

POLICY MANUAL

State Board of Behavioral Health and Developmental Services Department of Behavioral Health and Developmental Services

POLICY 1023 (SYS) 89-01 Workforce and Service Delivery Cultural and Linguistic Competency

Authority Board Minutes Dated: March 22, 1989
Effective Date: April 26, 1989
Approved by Board Chairman: s/Greer D. Wilson, Ed.D.

References U.S Department of Health & Human Services (USDHHS), Office of Minority Health, National Standards on Culturally and Linguistically Appropriate Services in Health Care (CLAS), July 2001
Hogg Foundation for Mental Health, University of Texas at Austin, Cultural Competency, *A Practical Guide for Mental Health Services*, 2001
The National Academy of Sciences, Institute of Medicine, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, 2002
The President's New Freedom Commission on Mental Health, *Achieving the Promise, Transforming Mental Health Care in America*, July 2003
Workforce and Cultural Competency Conference, DMHMRSAS, *Cultural Competence and Virginia's Mental Health System*, October 2007
Comprehensive State Plan 2008-2014
Current Community Services Performance Contract

Background According to the U.S. Department of Health and Human Services (USDHHS), certain population groups have a higher incidence of mental health disorders than the general population. Certain population groups are also found to be disproportionately affected by diseases and death due to substance use disorders.

The reasons for these types of disparities are complex but are partially attributed to a lack of or relatively poor quality care that these population groups receive for mental health or substance use disorders. Even when these groups obtain mental health or related services, they are often of substandard quality and not equal to services received by the white population. The National Academy of Sciences (2002) found that some non-white population groups may experience a range of barriers to services, even when insured at the same level as whites, including barriers of language, geography, and cultural familiarity.

America's population is rapidly becoming more diverse. African American, Hispanic, Asian, and other non-white population groups are increasing at a significantly higher rate than the white population. In 2001, the USDHHS

Continued on next page

Background
(continued)

reported that more than 85 percent of all psychologists, counselors, and social workers in the national workforce were white. In Virginia, African Americans comprised about 35 percent of the total admissions to state hospitals from 1990-1999, although African Americans comprised only approximately 19 percent of the total Virginia population for this period. In view of these circumstances, there appears to be a critical lack of trained bi-lingual, bi-cultural service providers in the mental health services system. Having a Ph.D. or an M.D. or being bi-lingual does not guarantee that a clinician will be culturally competent.

The president's New Freedom Commission on Mental Health stated in its Final Report: "The current mental health system has neglected to incorporate, respect or understand the histories, traditions, beliefs, languages, and value systems of culturally diverse groups. Misunderstanding and misinterpreting behaviors have led to tragic consequences... There is a need to improve access to quality care that is culturally competent."

The Hogg Foundation for Mental Health at the University of Texas (2001) has described cultural competency as the integration and transformation of knowledge, information, and data about individuals and groups of people into specific clinical standards, skills, service approaches, techniques, and marketing programs that match an individual's culture and increase the quality and appropriateness of health care outcomes. Culture is critical in determining what people bring to the clinical setting. It affects language, how concerns are expressed, how help is sought, the development of coping styles and social supports, and the degree to which stigma is attached to mental health disorders. The cultural appropriateness of behavioral health (mental health and substance abuse) and developmental (mental retardation) services may be the most important factor in the accessibility of services by certain population groups. Developing culturally sensitive practices can help reduce barriers to effective treatment and service utilization.

In July 2001, the USDHHS Office of Minority Health released national standards on Culturally and Linguistically Appropriate Services (CLAS) in health care. These standards address culturally competent care, language access services, and organizational supports and include mandates (intended for recipients of federal funds), guidelines, and recommendations. They are designed to be integrated throughout health care organizations to make practices more culturally and linguistically accessible.

In October 2007, the Department of Behavioral Health and Developmental Services (the Department) sponsored a Workforce and Cultural Competency Conference to promote services and improve access for multicultural individuals receiving services across Virginia. This conference educated service providers, policy-makers, and administrators about cultural competence and highlighted evidence based practices and strategies for integrating cultural competence into ongoing service delivery and creating multicultural environments.

