COMMUNITY MENTAL HEALTH FUND
Provider Cultural Competency Assessment
Jackson County

In Brief

Since the late 1990s the Jackson County Community Mental Health Fund (Levy) has invested in activities to promote cultural competency practices within the mental health community. This report describes a project undertaken by Levy staff to obtain an update on Levy grantee agencies' strengths and needs, and to plan future technical assistance.

The project was coordinated through the Education and Planning Committee of the Board of Trustees. The project focused on cultural competency advisory structures, providing language assistance to participants with limited English language proficiency, and workforce/board diversity. On-site discussion and document review were carried out to 27 Levy grantee agencies, in all Levy funding categories, from July to December 2015.

From these inputs, we report several conclusions and recommendations to the Cultural Competency Advisory Council (CCAC) and Board of Trustees for consideration and possible action. Among the main recommendations:

- Assure that all providers have written language access plans and train staff
- Consider a response to agencies who still lack capacity to operationalize CC Plans
- Maintain ongoing investment in local technical assistance opportunities with our funding partners
- Support training needs in areas such as LGBT issues and CLAS standards
- Consider our role in assisting and supporting workforce diversity

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Introduction

The Jackson County Community Mental Health Fund (Levy) has incorporated cultural diversity and cultural competence into a variety of operational, governance and funding processes over many years. This report describes a project that conducted on-site reviews of most grantee organizations in order to review the implementation of cultural competence plans submitted by applicant agencies within grant proposals. Qualitative and quantitative information were gathered. The on-site reviews were designed to promote frank discussion of organization challenges and benefits, and to share current topics and development from the Levy's perspective.

How We Got Here: a Brief History

Over the past two decades the Jackson County Community Mental Health Fund has pursued policies and funding requirements that encourage and document participant diversity at the levels of participant, staff and leadership, and organizational cultural competency efforts. There have been important milestones over this time period:

1998: Information on participant, staff and board diversity was required in proposals for funding.

1999: Applicants with large disparities between participants, staff and board were required to develop a diversity plan as a condition of funding.

2005: Local demographic data and maps were developed and made available on the Levy website to assist Levy and grantee service planning.[i]

2006: Cultural competence plans were required as part of the grant application process for all applicants.

2009: Levy staff undertook several projects to better understand diversity and inclusion in the provider network and to plan training and technical assistance. [ii] Projects included a report on the local availability of non-English mental health services, a "secret shopper" study on the experience of Spanish-speaking participants with selected provider agencies, and an assessment of provider cultural competence plans based on the HHS standards for Culturally and Linguistically Appropriate Services (CLAS).[iii]

2010: The Levy applied for and received cultural competence technical assistance (TA) through the REACH foundation's project, resulting in the formation of the cultural competence advisory council (CCAC) for the Levy.

2010: The Board approved adding four CLAS standards in applicant funding proposals, as priorities and building blocks for technical assistance and contract monitoring: Having a coordinating group, having a formal plan, having an organized approach for response to language assistance needs, and having an organized approach to diversity in the workforce, leadership and board. [iv]

Jackson County Mental Health Fund Cultural Competency Timeline
1990 to Present

| Collect Cultural Comp Plans | → | Analysis of Spanish Language Services | → | Analysis of CC Plans | → | Some CLAS requirements part of RFP | → | JCCMHF Receives Technical Assistance | → | CCAC Formed | → | CC Organizational Assessment |

2011: The CCAC developed and Board approved, a revised mission statement which set the foundation for future cultural competency efforts: *"The mission of the JCCMHF Board of Trustees is to support a network of mental health services for the chronically mentally ill, that are locally accessible and responsive to the varied and unique needs of Jackson County residents."*

2013: The CCAC developed and Board approved, a long-term cultural competency plan for the Levy. Subsequently a definition of cultural competency, goals, organizational and provider indicators were developed and Board-approved[v].

THE ENGAGEMENT IN AN AUTHENTIC SHARED PROCESS RESPONDING TO THE INDIVIDUALITY OF ALL PERSONS, IN SUPPORTING A NETWORK OF PROVIDERS MEETING THE MENTAL HEALTH NEEDS OF UNDERSERVED JACKSON COUNTY RESIDENTS.

