



# Oregon State Children's Mental Health Initiative

Initial Review  
of  
Cultural Competence

**Executive Summary Only**

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## **Executive Summary**

In summer 2004, The Oregon Department of Human Services (DHS) Office of Mental Health and Addiction Services (OMHAS) began to implement the Children's Systems Change Initiative. Community stakeholders requested a cultural competence review of the public mental health system.

In response, OMHAS released a request for proposals (RFP) in late 2004 to engage a consultant to conduct a strength-based cultural competence review of the Oregon mental health system's service delivery capacity. The contract was awarded to C. H. "Hank" Balderrama. The RFP required the development of a baseline of cultural competence in several areas: 1) population and language demographics; 2) service provider capacity to deliver specialized services; 3) service delivery data for indicators of who were served and what services were provided; 4) interviews with key informants to begin to identify existing and emerging culturally competent services.

As a result of the review, a set of recommendations were developed. They are intended to complement and expand upon the work already in progress at OMHAS and within the state. A list of general recommendations is presented immediately following this Executive Summary and at the end of each section of the report. Implementation Strategies, which expand upon the recommendations, are presented by section in this report.

The results of the review indicate that there are number of efforts to develop and deliver culturally competent services across the state already in progress.

Organizations have established cultural competence plans. Agencies have implemented specialized service approaches for target populations. Community specific traditional practices are being used. Efforts to develop bilingual and bicultural staff capacity to deliver mental health and substance abuse services are in progress. Work is conducted to document program structures and outcomes. OMHAS has revised the initial standards for evidence based practices as a step towards assuring culturally competent practices are available and recognized in the near future.

These state and localized efforts serve as the foundation for an intentional approach to building statewide capacity to deliver linguistically and culturally competent services for children and adults. Participants in the key informant survey consistently looked to OMHAS to formulate policy, set standards and assist and support efforts to develop cultural competence service capacity.

The need for OMHAS to do so is underscored by the passage of Oregon Senate Bill 267, which requires five state agencies, including OMHAS, to incrementally increase the level of state funds spent on evidence based programs annually. By July 1, 2009, OMHAS shall spend at least 75 percent of state moneys that it receives for programs that are evidence based.

This baseline review of information concludes that additional work must be conducted that will result in incremental expanded capacity to meet the needs of an increasingly diverse general population within the state. Among the most critical findings is that there are few, if any, programs and practices in use across the state that were reported to qualify as one of the 37 OMHAS approved evidence based practices (EBPs).

Current service capacity is not considered sufficient to meet existing and increasing service needs. Approved EBPs for the most part have not been standardized for special populations. Local emerging specialized practices are not generally recognized. The ability to increase culturally competent service capacity in Oregon will need to continue to provide for adaptation of approved practices to meet the needs of special populations and to recognize and approve emerging practices used by specialized providers.

The following general recommendations to the Office of Mental Health and Addiction Services have been formulated in light of the baseline descriptive information gathered. They are intended to provide a framework for increased capacity to serve various ethnic minority groups in a culturally competent manner, within the requirements of state and federal laws and regulations.

- Balance legislatively mandated implementation of evidence based practice with existing and emerging practice to assure adequate service access and results for racial/ethnic minorities.
- Establish a goal of comparable access to service and comparable outcomes across age and racial/ethnic groups.
- Provide leadership by setting policy and standards, supporting their attainment, and establishing a range of acceptable performance.
- Formulate indicators of access and outcomes across racial/ethnic groups.
- Set standards for linguistic service capacity and competence.
- Establish qualifications for Minority Mental Health Specialists, their utilization, and standards for practice and consultation.
- Provide leadership in additional development of service capacity in collaboration with stakeholders to:
  - Support emerging practices,
  - Assist in the dissemination of successful local efforts, and
  - Encourage cooperative ventures among mental health and substance abuse providers with allied partners

