

## Cultural and Linguistic Competency

**Translation:** The Department of Mental Health, in collaboration with a consultant and the Missouri Institute of Mental Health, has translated some “vital” documents into Spanish. These are classified as vital because individuals have to be able to read and sign them (i.e., consent to treatment forms, client rights, grievance forms, applications, etc.). The ISAP, an intake form currently being used in the Division of ADA has also been translated. After reviewing software packages and receiving feedback from several translation specialists, the Department elected to have documents translated manually. After the documents were translated they were distributed to several Hispanic organizations to review for word meaning and language consistency. The Department of Mental Health is in the process of expanding the number of translated documents and developing a web site to make the forms accessible to the Department of Mental Health facilities and provider agencies. Once the web site is complete Department of Mental Health staff will be able to visit the site and download the translated forms. The site will also have some general information about available services and where to go to access them.

The Department of Mental Health is also in the process of reviewing data to determine the frequency of other languages to determine the need to translate documents for other consumers. To date, Department of Mental Health staff has not found a systematic process to translate new documents at either a no cost or low cost rate but we are continuing to research cost saving methods.

The Office of Deaf and Linguistic Support Services has hired a Spanish interpreter/translator and can now support limited translation of vital documents in Spanish. The office is also able to respond to consumer telephone calls in Spanish, in addition to its traditional role of dealing with telephone communications with deaf and hard of hearing consumers.

**Interpreter Certification:** The Office of Deaf and Linguistic Support Services has developed, and disseminated for field review, minimum competencies for mental health interpreters. These competencies provide the basis for development of a rule governing the practice of mental health interpreting at programs operated or funded by the Department of Mental Health. The competencies further provide the basis for training mental health interpreters. The proposed rule will assist the Department in coming into compliance with the federal *Culturally Linguistically Appropriate Services Standards* published this past year by the Department of Health and Human Services.

**Certification Technical Assistance:** The Office of Multi-Cultural Affairs facilitated meetings between providers specializing in the delivery of services to minority populations and the Department of Mental Health certification staff from the Office of Quality Management. As a result of the meetings the Department of Mental Health provided mock certification reviews to assist one agency as it prepared to apply for full certification. This agency, the Mattie Rhodes Center located in a predominately Hispanic neighborhood in Kansas City, has received provisional certification and is working towards full certification. The Office of Multi-Cultural Affairs has identified an agency in South St. Louis (La Clinica) and has been meeting with leadership to identify technical assistance needs and to begin their certification process. It is estimated that roughly 25,000 Hispanics live in the St. Louis area with many not able to speak or read any English. It is also reported that many of the Hispanic population in the St. Louis area can not read Spanish therefore making it necessary to develop alternatives such as video or audio

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messages. Such alternative formats are also important for other groups with limited English proficiency, including people who are deaf and use American Sign Language as their primary language.

**Service Utilization:** In October, 2002, Dorn Schuffman, Director of the Department of Mental Health, convened a task force to update and revise the Department of Mental Health Cultural and Linguistic Competency draft plan submitted to Dr. Wilson, based on the findings of the Surgeon General's report on Mental Health: Culture, Race and Ethnicity. The task force consisted of Department staff, many of whom had participated in the committee originally established by Dr. Wilson. This document is only a draft. It requires review and, perhaps, revision by Department of Mental Health consumers, customers, and providers, and especially by individuals and organizations that represent the minority populations it is intended to address, before it is adopted as the Cultural Competence Plan of the Department of Mental Health. In order to initiate the review process, and to create a mechanism that can consider comments, make appropriate revisions, and then oversee implementation of the plan, the Department is establishing a Department of Mental Health Cultural Competence Committee. The Department of Mental Health staff that developed this draft documents will serve on the Committee along with consumer and provider representatives from the Comprehensive Psychiatric Services and Mental Retardation/Developmental Disabilities facilities. Derrick Willis, Coordinator of the Office for Multi-Cultural Affairs will chair the Committee. The Committee will provide quarterly progress reports to the Department of Mental Health Executive Committee, and will revise and update the action plan annually. The Department Director will report progress to the Mental Health Commission quarterly. The goals and objectives identified in the revised draft Department of Mental Health Cultural and Linguistic Competency Plan are listed below.

### **Goal #1: Cultural Competence**

Assure that the Department of Mental Health facilities and providers exhibit **general competence** in serving individuals regardless of race, ethnicity, or culture; and that facilities and providers that are likely to have a significant percentage of minority individuals with specialized needs exhibit **specialized competence** to meet those needs.

#### **General Competence**

##### **Objective #1**

Document each Department of Mental Health facility's general competence to service individuals regardless of race, ethnicity, or cultures by July, 2005.

##### **Objective #2**

Certify each Department of Mental Health provider's general competence to serve individuals regardless of race, ethnicity, or culture by July, 2006.

