasons for building trust by establishing relationships are important and varied. Many of the populations served distrust formal service providers—whether because of immigration or other reasons such as discrimination. Regardless of the basis, these experiences can limit the trust of service providers, and clients may be seen as "resistant" when that resistance may be more properly understood in the context of fear and distrust. Through developing one-on-one relationships, staff members at the study sites have been able to increase trust, engage families in programs, and link families to other services in the community. Painstaking relationship building occurred through recognition of community needs, listening to community voices, and learning about the role of race, ethnicity, and culture in the lives of those being served. Forming relationships with those to be served is important as a way to overcome a strong desire they may have to protect their privacy and shun outsiders.

> *It's one thing to provide services. It's another thing to provide what they need!...That's the key thing, giving them what they're looking for, talking to them in their language, addressing their language skills, addressing their needs, not just giving them what you think they should have! Asking them, 'What do you want?' I will help you to get what you want, not what I want! And that's what the state does, it says, 'I have the service. Join it!' It may not be that good a fit for me. What we do - we say, 'What are your needs? What are your pains? What are your hurts?' And we design a plan for you to get … where you wanna be, [where] you wanna go (personal communication, interview participant, Site 09)*

This quote from an administrator highlights the overarching approach these organizations used to improve accessibility in serving their clients. This is an important lesson that many of the study sites learned and shared with researchers is to focus on providing services that the community being served wants. While this may seem an obvious place to begin, it is not necessarily the basis upon which many agencies provide services. Often, agencies provide the services that they can, based on their funding, staffing, and other constraints or goals. In recognition of this as a priority, some of the study sites conducted their own needs assessments so that the services they provided would be in direct response to reported gaps in services. The assessments gave them a roadmap about preferences for service types and an opportunity to learn about problems with services that are already being offered. Imagine a restaurant at which waiters simply brought what they wanted to diners, rather than taking orders from the customers. Instead, in serving everyone at the table, waiters ask each person there, "What can I get you to drink?" "Would you like lemon with your tea?" "What would you like to eat?" "Would you like your soup with the rest of your order?" These questions are meant to discern the needs of diners,

and are used to inform establishments about what they should make available. The same holds true for the sites studied as they have made serving all of their clients a priority; they do not make assumptions about what is needed but make an effort to learn about the needs of their clients so that they can have appropriate services and supports available.

### Recommended Next Steps

The findings presented in this monograph provide some direction for operationalizing cultural competence through identifying practices that improve the availability of services. The findings support the use of specific practices that are tailored to community characteristics, but further study is needed to show how these practices might be successfully adopted by other organizations and how they contribute to improving the mental health of ethnically and racially diverse families. Recommended next steps include examining the correlation between specific availability strategies and improved access or utilization of mental health services; and determining the relationship between availability strategies and improved clinical outcomes for specific ethnically and racially diverse populations.

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# Appendix: Descriptions of Study Sites

### Site 01

Site 01 is a statewide organization founded in the late1960s in the Southwest to address a variety of social problems affecting the Mexican American population. Since that time, Site 01 has become a Community Development Corporation that provides a variety of for-profit and non-profit services to address issues faced by low to moderate income communities. Site 01 has over 100 contracts to provide services such as dropout prevention and education, after school care, Head Start, cultural development, mental health, domestic violence, substance abuse, parenting, leadership development, elder services, housing, economic development, and subsidiaries (including credit unions, and a mortgage company). The site includes a staff of over 600 that provides services to a primarily Mexican/Mexican American population, but is currently expanding to areas that are primarily Native American. The history and longevity of the organization have contributed to the organization's reputation and stature within the Mexican American community and throughout the state. In order to maintain a direct connection with community needs and issues, 51 percent of Board members are community residents. Many staff members are long-term employees and/or community residents who have received services from the organization. Some staff have returned to work at the organization after completing college or graduate studies and/or working elsewhere. Funding is varied, and is based on a "33 percent rule" for the organization, which limits funding from any one source. Types of funders include federal agencies and state agencies, local contracts with cities, and foundation grants. The agency maintains an emphasis on integrating culture, heritage, and ethnicity in the planning, execution, and implementation of programs and services. Other agencies, funders, and the state look to Site 01 as a guide and expert on Latinos. It is also viewed as an innovator that is not afraid to incorporate culturally relevant practices as it learns about the needs of other populations, such as Native Americans. Site 01 maintains its roots in the Latino community, and is able to draw upon this as a resource for implementing new services with Native Americans, and other underserved populations.