## **LIST OF RECOMMENDATIONS BY SECTION**

### **DEMOGRAPHICS**

- Establish a base population from which comparisons of access to service and related outcomes may be established among fifteen population groups composed of children, adults and elders who are African Americans, American Indians/Alaska Natives, Asian/Pacific Islanders, Caucasians and Hispanics.
- Document factors that enable accurate determinations of the numbers of recent immigrants and refugees, by location, to promote reasonable projections of their service needs.
- Develop and implement indicators of access to and results from service that will enable determinations of comparable access and outcomes.
- Establish and enforce a policy that requires service to limited English proficient individuals to be provided by qualified staff or interpreters and which prohibits use of family members or friends in place of qualified staff or interpreters.
- Translate vital documents such as client rights, consent to treatment and release of information into Spanish and other languages as provided for in federal guidelines.
- Develop or access a method to determine the proficiency of bilingual direct service staff and interpreters, and assure that it is implemented.

### **SERVICE ACCESS**

- Adopt a policy to ensure comparable access to services and outcomes from service are achieved across age and racial/ethnic groups.
- Define and adopt measures of service access and outcomes by March 31, 2006 in collaboration with stakeholders, MHOs and provider agencies.
- Phase in a range of acceptable performance levels in providing service access and outcomes by age and racial ethnic groups in contract among service providers over a four year period, beginning July 1, 2006 through June 30, 2010.
- Establish a method to include language in data collection elements as an additional measure of comparable service access and outcomes.
- Establish a method to determine whether qualified staff and interpreters are serving limited English proficient individuals.
- Adopt and phase in more detailed or focused measures of service access and outcomes in contract beginning July 1, 2008.

- Provide technical assistance and support the implementation of access and outcome standards by identifying and disseminating information about practices that will lead to comparable access and outcomes.
- Develop and publicize regular progress reports, by MHO and county groupings to encourage accountability and collaboration among all service providers.

### PROVIDER SERVICE CAPACITY

- Establish qualifications for Minority Mental Health Specialists.
- Establish a policy which provides that racial/ethnic minorities served in the public mental health system will be served by a person who qualifies as a Minority Mental Health Specialist or by a person who receives consultation from such a specialist at critical treatment junctures.
- Provide support and assistance to contractors and sub-contractors in the implementation of the proposed standard for use of Minority Mental Health Specialists.
- Create a standard report, in an electronic format for all reporting entities to use when submitting their service practitioner information to enable determinations of levels of specialized service expertise.
- Review service practitioner reports annually, by MHO, and use them as a guide to target development of further specialized expertise.

### KEY INFORMANT SURVEY

- Continue to work with legislative, community and provider organization stakeholders to address the need to carry out legislative mandate to implement evidence based practices and still preserve and promote culturally and specific practices that produce positive outcomes but are not yet demonstrated to meet best practice standards.
- Take a leadership role in documenting efforts that are being made to develop capacity to serve racial/ethnic and linguistic minorities by county and by MHO.
- Promote the development of evidence based practices by identifying specialized practices being used, encouraging collaboration among MHOs and provider agencies and assisting in the engagement of resources to establish emerging, promising and best practices.
- Promote additional development of service capacity by disseminating information about successful strategies to develop linguistic and cultural competency.
- Establish additional state level capacity to provide support and assistance to MHOs and provider agencies in establishing cultural competence capacity enhancement plans through assignment of qualified staff and/or contractual arrangements.

This report recognizes that there are many positive factors already in place within the mental health and addiction services system of care throughout state. The recommendations at the end of each section of the report are intended to be complementary of one another and to serve as a broader foundation to extend culturally competent care.

These recommendations put forth ways that OMHAS can increase or develop expectations and accountability in contract and in administrative rules that will provide for comparable access to services for people across age and racial/ethnic groupings. They also provide for the office to guide further development of specialized services through shared responsibility with its provider network and others.

OMHAS has the capability to use its role as regulator and payer to create and refine standards related to cultural competency. It also has capacity to continue to provide leadership by providing guidance and technical assistance to its service network and others that will support and enhance adaptations and innovations in the use of best practices from mainstream and minority communities.