LEVY DEFINITION OF CULTURAL COMPETENCE

JACKSON COUNTY MENTAL HEALTH FUND CULTURAL COMPETENCY PLAN
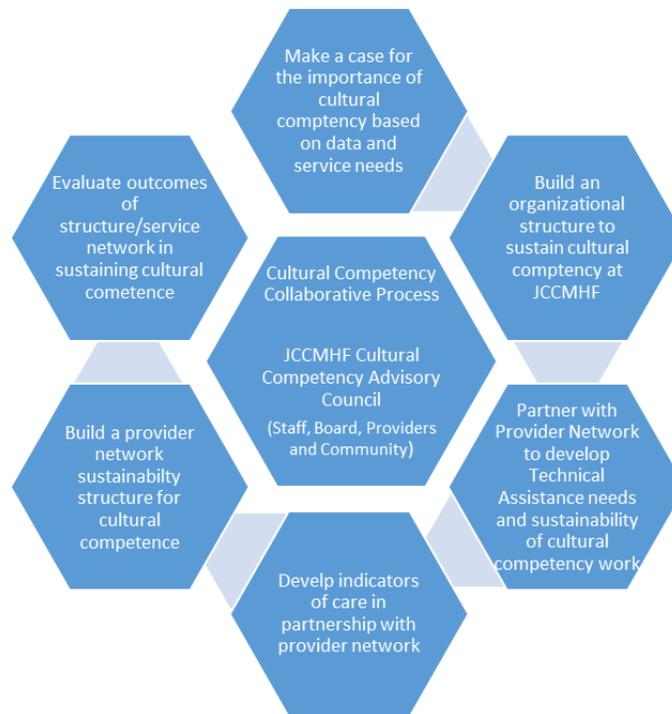
Current Project: Cultural Competency Assessment

After years of investment in promoting and developing cultural competency and inclusive practices for the mental health fund and its network of providers, Levy staff undertook an effort to assess provider's strengths and needs for future technical assistance. The project was coordinated through the Education and Planning Committee of the Board of Trustees. The project focused on the cultural competency advisory structures within provider

organizations, how agencies were providing language assistance to participants with limited English language use and how agencies were diversifying their workforce and boards.

Methodology for Assessment

Levy staff obtained information from grantee agencies by reviewing their most recent cultural competence plans and conducting on-site structured interviews. The organizational assessment (Exhibit 1) was based on the CLAS Standards, JCCMHF and provider indicators and RFP questions. The items were cross-referenced and shared with providers to help explain the relationship between Levy cultural competency indicators and the CLAS Standards.
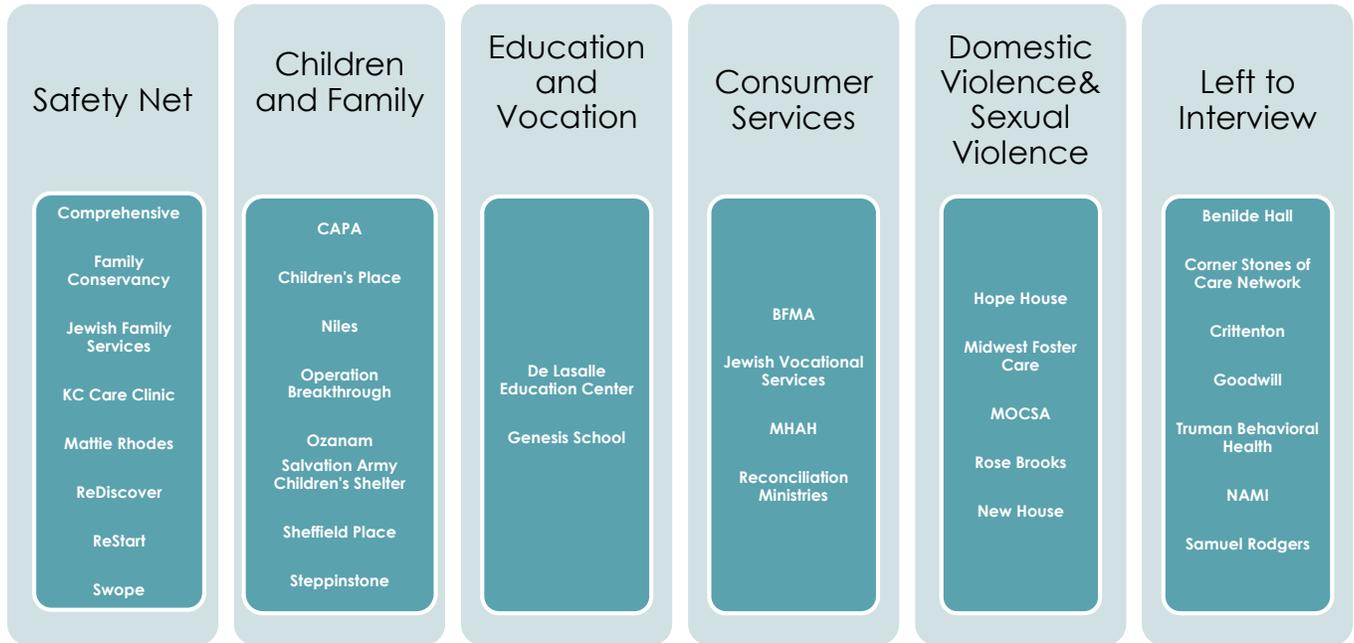
Separate interviews were conducted with each provider agency. Interviews lasted between 45 minutes and 2 hours, depending on the flow of conversation and number of participants. Interviews were intended to include all staff responsible for the cultural competency and diversity work of the organization.

