



C A L I F O R N I A   D E P A R T M E N T   O F

# Mental Health

Engaging Cultural and linguistics  
Competence in MHSA  
Presented to CA. OAC

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Presented By:

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# Outline

- ◆ Overview Cultural competence
- ◆ Understanding Elimination of Disparities
- ◆ Cultural Competence as a road map to Quality of Care
- ◆ DMH other statewide efforts for Culturally and linguistic Competence
- ◆ OAC moving to solutions

# Organizational Cultural Competency

A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among consumer providers, family member providers, and professionals, that enables that system, agency or those providers to work effectively in cross-cultural situations.

**Source:** Adapted from Cross, T.L., Bazron, B.J. Dennis, K.W., Issacs, M.R. & Benjamin, M.P. (1989). Towards A Culturally Competent System of Care, (Vol). Washington, DC.

# Cultural Competence is Not a Program It's a System Approach/Change

Integrated at all levels: to eliminate disparities

- ◆ Policy (embedded in MHSA)
- ◆ Administration –(each component)
- ◆ Practitioner/Provider-  
(providers/workforce)
- ◆ Client and family, -(inclusive input)

To support **wellness, recovery and resilience across the life span!**

**Source:** Cross, T.L., Bazron, B.J. Dennis, K.W., Issacs, M.R. & Benjamin, M.P. (1989). Towards A Culturally Competent System of Care, (Vol). Washington, DC.

# The Five Essential Elements of Cultural Competence

- ◆ Valuing Diversity
- ◆ Cultural Self Assessment
- ◆ Dynamics of Difference
- ◆ Institutionalization of Cultural Knowledge
- ◆ Adaptation to Diversity

**Source:** Cross, T.L., Bazron, B.J. Dennis, K.W., Issacs, M.R. & Benjamin, M.P. (1989). Towards A Culturally Competent System of Care, (Vol). Washington, DC.

**We must make a clear connection between cultural and linguistic competence, quality improvement and elimination of racial/ethnic disparities**

# What is quality of care?

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The capacity to deliver safe, appropriate, timely, efficient, effective, and equitable treatment

Cultural Competence is about  
Quality of Care

# Mounting Evidence to Support Need for Organizational Change

- ◆ Striking Evidence of Disparities to Racial, Ethnic & cultural groups.
- ◆ National and State Reports call for Elimination of Health Disparities.



THE PRESIDENT'S NEW FREEDOM  
COMMISSION ON MENTAL HEALTH

# Achieving the Promise:

TRANSFORMING  
MENTAL HEALTH CARE  
IN AMERICA

EXECUTIVE SUMMARY

FINAL REPORT  
JULY 2003



THE PRESIDENT'S NEW FREEDOM  
COMMISSION ON MENTAL HEALTH

# Achieving the Promise:

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# President's New Freedom Report Achieving the Promise: Transforming Mental Health Care in America

