Missouri Cultural and Linguistics Competence (Intelligence) Toolkit

January 2018

Promoting Cultural and Linguistic Competence: Benefits & Challenges

Developing a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations

Learning Objectives

- Present a functional guide for a behavioral health organization's journey to cultural and linguistic intelligence

- Provide an understanding of the organizational benefits and challenges to becoming culturally and linguistically intelligent

- Provide an understanding of the relationship between culturally and linguistically intelligent organizations and trauma informed organizations

- Provide a beginning understanding of the cultural makeup and needs of the area you serve as well the cultural backgrounds represented in your service population

- Provides staff with resources and trainings for working with underserved cultural groups.

Why this Committee was Formed

The Cultural and Linguistics Competence (Intelligence) Workgroup was developed as a part of Missouri's Excellence in Mental Health Act application process in order to:

- grow the culturally responsive skills to improve consumer engagement,

- enhance the therapeutic relationship between consumer and provider, and

- improve treatment retention and outcomes

Cultural and Linguistic Competence Definition

- The Office of Minority Health (OMH 2001) defines cultural and linguistic competence as:
  - *…a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.*
  - *'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.*
  - *'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities."*

- At the core of this definition is the idea of having the ability to provide effective services; being responsive to the unique cultural needs of people.

Organizational Benefits

- Improved health care outcomes
- Increases mutual respect between person served and organization
- Increases trust and promotes inclusion of all community members
- Improves data collection from persons served
- Reduces care disparities among population served
- Reduces number of missed appointments/visits
- Promotes patient/family involvement in self-care strategies

Challenges

- Lack of diversity in leadership and workforce
- Systems of care poorly designed to meet the needs of diverse populations
- Poor communication between providers and those served of different racial, ethnic or cultural backgrounds
- Developing strategies for helping workforce to identify and understand unconscious cultural bias
- Developing processes and strategies for addressing linguistic barriers, including literacy
- Gaining a holistic understanding of what is comprised of what we term "culture"

Cultural-Linguistic Competence and Trauma Informed Care

- Understanding cultural variations in the subjective perception of trauma and traumatic stress responses

- Understanding the role of beliefs in the interpretation of trauma and the recovery process

- Understanding the capacity of health care professionals to effectually provide trauma informed assessment and intervention that acknowledges, respects and integrates patients and families cultural values, beliefs and practices

- Understand your role as a provider in the person served and families world, not yours

Why a Toolkit?

- The CLC Workgroup developed this toolkit to help behavioral health organizations evaluate their cultural competency and have access to tools to enhance their ability to engage all consumers.

- Cultural and Linguistic Competence (Intelligence) Toolkit.
    https://www.wellmissouri.com/cultural-competency

Missouri Wellness

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CULTURAL COMPETENCY

Toolkit

wellmissouri.com/cultural-competency

Cultural Competency Toolkit:
Click on the section title to bring up the supporting document to save or print.

Section 1: Toolkit Overview
Explains the Purpose of the toolkit and how to use it.

Section 2: Examining Cultural Characteristics
Provides steps and tools to examine the core cultural characteristics for both the people currently being served and in their surrounding communities.

Section 3: Resources
State and Federal resources to enhance an organization's cultural competency

Missouri Wellness

CULTURAL COMPETENCY

Organizations that develop culturally responsive skills can improve consumer engagement, enhance the therapeutic relationship between consumer and provider, and

The Cultural and Linguistics Competence (Intelligence) Workg... Mental Health Centers and the Missouri Department of Mental developing a set of congruent behaviors, attitudes and policies work effectively in multicultural environments.

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Section 1: Toolkit Overview

Introduces the toolkit, explains why it was developed, defines cultural competence, identifies the accrediting organizations that set standards for cultural competence, and explains how to use the toolkit.

Missouri Wellness

CULTURAL COMPETENCY

Organizations that develop culturally responsive skills can improve consumer engagement, enhance the therapeutic relationship between consumer and provider, and improve treatment retention and outcomes.

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Section 2: Examining Cultural Characteristics

Lists characteristics and resources that can be used to evaluate the prevalence of cultural populations in communities served and explains how to use this information to better understand local needs and identify potential disparities in cultural populations actually served.

Missouri Wellness

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The Cultural and Linguistics Competence (Intelligence) Workgroup is a collaboration of Community Mental Health Centers and the Missouri Department of Mental Health. This workgroup is charged with developing a set of congruent behaviors, attitudes and policies that enables our respective organizations to work effectively in multicultural environments.