Policy 1023 (SYS) 89-01, Continued

Background
(continued)

As part of the Partnership Agreement included in the current Community Services Performance Contract, the Department's central office, state hospitals and training centers (state facilities), and community services boards and the behavioral health authority (CSBs) have agreed to:

- Endeavor to deliver services in a manner that is understood by consumers, hereafter referred to as individuals or individuals receiving services. This involves communicating orally and in writing in the primary languages of individuals receiving services, including Braille and American Sign Language when applicable, and at appropriate reading comprehension levels.
 - Endeavor to address to a reasonable extent the cultural and linguistic characteristics of the geographic areas and populations that they serve.
-

Purpose

To articulate policy affirming the importance of a culturally and linguistically competent workforce in Virginia's public behavioral health and developmental services system and to support the integration of culturally competent practices and concepts into service system design and service delivery.

Policy

It is the policy of the Board that the Department, state facilities, and CSBs shall provide services to individuals in the public behavioral health and developmental services system in a manner that is sensitive to their beliefs, norms, values, traditions, customs, and language regardless of their racial, ethnic, or cultural backgrounds. Consistent with this policy, the Department, state facilities, and CSBs shall develop mechanisms to facilitate the involvement of the community and individuals receiving services in the design and implementation of culturally and linguistically appropriate behavioral health and developmental services.

The Board believes that services that are designed and implemented with attention to diverse community and individual needs and desires will improve access for multicultural individuals receiving services across Virginia because such services are more likely to be responsive, efficient, and effective. These efforts also should promote greater access for people in the community who may be in need of services but currently are not receiving them because of cultural or linguistic barriers. The Department, state facilities, and CSBs should use a variety of formal and informal mechanisms to involve individuals receiving services, family members, and relevant community groups with multicultural perspectives, including membership on state and community boards, councils, and advisory committees; participation in community meetings and on focus groups; and informal conversations and interviews. This participation and collaboration can provide the services system with a better understanding of multicultural issues, strengthen relationships with culturally diverse groups, provide meaningful expertise on linguistic and cultural competence that would otherwise be difficult or costly to obtain, and provide beneficial and empowering opportunities for individuals receiving services and their families.

Continued on next page

Policy 1023 (SYS) 89-01, Continued

Policy
(continued)

It is also the policy of the Board that the Department, state facilities, and CSBs shall participate to the greatest extent possible within available resources in training and development of educational opportunities for clinical and administrative staff with regard to culturally and linguistically appropriate practices and service delivery. This training shall include topics such as effective communication and conflict resolution among staff and individuals of different cultures or with different languages and how to work with and access interpreters, translators, and telephone language services. Training also should enable staff members to explore their own cultural values, recognize and respect the cultural variations, strengths, and resources of the individuals they serve, and adapt programs and services, as appropriate.

Further, it is the policy of the Board that the public behavioral health and developmental services system shall maintain a culturally diverse workforce to the greatest extent possible within available resources. Consistent with this policy, the Department, state facilities, and CSBs shall implement strategies to recruit, retain, and promote a diverse clinical and administrative staff and system leadership that represent the demographic characteristics of the population served in Virginia's public behavioral health and developmental services system. Proactive strategies such as recruitment incentives, partnerships with school systems, mentoring, and other employment programs shall be used to build diverse workforce capacity. The Board believes that a culturally diverse staff is crucial to accurately assess the needs of individuals with different cultural and linguistic backgrounds and to address those needs in the provision of services, policy development, and funding requests for the services system.

Finally, it is the policy of the Board that written documents and verbal communication related to services be made available to individuals in their preferred or primary languages to the greatest extent possible within available resources. Consistent with this policy, the national CLAS standards, and Title VI of the Civil Rights Act, the Department, state facilities, and CSBs shall identify:

- Language needs of individuals receiving services who have limited English proficiency;
- Points of contact in the organization for obtaining language assistance; and
- Available resources and ways to access them to provide timely language assistance.