The structured interview consisted of 12 questions within three topic areas: cultural competency advisory structure, language assistance, and board/workforce diversity. A rating scale was used to evaluate each question in the assessment, based on evidence presented by the organization and discussion during the review. Interview participants were able to review and provide input in the final rating of each questions.

Rating Scale				
Not Present No evidence present	**Planning** Referenced in plan and organization documents as future actions	**Initiatied** Reported and evidence in documents that actions are underway or piloting	**Implemented** Reported as evidence that precesses are operational	**Modifying/Evaluating** Reported and evidence that processes are being used to future evlaute organizational policy and procedures or used in QA process

Results

Interviews were conducted in 27 of 34 grantee agencies. The remaining interviews will be held in upcoming months and we will update this assessment report as needed. The providers were informed that no agency would be specifically identified in the summary reporting process. This was intended to encourage candor regarding activities, issues and needs of cultural competency efforts in organizations. The charts below provide a summary of implementation ratings for each question discussed during the review process.

Safety Net	Children and Family	Education and Vocation	Consumer Services	Domestic Violence& Sexual Violence	Left to Interview
Comprehensive Family Conservancy	CAPA				Benilde Hall
Jewish Family Services	Children's Place		BFMA	Hope House	Corner Stones of Care Network
KC Care Clinic	Niles	De Lasalle Education Center	Jewish Vocational Services	Midwest Foster Care	Crittenton
Mattie Rhodes	Operation Breakthrough	Genesis School	MHAH	MOCSA	Goodwill
ReDiscover	Ozanam		Reconciliation Ministries	Rose Brooks	Truman Behavioral Health
ReStart	Salvation Army Children's Shelter			New House	NAMI
Swope	Sheffield Place				Samuel Rodgers
	Steppinstone				

Committee Structure

There are only a few providers that did not have a formal committee structure and work related to cultural competency is discussed within other committees. Most providers have a formal committee structure that is responsible for the cultural competency and diversity/inclusion work within the agency. Providers that have been working on these efforts for an extended time or who received official technical assistance in the past have moved to incorporating the committee work into their quality assurance or program committees. Only a few providers maintained a separate committee specifically dedicated to cultural competency (Figure 1).