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Section 3: Resources

A collection of state and national resources to help organizations to develop congruent behaviors, attitudes and policies to work effectively in multicultural environments.

Missouri Wellness

CULTURAL COMPETENCY

Organizations that develop culturally responsive skills can improve ... ...vider, and in...

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...and policies that ...

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Section 3: Resources

- **TIP 59: Improving Cultural Competence**

- **National CLAS Standards**

- **Military Cultural Competency**

- **Deaf Services Training**

- **Missouri Cultural and Linguistic Competency Specialists**

TIP 59 | Improving Cultural Competence

This Treatment Improvement Protocol (TIP) from SAMHSA is intended to help counselors and behavioral health organizations make progress toward cultural competence at three organizational levels:
- individual counselor and staff;
- clinical and pragmatic; and
- organizational and administrative.

...cultural characteristics for both the people currently being serve... ...mmunities.

Section 3: Resources
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Missouri Wellness

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National Culturally and Linguistically Appropriate Services (CLAS) Standards

Developed by the HHS Office of Minority Health, the National CLAS Standards are designed to serve as a blueprint to help individuals and health care organizations provide culturally and linguistically appropriate services that advance health equity, improve quality, and help eliminate health care disparities.

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Military Cultural Competency

Information and Resources to enhance military cultural competency. Includes training in military culture and screening for military history.

...it.

...cultural characteristics for both the people currently being
serve... ...mmunities.

Section 3: Resources
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Missouri Wellness

HEALTH

BODY

MIND

WELLNESS

HOME   RESOURCE LIBRARY   WELLNESS COACHING LOGIN   DISEASE MANAGEMENT   HEALTHCARE HOME   MHCPP   COLLABORATIVE

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Deaf Services Training

List of resources from the DMH Office of Deaf Services for staff training on Deaf culture, Deaf mental health care, working with interpreters, etc.

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Missouri Cultural and Linguistic Competency Specialists

List of people and organizations with culture-specific expertise that can assist with answering questions.

cultural characteristics for both the people currently being
serve   ommunities.

Section 3: Resources
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Missouri Coalition Website

- The CLC Toolkit and additional cultural competence resources are available at:

mocoalition.org/resources

Committee Members

- Mark Miller, Swope Health Services, Co-Chair
- Joe Yancy, Places for People, Co –Chair
- Dianne Asher, Truman Medical Center
- Gail Black, Department of Mental Health
- Andrea Buford, Swope Health Services
- David Chernof, Bridgeway
- Bianca Farr, Department of Mental Health
- Mia Ferrell, Department of Mental Health
- Scott Fieker, Swope Health Services
- Sharon Freese, Truman Medical Center
- John Gary, Gibson Recovery Center
- Rick Gowdy, Department of Mental Health
- Gerard Grimaldi, Truman Medical Center
- Rachel Jones, Burrell Behavioral Health
- David Kingsbury, Department of Mental Health
- Tiffany Lacy Clark, Places for People
- Lisa Lappin, Behavioral Health Response

- Jennifer Lee, Compass Health
- Marsha Morgan, Retired- Truman Medical Center
- Shawna Morris, Burrell Behavioral Health
- Corinna Putz, Preferred Family Healthcare
- Ida Rosser, Department of Mental Health
- Jon Sabala, Department of Mental Health
- Laura Shapiro, BJC Behavioral Health
- Anthony Smith, FCC Behavioral Health
- Suzanne Taggart, Compass Health
- Gino Taylor, Truman Medical Center
- Michael Trapp, Phoenix Programs
- Sabrina Wilford, Burrell Behavioral Health

Resource

U.S. Department of Health and Human Services, OPHS Office of Minority Health. (2001, March). National Standards for Culturally and Linguistically Appropriate Services in Health Care. Retrieved October 2017, from

https://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf

Integrating a Trauma Informed Approach into Cultural & Linguistics Competency

Using trauma knowledge and principles to help support a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations

Defining Trauma

An event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening. Has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

