

The Organizational Journey toward Cultural and Linguistic Competence: Part Three

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The final installment of our series will address engagement with community networks, collaborators, and subcontractors to deliver CLC services.

The first two installments in this four-part series on organizational cultural and linguistic competence (CLC) appear in the Spring and Summer 2012 issues of IMPACT, respectively. They address knowledge of the service population, and promotion of workforce cultural competence and diversity. The third element in delivery of CLC care is allocation of the budgetary resources needed to support the organizational infrastructure for advancing and sustaining CLC services, such as workforce recruitment and development, facilitation of access to services including language access, and so forth.

Who's Walking the Walk?

How agencies apportion resources is generally an indicator of the importance they attach to budget items. This is often the case with CLC initiatives, noted Larke N. Huang, PhD, Director of SAMHSA's Office of Behavioral Health Equity: "You can always know a true commitment [to CLC services] by looking at the budget line." Huang said the delivery of CLC services requires that agencies allocate budget resources not just for personnel training, but for ongoing supervision, coaching and guidance. However, small nonprofit agencies are often challenged to set aside funds for staff training or protected time for developing CLC initiatives. To explore the degree to which CLC initiatives are taking hold in nonprofit mental health agencies, the Center for Child Trauma Assessment and Service Planning

at Northwestern University, an NCTSN Category II center, conducted an anonymous survey of nonprofit mental-health agencies in Illinois. The agencies serve traumatized children and families, including those in state foster care. The survey questions asked about the agencies' dedicated budgets for interpretation and translation services; dedicated dollars for pursuing CLC initiatives; reimbursement of staff travel expenses and/

or paid administrative leave to pursue training; and protected time for staff members with responsibilities to promote and advance CLC for the agency. A total of 31 people, from both urban and rural regions of Illinois, responded to the survey. (It was not known whether these respondents were all from separate agencies.) A total of seven respondents, or 22.6%, reported that their agencies allocated dedicated funds for professional development to promote staff growth in cultural and linguistic competence.

Of those responding in the affirmative, one person indicated that mandatory cultural diversity training was provided. In agencies where CLC-related in-service or other training was not financed, nearly one third of respondents noted that the agencies provided travel expenses or allowed administrative leave for staff who wished to pursue CLC training. The majority of survey respondents (67.7%) reported that their agencies did not designate specific staff members to help promote and advance cultural and linguistic competence.



Taking the Longer View

Huang acknowledged that setting aside money for training, or even allowing staff leave for training purposes, can be a challenge for small agencies; her office has encountered this reality firsthand. The Office of Behavioral Health Equity, established as part of the Affordable Care Act, creates and supports cost-effective trainings to contribute to a diverse behavioral-health workforce—one of the office’s five key strategies. Nevertheless, some agencies perceive that even granting leave for cost-effective training equates to a loss of billable hours. Huang suggested another way to view the incorporation of training into an agency’s mandate to deliver culturally and linguistically competent services. “If you are not able to engage diverse populations in your service area,” she pointed out, “this can lead to avoided treatment and no-shows, which are very costly for organizations. So, in the long run, those costs [of training] might be ‘budget wins’ for the agencies, if the training results in more effectively engaging target populations, retaining clients in therapy, and providing increasingly better quality services.” The changing demographics of catchment areas can also present challenges, Huang said. For example, an agency whose highly skilled workforce has been meeting the needs of African American and Latino clients may find itself confronted with a new population of potential clients from a secondary migration of Southeast Asians. Reaching out to community networks to bring in cultural brokers to assist in the “retooling” of staff skill sets can be an invaluable step. Again, this requires staff time, but staff members are often interested and willing to step up to the plate. Huang also noted that examining the agency’s communications and messages to the community can reveal opportunities for quality improvement. Agencies can pull in members from diverse populations and ask them for feedback on the language and products being used for community outreach. It may be that funds can be shifted to improve communications with particular communities. “Our office looks at this effort as not just becoming more culturally and linguistically competent, but as a quality improvement effort,” Huang said.