### Site 02

Site 02 is a non-profit agency founded in 2000 in a small city in the Pacific Northwest. This organization is unique to this study sample in that it is site-based and provides services to low-income residents who live in targeted housing areas. The organization established offices within apartment complexes and has become an integral part of the communities of focus. Staff at Site 02 described their organization as a "cultural bridge" between the user population and various service systems. Site respondents estimate that their service user population is about 70 percent Latino. The organization does not provide specialty mental health services but partners with community-based clinics and other mental health agencies to which it refers children and families. Services offered include support groups, after school programs, information and referral, and system navigation services. For this study, the research team conducted a site visit within the apartment complex occupied primarily by immigrants from Mexico, some of whom are indigenous Purhépecha from the Mexican state of Michoacán. Often, these residents do not speak Spanish or English, but speak the unwritten Purhépecha language. A number of services are provided free of charge, and the agency is flexible enough to allow people to receive assistance without an appointment . The organization also tends a community garden which is harvested by the children and families of the community. Direct service personnel are most often hired from within the user population and are trained as "natural helpers" (lay health outreach workers). Site 02 receives funding from the city, the county, and other sources to increase the array of services offered.

### Site 03

Site 03 serves Native Americans in a large urban West Coast county by providing a wide range of services that are culturally specific. The organization began as a homeless outreach program and has developed into a one-stop service center providing mental health services and programs focusing on wellness, substance abuse prevention and treatment, workforce development, suicide prevention, and general health. Site 03 also has on-site programs to assist with transportation, food, and housing needs and partners with satellite sites to better serve the Native American populations across the county. Key aspects of their services include offering Western medical and mental health services in combination

with traditional spiritual elements, and an emphasis on social and cultural connections among Native Americans. Site 03 conducts a summer camp program each year that is used to build leadership skills in young people and trains them for future involvement in the community. Diverse sources of funding include SAMHSA, Indian Health Services, inter-tribal health board and county and state funds that are used to provide services to both tribally enrolled and non-enrolled clients. The large geographic area and dispersed target population create challenges for Site 03 to reach all Native Americans in the county, therefore training is provided for partnering agencies to build their capacity to work with Native American families that access their services. Site 03 brings Native Americans together for programs at their center and includes cultural elements in their décor to create an environment that promotes Native American identity and a sense of belonging. Site 03 also participates in traditional ceremonies and events in the community and advocates for services for Native Americans at the state and local levels in order to reduce client distrust, promote familiarity with the system, and increase provider awareness of the presence and needs of Native Americans.

### Site 04

Site 04 is a community-based nonprofit organization, founded in the 1970s in the U.S. Midwest, to provide services to chemically dependent people in a culturally specific context. Over the years, Site 04 services have expanded to encompass family violence and crisis intervention through family counseling and home-based services. About 15 years ago, the organization established three divisions that address three distinct service areas: chemical dependency treatment, family counseling with a special emphasis on domestic violence and anger management, and culturally-specific mental health services for youth, with a special emphasis on dual diagnosis disorders. Some of the services that Site 04 provides to community residents are court mandated. The majority (90 percent) of the population served by Site 04 is African American (both child and adult), but there is an increase in the number of other populations served. Site 04 staff estimates that almost every family receiving services is at or below the Federal Poverty Income Guidelines. The largest growing population in the area is Haitian and various African immigrant populations, although Site 04 does serve small populations of Latinos, Asians, and Middle Easterners. Some of the main issues identified for the population served by Site 04 personnel include homelessness, truancy, domestic violence, and child protection. Site 04 staff also identified the following barriers that affected access to mental health services for the African American population they serve: lack of affordable, public transportation and lack of information regarding navigation of available services. The underlying principle of Site 04, as identified by the staff interviewed, is that the Black experience in this country must be understood fully in order to appreciate the challenges faced by many members of the African American population, especially with regard to mental health and related issues. Further, the strengths of African American communities must be identified and nurtured in order to successfully address ongoing mental health and chemical dependency issues. According to one Site 04 administrator, their culturally-specific programs that incorporate history and traditions, exhibit outcomes that are 50 percent more successful than those of programs that do not take culture into consideration.

### Site 05

Site 05 is a nationally recognized non-profit organization offering a broad array of human services and behavioral health programs to Asian and Pacific Islander populations in the Pacific Northwest. Established in the early 1970s, the mission of Site 05 is to promote social justice, well-being and empowerment of API individuals, families, and communities by providing and advocating for innovative community-based multicultural and multilingual services. Site 05 provides a variety of programs designed to serve Asian Americans and offers a variety of payment options. With an annual budget of millions of dollars, a staff of more than 150, and a volunteer base of over 350, the organization serves more than 18,000 clients annually through more than 10 different social services for individuals and families of all ages. In addition to mental health counseling and case management, there are day programs for the elderly, early childhood programs, children and youth programs in the schools, domestic violence interventions, nutrition and food bank programs, substance abuse treatment, legal and naturalization services, and vocational and employment services. Site 05 also provides cultural consultation, interpretation, and education for other providers in the area. Site 05 began serving Chinese, Japanese, and Filipino clients with so-

cial work interns who were ethnically matched with the community. When Vietnamese refugees began arriving in 1976, two Vietnamese workers were hired with funding from the Office of Refugee and Resettlement. Additional programs were initiated based on identified needs, including a vocational and substance abuse outreach program. The most recent programs that have been initiated respond to identified community wide issues such as domestic violence, problem gambling, gangs, and sexual assaults on young Asian women.