Substance Abuse and Mental Health Services Administration

EVENT – EXPERIENCE – EFFECT

Trauma Types

- Acute
- Chronic
- Complex
- Private
- Public
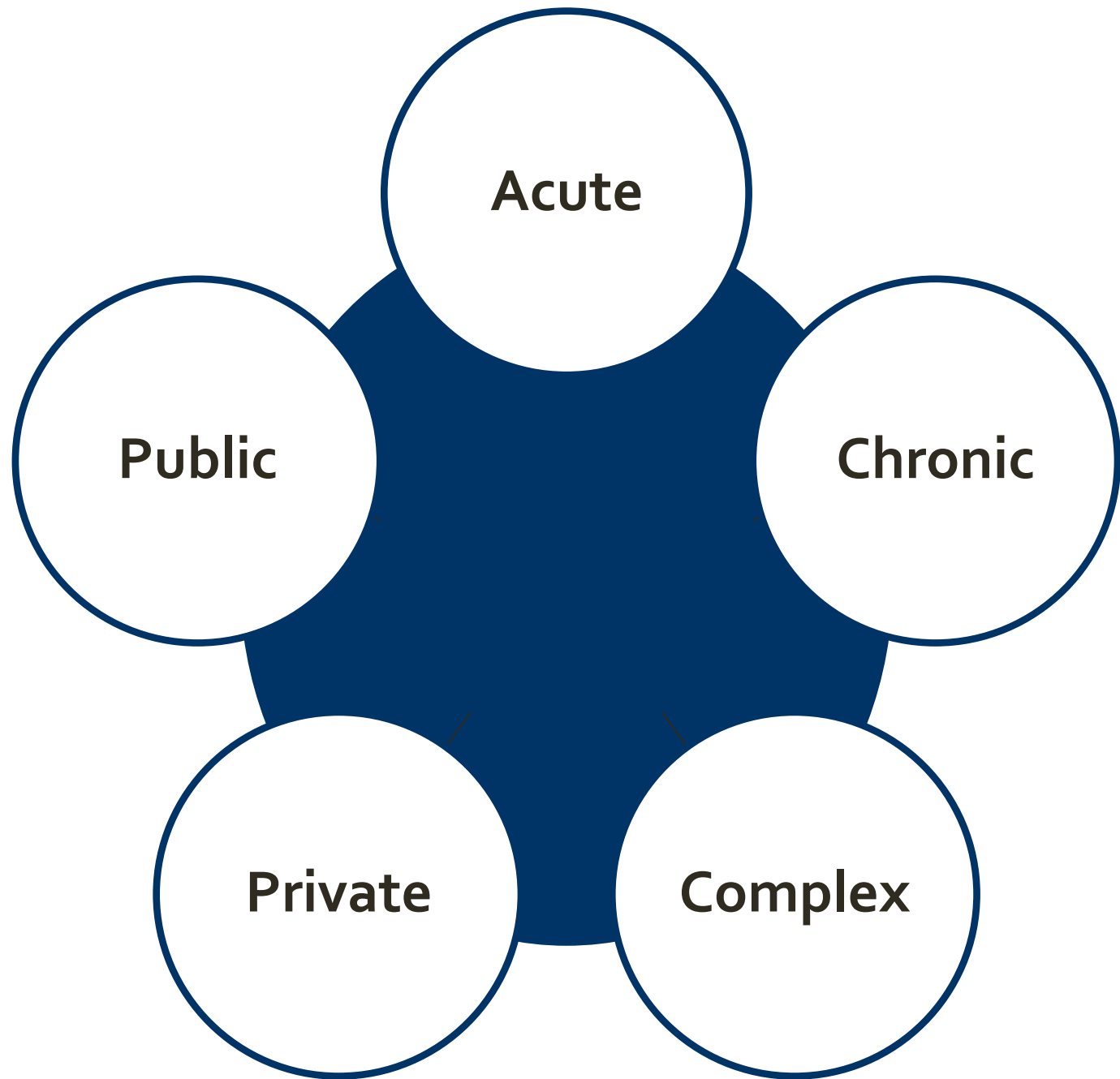
Trauma Types

Generational Trauma – When a family system has experienced traumatic events from one generation to the next and similar patterns/themes occur in the family system as a result

Historical Trauma – When experiences such as genocide, slavery, forced relocation and destruction of cultural values are shared by communities and can result in cumulative emotional and psychological wounds that are carried across generations

Bravada Garrett-Akinsanya, Ph.D.
Executive Director, African American Child Wellness Institute

Historical trauma is not just about what happened in the past. **It's about what's still happening.**