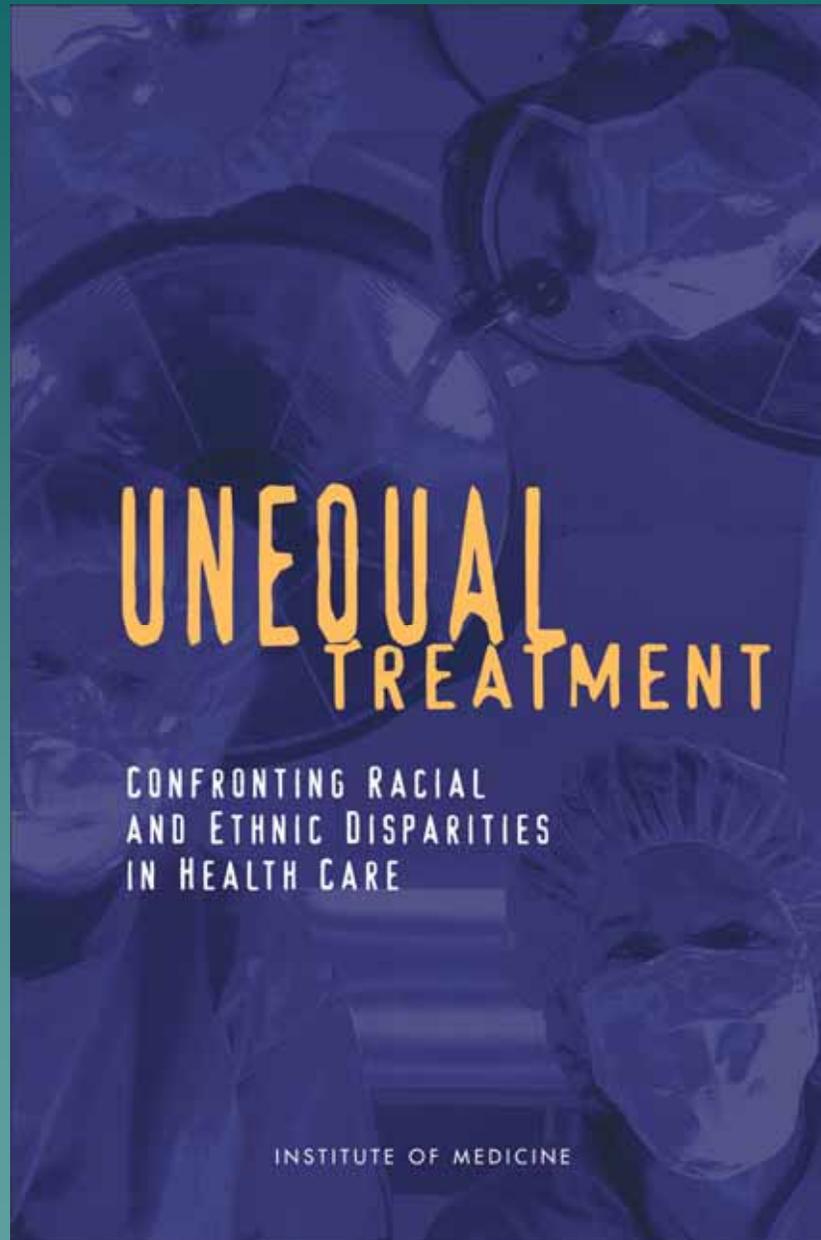
- ◆ "The mental health system has not kept pace with the diverse needs of racial and ethnic minorities, often undeserving or inappropriately serving them."

# New Freedom Commission Conclusions

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- ◆ Behavioral health systems in the United States are:
  - fragmented;
  - fraught with barriers;
  - leaving too many people seeking mental health care, with unmet needs.
- ◆ This is particularly true for minority populations who are often over represented in our nation's most vulnerable populations.

# Disparities in Health Care



**“Racial and Ethnic minorities tend to receive a lower quality of healthcare than non-minorities. A comprehensive, multi-level strategy is needed to eliminate these disparities”**

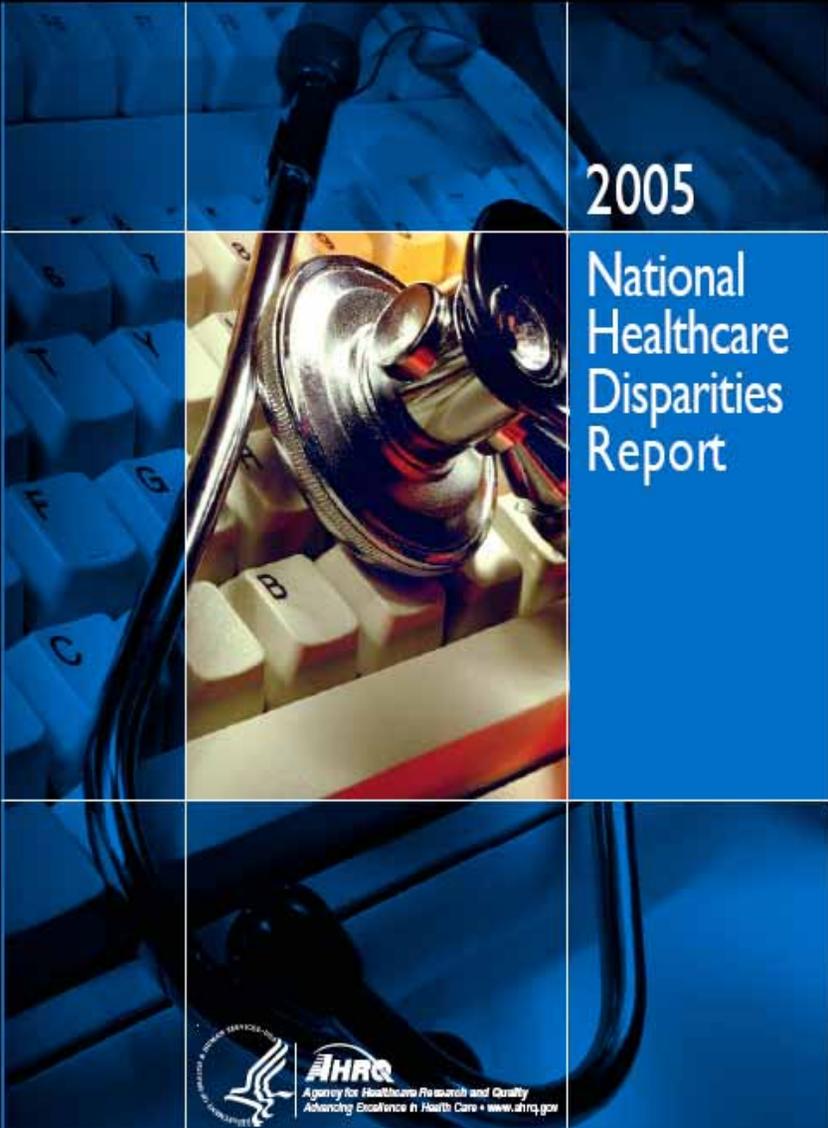
Unequal Treatment Confronting Racial Ethnic Disparities in Health Care ([www.IOM.edu](http://www.IOM.edu))