#### **Specialized Competence**

##### **Object #3**

Determine which Department of Mental Health facilities and providers should be expected to develop specialized competence for specific minority populations by January, 2004

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### **Objective #4**

Establish processes for the development of guidelines to assist the Department of Mental Health facilities and providers in developing specialized competence for specific minority populations by March, 2004

### **Goal #2: Prevention**

Promote culturally specific protective factors that foster good mental health, and reduce culturally specific risk factors that increase the developing specialized competence for specific minority populations by March, 2004.

### **Objective #1**

Assure that Department of Mental Health prevention activities include initiatives targeted to each of the minority populations identified in this place by July, 2004.

### **Objective #2**

Work with other social service agencies and advocates on an ongoing basis to educate policy makers and the public regarding the disproportionate correlation between minority populations and the following high risk factors: poverty, homelessness, incarceration, foster care, and exposure to violence or trauma.

### **Goal #3: Minority Mental Health Care Disparities**

Reduce mental health care disparities among minority populations

### **Objective #1**

Develop and monitor minority specific data regarding disparities in access to, and utilization of, Department of Mental Health services, including, at least, any disparities in program enrollments and facility admissions; lengths of stay; commitments; restraints and seclusion; abuse and neglect; consumer satisfaction; and outcomes by March, 2004 and on an ongoing basis.

### **Objective #2**

Identify factors that may be contributing to disparities in access and utilization, and develop strategies for reducing the disparities by October, 2004.

### **Goal #4: Cultural Diversity**

Improve the diversity of the Department of Mental Health workforce in accordance with the Affirmative Action Plan.

### **Object #1**

Develop and Affirmative Action Plan for Central Office by April 15, 2003.

### **Object #2**

Develop and Affirmative Action Plan at each Department of Mental Health facility by July, 2003.

### **Objective #3**

Promote the development of a culturally diverse workforce among Department of

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Mental Health contractor provider.

**Data development (CIMOR):** One of the cornerstones of assessing cultural competency is found in the utilization of data provided by a management information system. As the Department prepares to implement its new management information system, the Cultural and Linguistic Competency Policy Committee has provided input into the development of the types of data elements needed to track gender, race, ethnicity, age, sex, and linguistic components across a wide variety of domains. The results should have the ability to track and trend cultural data in the clinical and administrative arena. The anticipated outcome is better reporting and management of issues that may show cultural biases or inconsistencies.

**Interpreter Training in collaboration with the Department of Health and Senior Services (DOHSS):** DMH has an agreement with DOHSS's Office of Minority Health to jointly provide health care interpreter services training in American Sign Language and non-English spoken language (Spanish will be the primary focus). This will be the first training developed for spoken language medical and interpretation jointly. This initiative is driven by an extensive literature review conducted by the Office of Deaf and Linguistic Support Services which demonstrated that most core skills needed to provide quality interpretation in medical and mental health interpreting are parallel. It is anticipated that 25 persons will be certified as medical and/or mental health interpreters. The primary difference will be in the practicum experiences required after completing the classroom work. The cultural and linguistic competency policy team will review statutory mandates in other states regarding the usage of certified medical/mental health interpreters in providing services to non-English speaking persons in all medical or mental health situations except emergencies. This would be similar to the requirements currently mandated by the State for persons that are deaf or hard of hearing. It is anticipated that this will be part of the HIPAA requirements around patient confidentiality. This approach of using only certified interpreters is consistent with the cultural competency best practices related to language interpretation.

**Cultural and Linguistic Competency Assessment:** The Office of Multi-Cultural Affairs and the Office of Deaf and Linguistic Support Services are interested in developing an assessment tool that will measure staff and organizational competencies. The Cultural and Linguistic Competency Policy Team reviewed previous work of the Department of literature on cultural and linguistic competency assessments in mental health. They also reviewed literature on identifying and assessing competencies in general. After looking at articles describing the use of cultural competency assessment instruments they began collecting some of the instruments including those developed by Gerald Sue, a recognized leader in the field of multicultural competencies. Discussion has begun on the design of a statewide assessment project that would include Department of Mental Health facilities and providers. The policy team is working toward the development of core competencies (i.e., what must agencies and staff have at a minimum to be considered culturally competent?). Once competencies are established the team will assess agencies and staff to identify strengths and weaknesses in the system and develop training to address the weaknesses. The establishment of core competencies will also result in the development of baselines that will be used to measure the effectiveness of the training.

**Development of a Department-wide compliance plan for the Title VI of the Civil Rights Act:** The Office of Deaf and Linguistic Support Services is currently drafting a compliance plan

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for providing access to services for people with limited English proficiency as required by the Office of Civil Rights (OCR), U.S. Department of Health and Human Services. These requirements were stressed in the 2001 policy guidance on OCR's enforcement of Title VI of the Civil Rights Act of 1964 as amended. It is anticipated that this plan will be ready for review sometime in the winter of 2003.

As part of this initiative, the Office has developed or acquired a number of materials related to rights that people with limited English proficiency have under Title VI. A number of workshops and training events have been held to inform facilities and providers of those rights and to assist them in meeting the needs of this population.