Adverse Childhood Experiences

ABUSE

Physical
Sexual
Emotional

NEGLECT

Physical
Emotional

HOUSEHOLD DYSFUNCTION

Domestic Violence

Chronic Health Problem

Incarcerated Parent

Separation/Divorce

Mental Health Problem

Substance Abuse

Centers for Disease Control & Prevention

Increased Score = Increased Risk

+

4

3

2

1

0

ACES

- **Alcoholism, Illicit Drug Use & Smoking**
- **Heart & Liver Disease**
- **Obesity & Diabetes**
- **Depression & Suicide Attempts**
- **Poor Academic Achievement & Dropout**
- **Poor Work Performance & Unemployment**
- **Multiple Sexual Partners & Unplanned Pregnancy**
- **Domestic Violence**
- **Legal Problems**
- **Financial Problems**
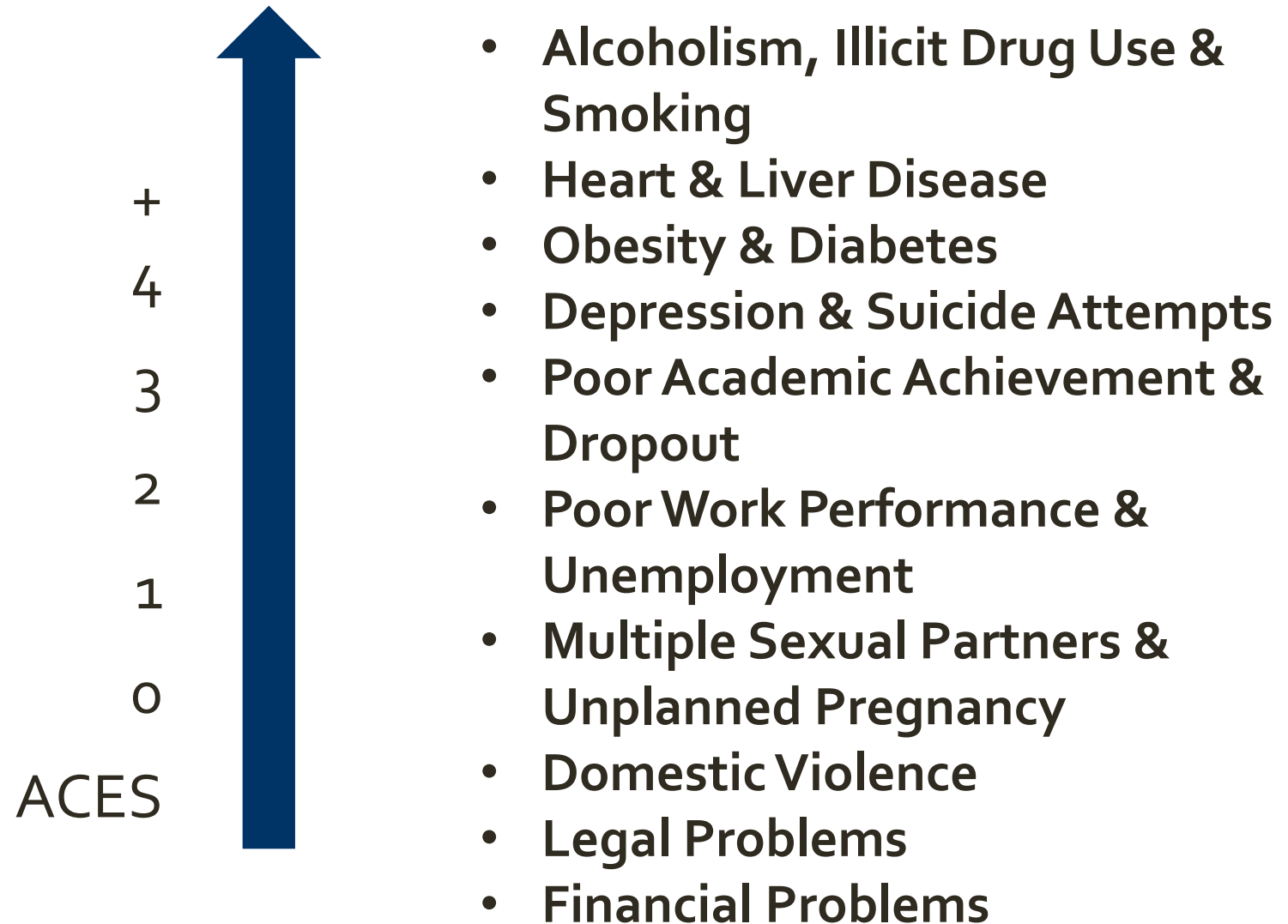
Impact of ACEs Across Lifespan