# Surgeon General Report Mental Health: Cultural, Race and Ethnicity

Major Finding:

- “Racial and ethnic minorities bear a greater burden from unmet mental health needs and thus suffer a greater loss to their overall health and productivity.”
- “Clinical trials used for professional Tx guidelines for 4 major disorders did not include analysis by racial/ethnic groups.

# Key Themes from the National Healthcare Disparities 2005 Report



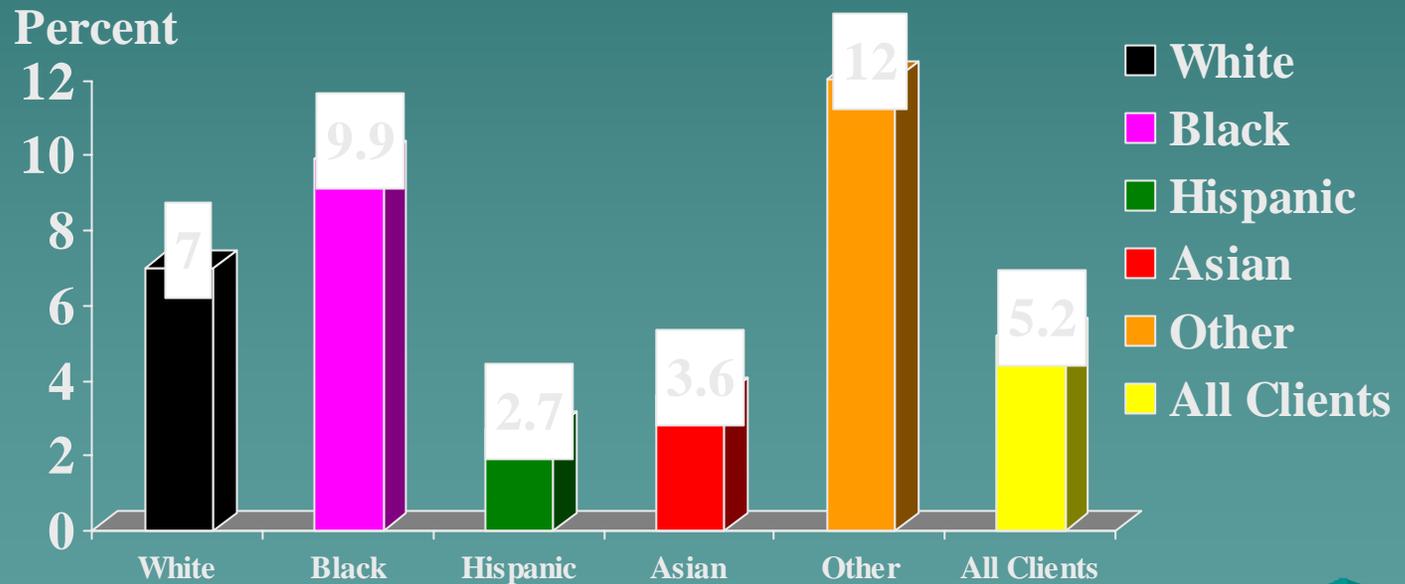
2005

National  
Healthcare  
Disparities  
Report

- Key themes for policymakers, clinicians, health system administrators, and community leaders:
- ◆ Disparities still exist;
  - ◆ Some disparities are diminishing;
  - ◆ Opportunities for improvement remain;
  - ◆ Information about disparities is improving.