The organization is currently located in a district of the city where many API families live or do business. The main building is entered through a courtyard designed according to Feng Shui principles. The building houses a primary care facility, dental clinic, lab, and pharmacy; the services are co-located in order to increase access for Site 05 clients and other low income Asian American clients. Based on input from Site 05, the clinic was designed with large examination rooms to accommodate family members, an interpreter, and the physician. Eastern modalities such as acupuncture and Chinese medicine are integrated with Western medicine. Also on the premises are an early childhood education center and an assisted living facility for low-income seniors. The center has a common room for joint programs such as oral history where elders can tell their life stories to children. Due to its exemplary relationship with the communities it serves, Site 05 has been nationally recognized as a model for the delivery of culturally and linguistically competent services. Staff attribute its success to the fact is that it is "not just a social service agency, and not just a clinic; it's a social justice organization". Social justice is considered to be a core element of cultural competency. For example, the organization addresses racial disparities, and works toward equity through involvement in issues such as deportations and anti-immigrant policies, which are important to the community it serves.

### Site 06

Site 06 is a nonprofit organization that provides family oriented mental health and family support programs in the Northeast region of the United States. It began in the 1960s as a volunteer effort to help Latino immigrants who were experiencing a variety of social and health needs in overcoming linguistic and other barriers as they settled. A couple years after its incorporation, Site 06 began recruiting families who had adjusted well to immigrant life to help in the delivery of services to other individuals and families in the local community. The organization's current mission is to prevent family disintegration, and enhance the self-sufficiency of the Latino community. The majority of the population served by Site 06 is Latino, representing various national origin groups, although they also serve a high proportion of African Americans (about 30 percent), and Whites. Site 06 offers a variety of services, including individual and family counseling, intensive treatment for severely emotionally disturbed adolescents, family preservation services, Head Start programs, intensive case management, short-term hospitalization, and residential treatment programs. According to Site 06 staff and organizational documents, they are one of the only organizations in the city that provide mental health services and printed information in Spanish. Site 06 also employs staff that speaks French and Haitian Creole. The organization emphasizes the communication of respect for cultural identity in all interactions with individuals and families served by the organization, regardless of ethnic background.

### Site 07

Site 07 is described by its staff as an "alternative healing center," was founded in 2001 in a Southwestern city, and provides services at several locations countywide. The organization provides individual, family, and group therapy, and supports groups that address anger management, domestic violence, divorce/custody issues, parenting, substance abuse, relapse prevention, and culture bound syndromes. In addition, they provide a number of innovative and progressive services, which they identify as "cutting edge therapeutics," including traditional/cultural healing, Tai Chi, Reiki, hypnosis, massage therapy, art therapy, and pet therapy. Site 07 staff reported that at least 50 percent of the population they serve is Latino, about 25 percent Native American, 20 percent White, and some small number African American. They offer therapy in Spanish and Polish, and intake forms are available in Spanish. While staff reported observing the importance of an individual and family's culture, they also reported a preference for letting individuals identify themselves on their own terms and acknowledging those preferences throughout the service delivery process. According to an administrative respondent, the organization "[tries] to uniquely match our services with the client and then try to allow them to have a dominant role in deciding what their treatment will include" (personal communication, interview participant, Site 07).

### Site 08

Site 08 is a non-profit agency founded in the mid 1970s by residents of a community within a West Coast city. Since then, the organization has grown to include almost 700 employees and offers a diverse array of programs countywide. These programs include counseling and therapy for children, youth, and families, licensed children's' programs, a youth hotline staffed by teens, after school services, a community youth center, and family support and advocacy services. This study focused primarily on the Parent to Parent Program component of the agency, which targets disadvantaged families of color who have children with mental health challenges, and provides support, training, and information for parents raising children with emotional and behavioral needs. About 70 percent of families served by this program component are Latino, with the remainder reported to be African American and White families; all of the target families were identified as poor. Parent to Parent programs are run by families and they offer three culturally specific ones. One provides parent support, navigation services, and wraparound services for families with children involved in multiple service systems. The second focuses on helping children, youth, and their families cope with traumatic experiences related to neighborhood and family violence, and an after school creative arts program for children and youth that have been expelled from other programs due to emotional and behavioral challenges. The third includes paid Parent Partners, who work directly with families in providing supportive services, a part-time psychiatrist who is also a parent of a special needs youth, volunteers from the community, and the program director. Funding for Parent to Parent Programs is obtained primarily through small grants from private foundations and through the county. At the time this study was conducted, Site 08 was working to qualify for Medicaid reimbursement.