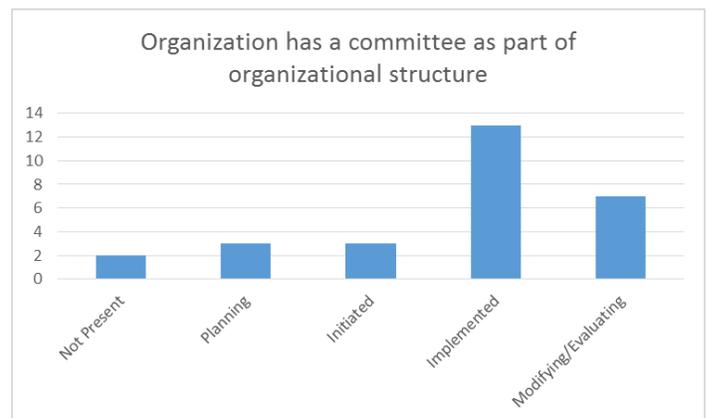Organization has a committee as part of organizational structure

FIGURE 1

Functional Plan

While every provider has a cultural competency plan, not all are functional. A few providers have plans only because it is a Levy requirement. Those organizations indicated that the plans are reviewed one time per year, as they are submitted to the mental health fund during the application process. A majority of the providers are in the process of re-evaluating the plans and incorporating them as part of the agencies strategic plan (Figure 2).

Organization has a functional cultural competency plan that is implemented by the committee and organization.

FIGURE 2

Representation on Committee

The representativeness of committees was well implemented overall. Those few agencies without a formal committee structure, identified only a few staff that are active in the committee process. Where there was a formal committee structure or cultural competency projects within the agency, diverse staff was represented from all levels of the organization. Those providers made intentional efforts to recruit diverse staff (Figure 3).

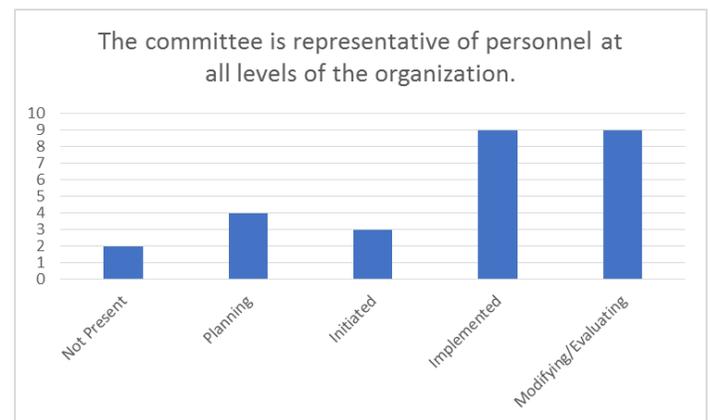**The committee is representative of personnel at all levels of the organization.**

FIGURE 3

Reporting to Leadership

Providers who did not have a formal committee structure felt that leadership was still informed, but they lacked formal methods for communication and monitoring action. Instances where there was formal committees and processes in place there were also formal reporting structures to the leadership and boards. Most providers recognize the importance of communication to the leadership for ongoing support and to make changes to policies and procedures (Figure 4).

The committee has a reporting mechanism to the leadership and board to ensure progress and monitoring of the CC Plan.
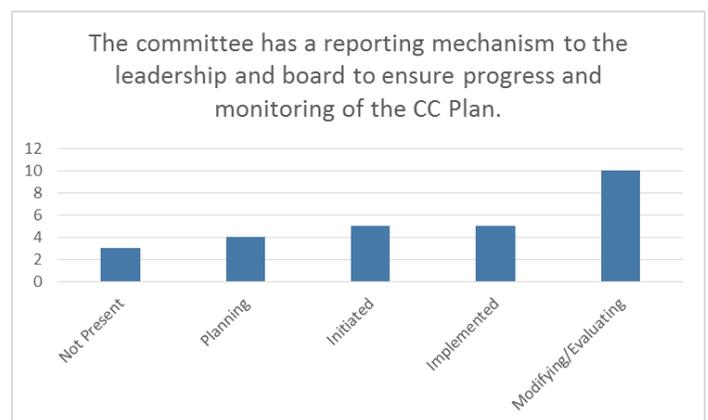
FIGURE 4