# CA Mental Health Utilization Rates

Total Clients Served in County MHP  
Penetration Rates by Race/Ethnicity  
FY 00/01 N = 537,199



Penetration rates calculated by dividing the number of clients by the number of persons in households below 200% of the poverty level in the county in each race/ethnic group

# So, what's going on....

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Underutilization is a failure to provide appropriate services that address cultural and linguistic needs

# THE GLOBAL BURDEN OF DISEASE

Among the top 10 main causes of disability, FIVE are Mental Disorders

- ◆ Major Depression
- ◆ Schizophrenia
- ◆ Bipolar Disorder
- ◆ Alcohol use
- ◆ Obsessive- compulsive Disorder

# What are the obstacles?

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- Cost
- Lack of knowledge
- Lack of acceptance by health professionals
- Organizational resistance

# Access to Services

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## Barriers:

- Under-recognition of mental health problems
- Referral bias;
- Perceived need for care and expectations
- Cultural and linguistic insensitivity;
- Lack of insurance;
- Immigration patterns;
- Poverty;
- Education;
- Service cutbacks.

# Underlying Factors Affecting Disparities

- ◆ Systems unprepared, institutional bias
- ◆ Lack of systems capacity to adjust to changing demographics- embracing diversity
- ◆ Lack of multicultural consumers involvement in policy, planning
- ◆ Lack of diversity in health care leadership
- ◆ Lack of bilingual - bicultural providers
- ◆ Lack of access to treatment
- ◆ Lack of appropriateness of treatment
- ◆ Lack of effectiveness of treatment (quality) interventions
- ◆ Consumer lack knowledge about mental illness
- ◆ EBP-Lack of racial/ethnic specific Research

# Need for Cultural Competence

1. Perception of illness & disease & their causes varies by culture;
2. Diverse belief systems exist related to health, healing and wellness
3. Culture influences help seeking behaviors & attitudes toward health care providers
4. Individual preference affect traditional and non traditional approaches to health care
5. Clients must overcome personal experiences of biases within health care systems
6. Culturally and linguistically diverse providers underrepresented in MH and Health fields