### Site 09

Site 09 is a state-wide organization with the goal of "bringing people and services together" (personal communication, interview participant, Site 09). It was incorporated in the 1970s and is currently one of the largest minority Non-Profit Organizations in the state it serves. Site 09 programs include family stabilization services, counseling, education, outreach and public health, developmental disabilities, mental health, elderly services, and information and referral resources. The wraparound services division at Site 09 serves a small northeastern community that includes families who are African American, Haitian, Cape Verdean, Vietnamese, Latino, South Asian Indian, and White. Approximately 1,500 youth and their families are served annually and referrals are made from a variety of social service agencies. Children's issues range from autism, to emotional and/or behavior challenges and learning disabilities, while family needs include severe poverty, lack of health insurance, lack of affordable transportation, unemployment, immigration issues, limited English speaking ability, and literacy and educational challenges that Site 09 staff characterize as affecting level of knowledge about service systems and resources. Innovative programs are developed and provided by staff that is diverse in cultural/linguistic and educational backgrounds. Programs include one which provides peer consultants who educate parents on family and children's rights, provide support and empowerment, conduct workshops and training, and provide insurance information; another which provides case management, therapy and counseling, referrals, family and youth support services such as mentoring, and flexible funding; and another which provides therapeutic after school activities funded by the Department of Mental Health.

### Site 10

Site 10 is located on the West Coast. About 35 percent of the population is of Hispanic or Latino origin and 15 percent is Asian—of which about one-third are Vietnamese. Nearly 30 percent of the population is foreign-born. Large populations of Spanish-speaking and Vietnamese speaking families are located in distinct communities in this area. A cultural competency department has been in existence since the late 1990s to provide consultation, training on cultural competence and access, monitor demographic and service utilization data, and develop recommendations for services across the organization. Children are referred for services by schools, social services, and juvenile justice. A majority of referrals are for children and youth with ADHD, substance abuse, affective disorders, and youth transitioning to adult services. Services are offered through more than 20 outpatient sites in targeted locations and include consultation, evaluation, therapy, medication, referrals, and wraparound services for parents and families. Both non-traditional and traditional services are offered for API individuals and families in order to reduce stigma and increase

trust. Non-traditional services were developed through community engaged planning processes and include full service partnerships and a training program for lay health promoters. The linguistic needs of populations have been addressed through translation of all agency forms to Vietnamese and Spanish using a process that verified the appropriateness of mental health terms. Funds are derived from a variety of sources including state and federal grants, county funds, Medicaid, and state funding for county mental health services. Clients with private insurance are not accepted, but fee-for-services options exist.

### Site 11

Site 11 is a not-for-profit statewide parent support and advocacy organization for families with children who have emotional, behavioral, and/or mental health issues, founded in 1990. Site 11 provides information, referrals, advocacy, and support groups, along with the opportunity for families, professionals and other interested state and community representatives to speak with each other about the needs of children with emotional problems. According to staff interviewed, up to 60 percent of the children served by Site 11 are African American. Other families served were identified as White, bi-racial, and Latino. Site 11 programs are funded through a variety of federal and state funding streams and assist parents and caregivers in addressing their children's mental health issues. These services include a statewide information and referral service network, child care training and consultation in three areas of the state, an early identification and treatment program for teens, family support services for families with children at-risk of being placed in child welfare, and a program that provides services to uninsured and underinsured children.

### Site 12

Site 12 was founded in the mid1990s in a Mid-western state. This site serves families living in the county who have children with serious emotional or mental health needs, are referred through the child welfare or juvenile justice systems, or are at immediate risk of placement in a residential treatment center, juvenile correctional facility, or psychiatric hospital. Their services were designed to reduce the use of institutional-based care such as residential treatment centers and inpatient psychiatric hospitals while providing more services in the community and in children's homes. Site 12 utilizes a wraparound approach to service delivery, which focuses on strength-based, individualized care. Seventy-one percent of children and youth served by Site 12 are African American, 20 percent White, 6 percent Latino, and 3 percent are identified as "other." Site 12 offers a variety of services including group homes, care coordination, residential treatment, foster care, psychological assessments, intensive in-home therapy, crisis stabilization, medication management, day treatment, discretionary/flex funds, life skills, support services, transportation, alcohol and drug abuse treatment, inpatient, mentor/support, outpatient mental health, parent support, and respite care.

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