Advises on Disparities

When providers were asked about collecting data and using the information to determine where disparities in service delivery may exist, only a few reported collecting and analyzing information in that way. Most agencies described their information by identifying barriers to care in terms of anecdotal information. Some providers recognized the need for a more organized approach to collecting information and were developing new processes and enhancing electronic medical records to better collect data that would help them track trends in care and outcomes of their services (Figure 5).
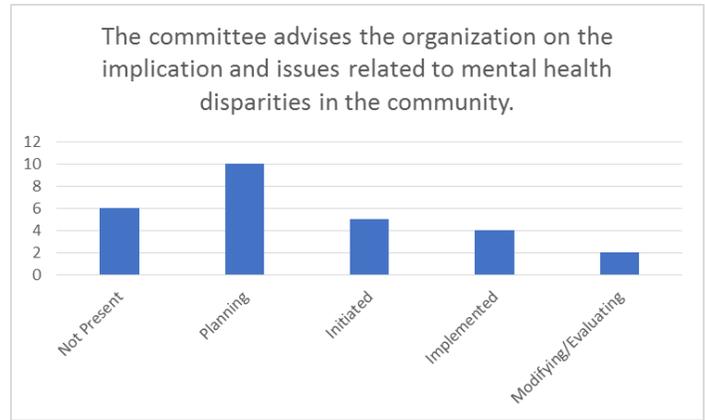
The committee advises the organization on the implication and issues related to mental health disparities in the community.

FIGURE 5

Language Assistance

All providers recognized the need for language assistance, but not all had a formal process to respond to participants in need of interpreter services. Language assistance services ranged from staff who served as interpreters when needed, to formal contracts with a language line or Jewish Vocational Services. Providers with formal processes in place were starting to evaluate how often language services were needed, and were ensuring language assistance contractors were meeting the needs of the organization (Figure 6).
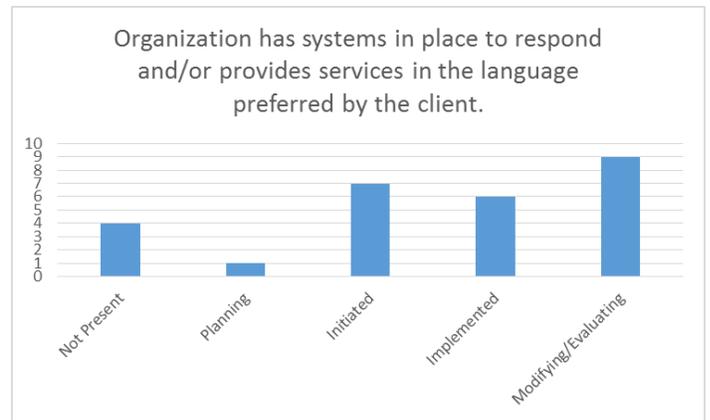
Organization has systems in place to respond and/or provides services in the language preferred by the client.

FIGURE 6

Document Translation

Not all providers are translating documents into other languages. Providers who report having few encounters with Non-English speaking participants are not investing resources to translate documents. Spanish is the most common second language for a majority of the providers. Many providers are starting to translate general information about the agency in Spanish, along with commonly used forms such as intake, confidentiality, release of information and some assessments (Figure 7).
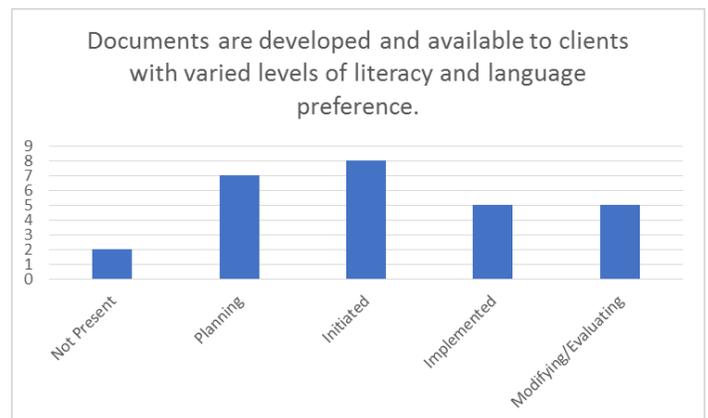
Documents are developed and available to clients with varied levels of literacy and language preference.

FIGURE 7

6

Compliance with Title VI

Not all providers were familiar with Title VI of the Civil Rights Act, mostly because their agency either did not receive federal funding, or their funding did not meet the threshold for Title VI mandated compliance. The larger providers were all knowledgeable of the Title VI requirements and are audited for compliance in accordance with federal regulations (Figure 8).