Source: Cohen & Goode, National Center for CC 1999

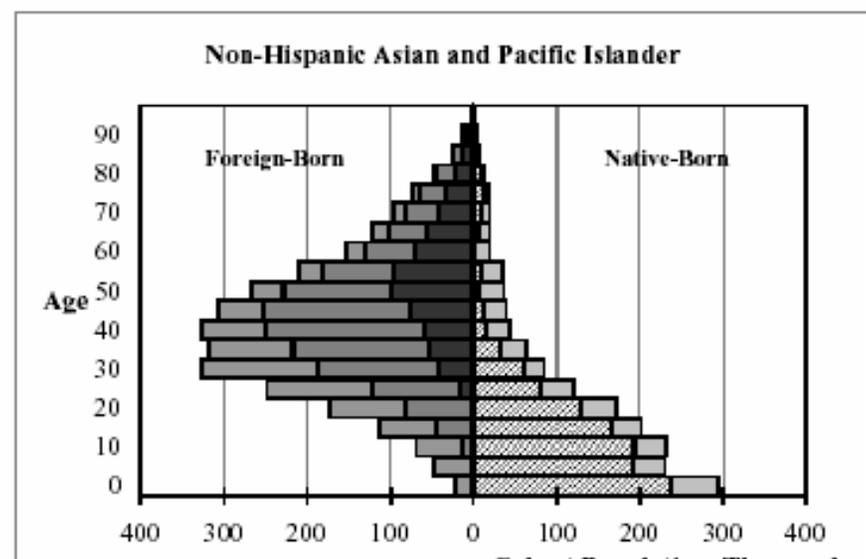
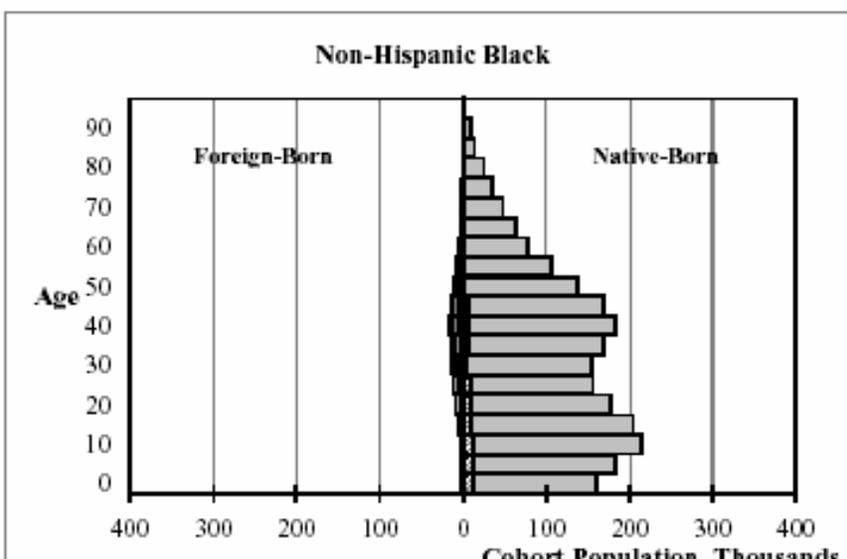
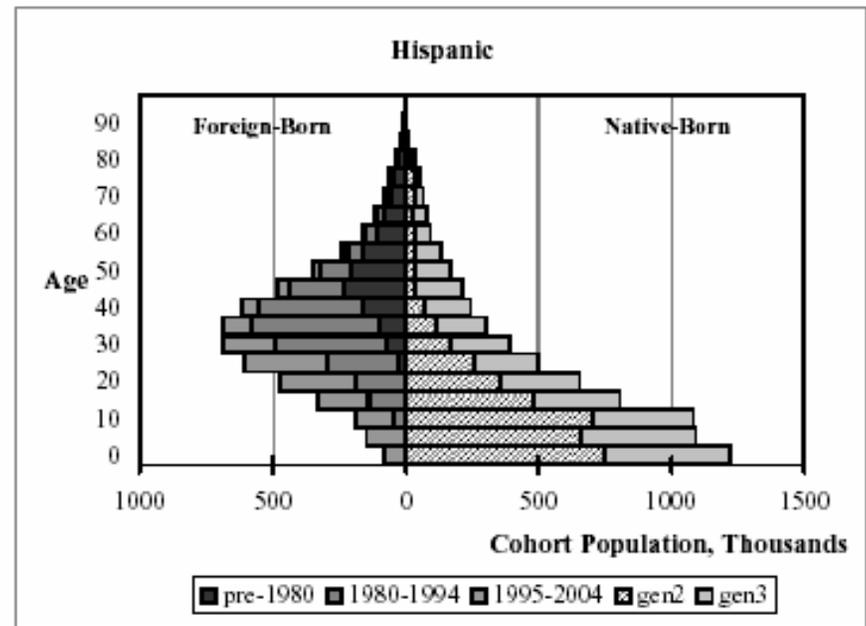
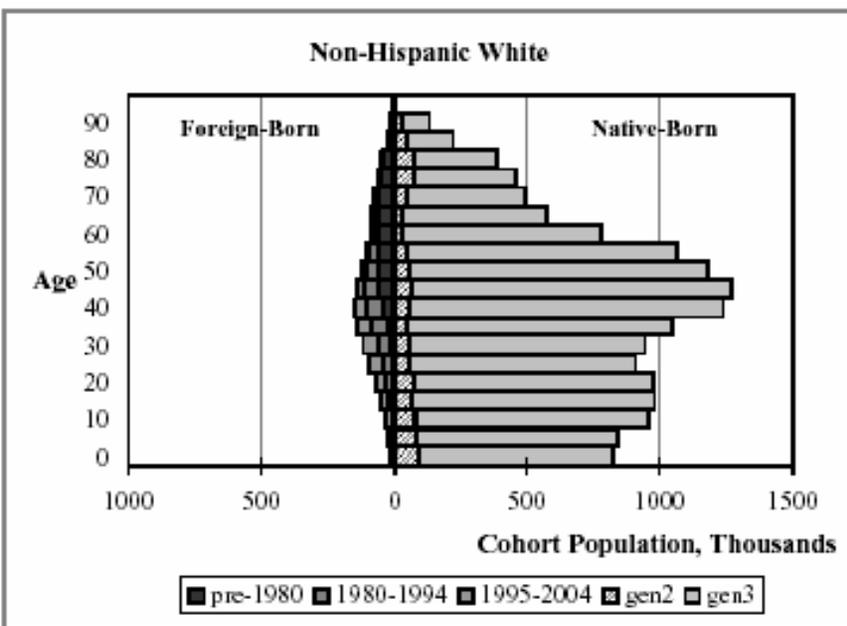
# Key Issues for underserved communities Mental Health Care