Early Death

Disease, Disability, Social Problems

Adopt Risk Taking Behaviors

Social, Emotional, Learning Problems

Neurological, Hormonal, Immune Development Problems

Adverse Childhood Experiences
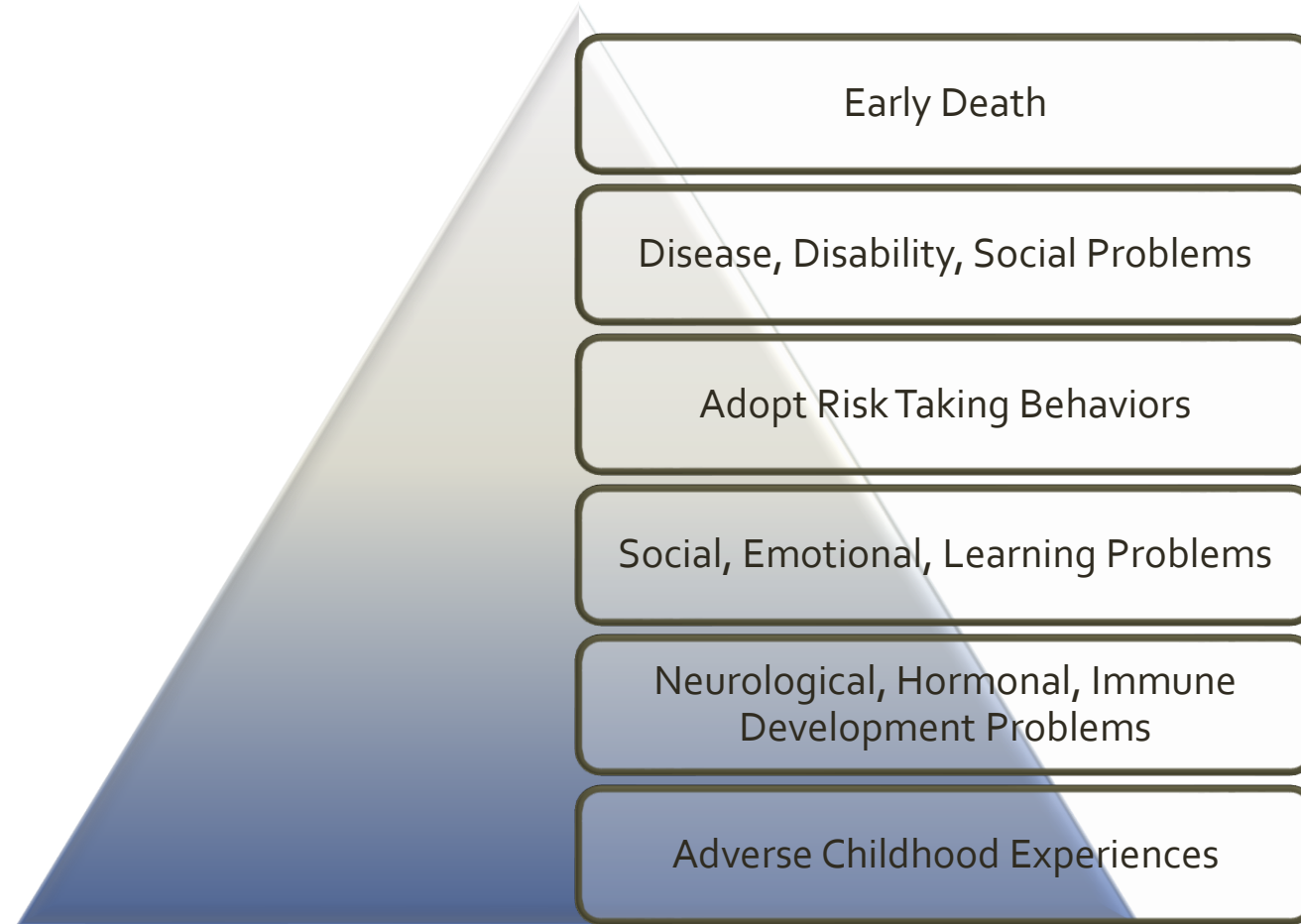
Philadelphia Expanded ACEs Survey