The organization is compliant with Title VI Civil Rights Act and HHS Office of Civil Rights Policy Guidance for Servicing LEP Clients.

(Bar chart values: Not Present = 5, Planning = 1, Initiated = 3, Implemented = 8, Modifying/Evaluating = 10)

FIGURE 8

Staff Represent Communities Served

All providers reported taking some action toward a diversified workforce. A majority of the agencies are assessing hiring practices, position requirements and internal promotion practices to find better ways to diversify their workforce (Figure 9).
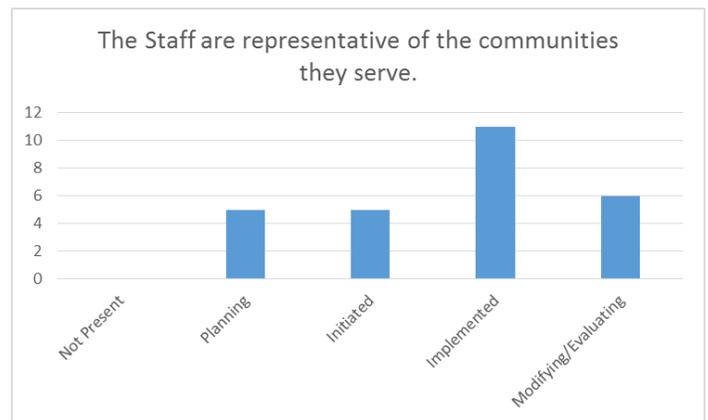
The Staff are representative of the communities they serve.

(Bar chart values: Not Present = 0, Planning = 5, Initiated = 5, Implemented = 11, Modifying/Evaluating = 6)

FIGURE 9

Board Represents Communities Served

Provider agencies are making some progress developing more diverse Boards but full implementation is lacking. For many, the challenge is moving Boards from a primarily fundraising focus to program involvement. Agencies implementing new recruitment practices report balancing Board Member interests in programming and fundraising. Providers generally feel they are improving methods for tracking Board demographics and becoming more intentional with recruiting persons to meet the skills needed to improve the organization and have the spheres of influence for fundraising (Figure 10).
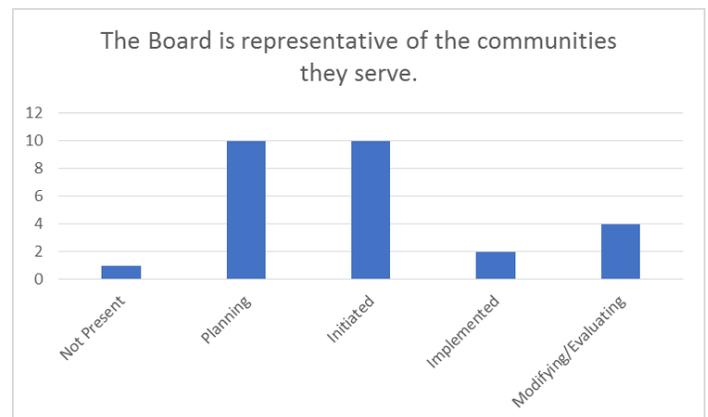
The Board is representative of the communities they serve.

(Bar chart values: Not Present = 1, Planning = 10, Initiated = 10, Implemented = 2, Modifying/Evaluating = 4)

FIGURE 10

Board Includes Service Recipients

Some providers are required by accreditation standards to have participants of service on the Board and have a long history of operating that way. A few providers that did not include participants of service reported there were potential conflicts of interest or stigma-related concerns arising from disclosure of being a recipient of service. Providers who reported good representation of past service participants actively recruit people who had developed skills as an advocate or spokesperson for the agency and were comfortable with self-disclosure of their experience. Many of the providers reported mechanisms to seek participant input through less formal process including advisory or focus groups (Figure 11).
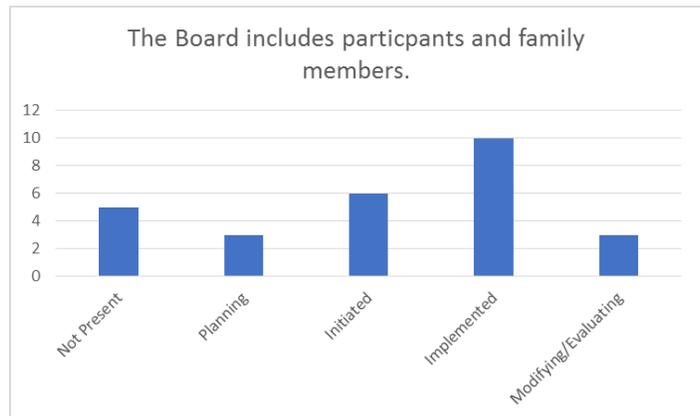
The Board includes particpants and family members.