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- ◆ Relevance: Mental health issues are largely irrelevant to the public (individuals, families, communities).
- ◆ Access: to care is a pervasive and persistent problem.
- ◆ Quality: of care is a long way from what it could be.

# Exhibit 7

## Age-Nativity Pyramids by Race and Hispanic-Origin Population of California, 2005



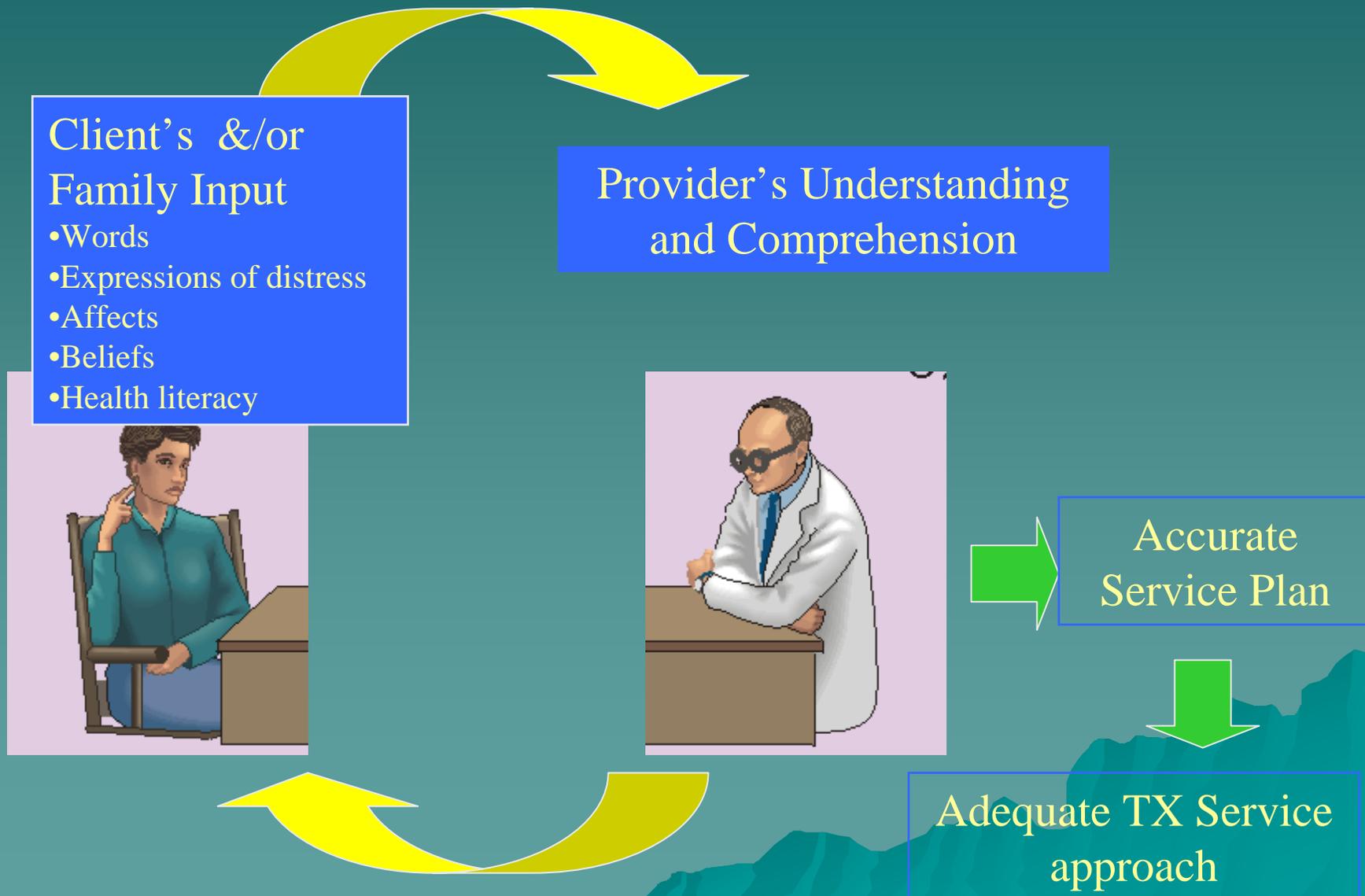
# Language Use Among Latino Adults

## Language Use Among Latino Adults

	<b>SPANISH DOMINANT</b>	<b>BILINGUAL</b>	<b>ENGLISH DOMINANT</b>
First generation	72%	24%	4%
Second generation	7%	47%	46%
Third and higher generations	0%	22%	78%
All Latinos	47%	28%	25%

Source: Pew Hispanic Center/Kaiser Family Foundation National Survey of Latinos, December 2002

# Service Encounter



# Tribal Communities

- ◆ “Native culture is arguably the single most powerful resource when thinking about improving the lives of Indian children and families” *(A. Hunt, NICWA)*
- ◆ Use of traditional cultural interventions to restore “balance” to troubled child and family
- ◆ Allow and reimburse for services provided by “non traditional” and culturally accepted providers.

# Three Levels of Change Required

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- ◆ Changing the care, itself;
- ◆ Changing the organizations that deliver care;
- ◆ Changing the environment that affects organizational and professional behavior.

# Relevance of Mental Health Issues to the Public

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- ◆ There is a tremendous gap between the evidence of the magnitude and impact of mental disorders and the public understanding of mental health problems
- ◆ Mental Health issues are not in the radar of the public!

# Relevance of Mental Health Issues to the Public: Do what it takes!

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- ◆ Need to rethink traditional ways of doing things
  - ◆ Need better communication (two-way) channels with the public
  - ◆ Willingness to take the risks needed at the outset
  - ◆ Come out from one's comfort zone and venture into unfamiliar territories
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# 1997 SDMH Issued Cultural Competency Plan Requirements