Abuse Neglect Domestic Violence

Separation/ Divorce Incarcerated Parent

Mental Illness Substance Abuse Chronic Health

Witness Community Violence

Felt Discrimination

Adverse Neighborhood Experience
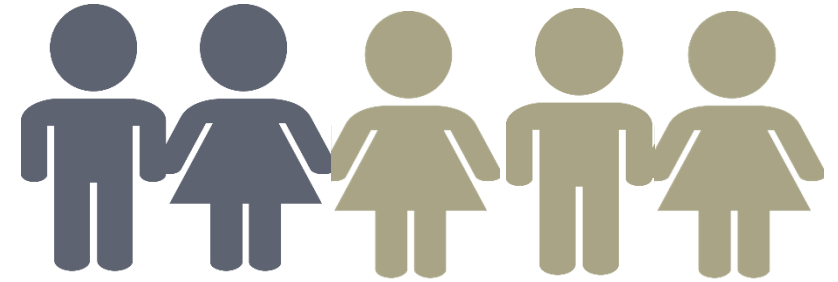
Bullied

Foster Care

Expanded ACE Study Results

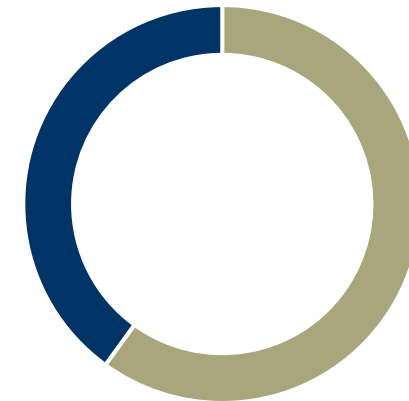**Seven in ten adults had experienced one ACE**

Two in five adults had experienced 4 or more ACEs

Experienced 4+ ACES

40 percent had experienced four or more of these expanded, community-level ACEs

■ No ■ Yes

Pair Of ACES

George Washington University, Milken Institute School of Public Health

ADVERSE CHILDHOOD EXPERIENCES

Abuse

Neglect

Domestic Violence

Physical Illness

Separation/Divorce

Mental Illness

Incarceration

Substance Abuse

ADVERSE COMMUNITY EVENTS

Poverty

Discrimination

Violence

Lack of Opportunity, Economic Mobility & Social Capital

Community Disruption

Poor Housing Quality & Affordability

Trauma Informed Principles

SAFETY

TRUST

CHOICE
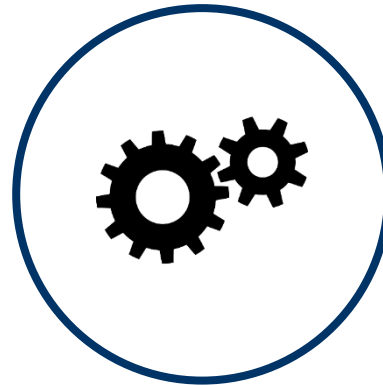
COLLABORATION

EMPOWERMENT

Harris, M. and Fallot, R (2001). Using Trauma Theory to Design Service Systems. New Directors for Mental Health Services. San Fransisco: Jossey-Bass

The Missouri Model Principles of Trauma Informed Care

Missouri Trauma Roundtable

- **SAFETY** – Ensure physical and emotional safety, recognizing and responding to how racial, ethnic, gender or sexual identity may impact safety across the lifespan.

- **TRUSTWORTHINESS** – Foster genuine relationships and practices that build trust. Make tasks clear. Maintain appropriate boundaries. Create norms for interactions that promote reconciliation and healing. Understand and respond to ways in which explicit and implicit power can affect the development of trusting relationships. Acknowledge and mitigate internal bias. Recognize the historic power of majority groups.