FIGURE 11

Diverse Leadership

Diversity in leadership was the least developed of all the cultural competency areas we reviewed (Figure 12). While diversity among credentialed staff and leadership is 'on the radar' for most providers, they are in the early stages of implementation. Leadership positions have lower turnover and requirements for experience and credentials are cited as barriers for diversity. Several providers reported recruiting more males to positions that have predominately been held by females and are becoming more intentional about diversifying their leadership. Entry level staff and less credentialed staff are reportedly becoming more diverse.
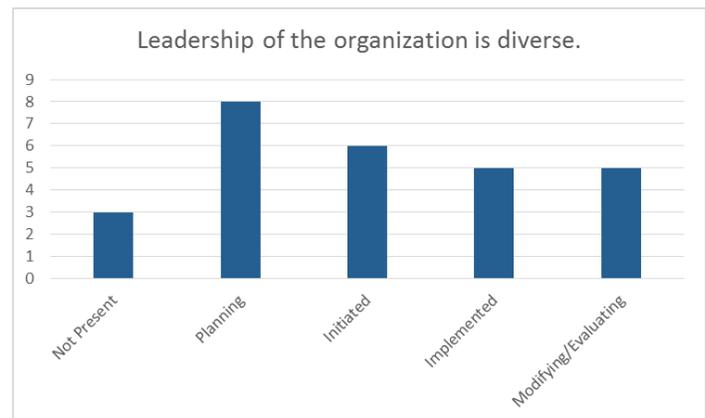
Leadership of the organization is diverse.

FIGURE 12

Conclusions and Recommendations

We conducted on-Site review and discussion of cultural competence plan implementation at 27 Levy grantees, in all Levy funding categories, from July to December 2015. A variety of information was collected. From these inputs we have several conclusions and recommendations for the CCAC and Trustees' discussion, consideration and possible action.

Strengths and Assets:
Cultural Competency Plans are being used. With only two exceptions, we found that Levy grantees' cultural competence plans had relevance for grantee agencies beyond being "pieces of paper needed to apply for Levy funding."

Most providers have functional mechanisms for implementing cultural competency. In the majority of agencies, groups with responsibility for advising on cultural competence included various levels of staff and governance.

Many providers with committees have developed depth. About one-third of grantees' cultural competence advisory groups were sufficiently developed and there was integration with other agency advisory functions. Agencies operating at this level often indicated they were re-evaluating or modifying cultural competence plans. This is evidence of internal feedback and review.

Technical assistance recipients are more developed. Agencies that received technical assistance via the REACH/HCF/Shumaker/Levy process were noticeably more developed in areas such as planning, development and impact on programs. Although, many of these agencies already had an awareness of issues and commitment to develop capacity for cultural competency.

Diversity is increasing but leadership lags. There is a noticeable change in the efforts by providers to recruit more diverse staff. Providers are assessing organizational hiring practices and position requirements to better ensure opportunities to recruit and promote diverse staff into their organizations.

Opportunities for Improvement:

Cultural Competence Plans help to guide and document. The fact that cultural competence plans have been a longstanding requirement, there are a few agencies still unable to demonstrate meaningful action around their plans. These agencies can verbally discuss their efforts but lack the knowledge of how to articulate in writing and develop intentional policies and procedures that showcase their work. The Board may want to consider a response and how to support these providers.

Language assistance needs attention. An organized response to Language assistance has been a priority since 2010[vi] but only about one-third of grantees had developed some type of organized response to participant needs for language assistance. While language assistance plans have shown promising development and improvement, additional support appears needed. The Levy now permits indirect support for this purpose. A written Language Access Plan for Non-English speaking participants, as a requirement for funding, should be considered. Support for implementation, Training and TA to all personnel may be needed.