- ◆ To assist MHPs in creating a more responsive and accessible system for Medi-Cal beneficiaries for the delivery of quality and cost-effective culturally & linguistically competent specialty mental health services.
- ◆ All MHP required to submit Plans

# CA. DMH Components of Strategic Plan

- ◆ Each of 58 MHPS required to submit CCPR
- ◆ Population Assessment
- ◆ Organizational & Services Providers Assessment
- ◆ Quality of Care Competency-
- ◆ Standards Section- 3 Standards
  - Access
  - Quality of Care-
  - Quality Management

# CA historical efforts to eliminate disparities in Mental Health care

- ◆ 1970's Development of Ethnic specific CBO urban
- ◆ Required 58 county MH to submit CC Plan
- ◆ Completed 32 hour CBMCS curriculum
- ◆ Completed ready to pilot first Interpreter mental health training
- ◆ Ongoing training
- ◆ Public forms CMHDA – Strategic Plan for eliminating disparities
- ◆ CMHDA-Ethnic Service Cultural competence committee, framework for cultural competence
- ◆ CNMHC – increase diverse,
- ◆ UACC
- ◆ CA Endowment
- ◆ Kaiser Foundation
- ◆ CIMH – Office Multicultural Services
- ◆ SAMHSA Georgetown Center for Multicultural Development

# OAC Leading from a Culturally and Linguistically Competent Perspective

- ◆ Integration of cultural competence at all levels in each of MHSA components
- ◆ Create your own vision and work plan for cultural competence
- ◆ Establish clear definition for prevention and early intervention within a context of cultural and linguistic competence
- ◆ Be willing to create ethnic specific Anti-Stigma campaigns to address CA's diversity
- ◆ Establish strong links with disparities research to seek new solutions and eliminate disparities
- ◆ Plan and support Innovative projects programs that add to the solutions of eliminating disparities.

# Open the door to a relevant culturally competent mental health system

- ◆ Embed services in nontraditional settings
- ◆ Design access so it is relevant and addresses stigma in seeking care
- ◆ Include strong client and family multicultural voices to lead in relevant solutions
- ◆ Collect disaggregated data to track and remedy disparities, in access, quality and underutilization of services.

“The significant problems we face cannot be solved at the same level of thinking we were at when we created them.”

Albert Einstein

# Culturally Competent Mental Health References

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