The Missouri Model Principles of Trauma Informed Care
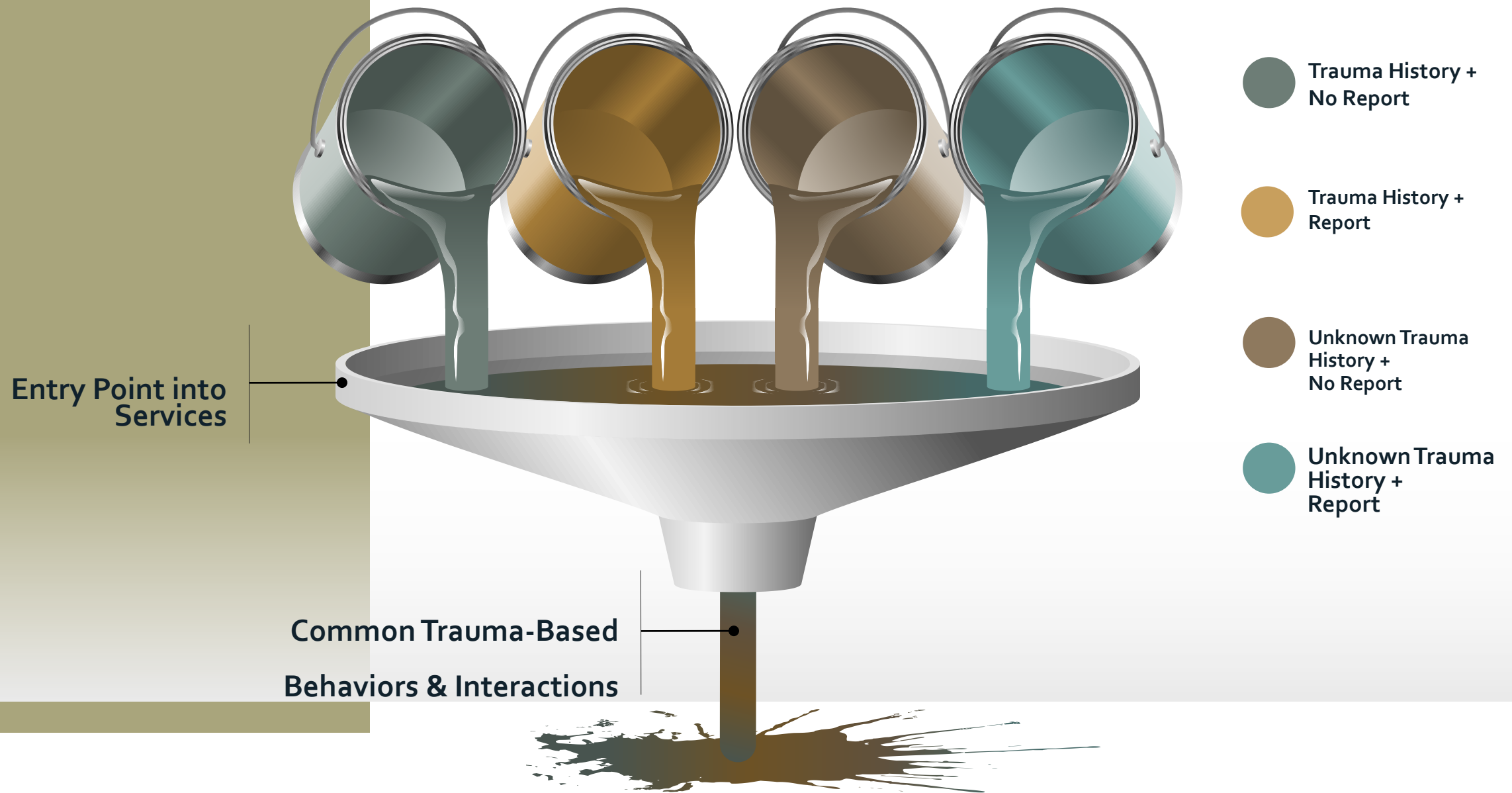
Missouri Trauma Roundtable

- **CHOICE** – Maximize choice. Address how privilege, power and historic relationships impact perceptions about and ability to act upon choice.

- **COLLABORATION** – Honor transparency and self-determination. Seek to minimize the impact of the inherent power differential while maximizing collaboration. Share responsibility for making meaningful decisions.

- **EMPOWERMENT** – Encourage self-sufficiency. Identify strengths and skills which lead to individual pathways for healing. Recognize and respond to the impact of historical trauma and oppression.

Universal Precautions

Refers to the practice, in medicine, of avoiding contact with patients' bodily fluids, by means of the wearing medical gloves.

Every patient is treated as if they may have infections and therefore precautions are taken to minimize risk.

Why Provide Universal Trauma Informed Principles?

Entry Point into Services

Common Trauma-Based Behaviors & Interactions

- Trauma History + No Report
- Trauma History + Report
- Unknown Trauma History + No Report
- Unknown Trauma History + Report

Missouri Model

The Missouri Model: A Developmental Framework for Trauma Informed

A paradigm shift in knowledge, perspective, attitudes and skills that moves organizations along a continuum toward becoming trauma-informed.