Ongoing technical assistance continues to be needed. There are local entities with training and technical assistance capacity. These should be utilized by agencies that are not well engaged. For example Non-Profit Connect and the upcoming Technical Assistance Team of the Cultural Competency Initiative and the Learning Community could be a resource to offer training for Boards and agencies who are struggling with aligning to core principles. No-cost technical assistance to grantees was offered on a competitive application basis by the REACH/HCF/Shumaker/Levy initiative that concluded in 2013. Half of the agencies that received the assistance were Levy providers. Conditions are favorable for considering new, locally available (and less costly) alternatives for training and TA. The Board should consider ongoing investment to developing TA capacity to serve the levy grantees.

Promote awareness of CLAS. Many agencies were not aware of the existence of CLAS standards. Training for Provider Agencies should be considered. Staff at JVS have experience and expertise providing CLAS training.

Improve response to LGBT issues. Youth serving providers expressed a need for LGBT training specific to youth who have experienced trauma and are in their formative years. LGBT issues

are found in our service population and are important in trauma experienced by youth receiving mental healthcare. Response to LGBT diversity appears to lacking in agency CC planning. Youth training for provider agencies is a logical initial step in improving awareness toward better policy, planning and services.

Focus on Advancement. Diversity of credentialed staff, leadership and governance was prioritized by the Trustees in 2010. This area is complex and challenging at several levels, and shows the least evidence of improvement among our areas of emphasis. Staff turnover, recruitment for vacant positions were mentioned often. There appears to be growth in the number of bilingual staff but this is still an opportunity for growth. The area of personnel preparation, recruitment and retention may be the 'next big thing' as the mental health community meet demands of a dynamic population and payer environment.

Summary of Recommendations

- Assure that all providers have written language access plans and train staff
- Consider a response to agencies who lack capacity to operationalize CC plans
- Consider ongoing investment in local technical assistance opportunity through the CC Initiative with our funding partners
- Support training needs (LGBT issues with youth, CLAS)
- Consider ways to assist with improving diversity in the mental health workforce

NOTES

[i] Population and map data continue to be made available for Levy and grantee service planning at http://jacksoncountycares.org/local-resources/population-map-data/

[ii] The reports and additional information are available at: www.jacksoncountycares.org/about-us/cultural-competence.

[iii] HHS standards for Culturally and Linguistically Competence Services (CLAS) were subsequently revised. The current standards and support material are available at: https://www.thinkculturalhealth.hhs.gov/content/clas.asp

[iv] The CCAC worked several months to develop goals and indicators that would be the basis for measuring the changes toward a more culturally competent mental health funder of services for the community and a way to evaluate organizational changes within the provider network that will improve the quality of care that is being provided to an increasing diverse population.

[v] A summary of goals and indicators for the mental health fund and providers is listed here:
- Promote a system of mental health care that is culturally and linguistically responsive to all members and families.
- Develop an organizational structure that will sustain diversity/cultural competency and inclusion practices among the board, staff and providers.
- Increase and promote workforce diversity.
- Promote and integrate cultural competency, diversity and inclusion with Board of Trustees.
- Set benchmarks for quality in response to member and families needing culturally and linguistically appropriate services.
- Serve as a mental health service leader in the area of cultural and linguistic competency.

JCCMHF Indicators	Provider Network Indicators
Hiring Practices (Workforce Diversity)	Board/Staff Diversity
Diverse Representation and Recruitment of Board Through Input of Board and Other Stakeholders	Policy Diversity/Inclusion
Funding Categories/Allocation of Specific Funds/Areas	Infrastructure/Sustainability
Public Relations/Marketing/Website	Linguistic Issues
Infrastructure/Sustainability – Board Training and Education	Data Collection
Data/ Diversity	
Promotion of Diversity/ CC and Inclusion	
Technical Assistance	

[vi] Response to language assistance may include referral or collaboration with an outside entity. The standard does not mandate that all agencies have internal capacity for interpretation and translation. The guiding principle is that response be handled consistently and quickly, in an organized and high quality manner, per agency policy.