TRAUMA AWARE	TRAUMA SENSITIVE	TRAUMA RESPONSIVE	TRAUMA INFORMED
• Trauma Education & Prevalence • Consider How Trauma Impacts Those Served • Informal Discussions include Trauma-related topics	• Explore & Adopt Trauma Informed Principles • Identify Leaders to Move System Forward • Conduct Organizational Self-Assessment • Prepare for System Change	• Reconsider Structures, Policies, Guidelines • Use Shared Language Across Organization • Change Culture to Respond to Trauma	• Trauma-Responsive Practice is the Norm • All Levels of System use TI Principles • Outreach for Cross-Organization Implementation

Missouri Department of MENTAL HEALTH

Trauma Informed Care

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The science and information about trauma is growing rapidly[1]. Years of research has identified the dramatic impact that chronic trauma has on brain development and functioning, particularly in early childhood[2]. Trauma can impact not only our mental and physical health but it can also impact capacities as parents, friends, partners, and employees.

There are specific populations in which we know high rates of trauma exposure have occurred. These populations include those in the child welfare system, children and adults with mental illness, youth served in the juvenile justice system, homeless populations, domestic violence victims/survivors as well as adults in the criminal justice system.

Due to the high prevalence of trauma, especially in specific subpopulations along with the wide and diverse impact trauma exposure can have, more organizations and communities are becoming "trauma informed". Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives[3]. This is a culture shift in which policies, practices and environments are viewed through the lens of trauma with a focus of *doing no harm* and building resilience. The core principles of trauma informed care include safety, trustworthiness, choice, collaboration and empowerment[3a].

Although we all hope that someday there will be no more child abuse, natural disasters, car accidents, or violent crime, that is not realistic. So how can we reduce the impact of being exposed to traumatic events or toxic stress? We know that trauma that occurs in early childhood can have the most disabling effect due to the vulnerable nature of the brain during this period. Infants and toddlers' brains are particularly susceptible to their experiences both environmentally and through their relationships. Both positive and negative experiences shape the brain's development. In the document

Trauma Informed Care

- **Introduction to Trauma Video** ⧉
- **Children's Office**
- **Disaster Services**
- **Suicide Prevention Lifeline 1-800-273-(TALK) 8255**

Missouri Department of MENTAL HEALTH

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during this period. Infants and toddlers' brains are particularly susceptible to their experiences both environmentally and through their relationships. Both positive and negative experiences shape the brain's development. In the document **Missouri's Comprehensive Public Health Approach for Resilience to Mitigate the Impact of Trauma,** a model shows the role communities, organizations, families and businesses can play in developing and supporting children with the resilience to face and overcome adversity. Everyone has a role and responsibility to support development of health communities, healthy families and healthy children.

The Department of Mental Health (DMH) offers support, training and consultation on trauma. Below are just a few of the many resources that now exist on trauma, including a document developed by DMH and its partner organizations which provides a roadmap and resources for becoming trauma informed.

Missouri's Comprehensive Public Health Approach for Resilience to Mitigate the Impact of Trauma 📄

The MO Model: A Developmental Framework on Trauma Informed 📄

Trauma Informed Pathways to the Five Domains of Well-being 📄

Trauma Screening Policy Guidance 📄

HR Policy Guidance 📄

Organizational Requirements 📄

1 *"The Relationship of Adult Health Status to Childhood Abuse and Household Dysfunction* 🔗*"*, published in the *American Journal of Preventive Medicine* in 1998, Volume 14, pages 245–258 **http://www.ajpmonline.org/article/S0749-3797(98)00017-8/abstract** 🔗
2 *Understanding the Effects of Maltreatment on Brain Development,* Child Welfare Information Gateway, Children's Bureau, Issue Brief, April 2015.
3 Finkelhor, D., Ormrod, R.K., Turner, H.A., & Hamby, S.L. (2005). **The victimization of children and youth: A comprehensive, national survey** 🔗 📄. *Child Maltreatment, 10*(1), 5-25. (CV73)

3a Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol
Roger D. Fallot, Ph.D. and Maxine Harris, Ph.D. Community Connections, July, 2009.
https://www.healthcare.uiowa.edu/icmh/documents/CCTICSelf-AssessmentandPlanningProtocol0709.pdf 🔗 📄

www.dmh.mo.gov
Rachel.Jones@dmh.mo.gov
@MentalHealthMO @RachelJonesLPC
#MOTraumaInformed