Infusing Cultural Competency

in the

Assessment Phase

of the

Mental Health Transformation Grant

Hawaii’s Experience So Far
An Assessment Process for the Larger System

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Cautionary Note:
The centers were told that this cultural competency assessment was not meant to single out any one particular center but rather to obtain baseline information and to determine the primary cultural competency themes that emerge as a result of the observations, interviews, and focus groups. The second purpose was to determine the types of resources (e.g., interpreters) and training needed to ensure cultural responsive services.

Each center will be given a blind copy of the results showing their scores only and how they compare with the other centers (which are not identified). In future assessments, CMHC results will be publicly identified and those CMHC’s showing the greatest need will be targeted for technical assistance and follow-up consultation. Now that the centers know what to expect, they have several months to prepare before the next organizational assessment.

Assessment Tools:

A. CCAS: Winter Hamada’s adapted version of the Cultural Competency Assessment Scale (CCAS) which was originally developed in 2004 by Carole Siegal and colleagues in New York as a measure of agency-level cultural competency. This was administered to the center manager (or center rep)

B. Focus Group: Focus group with CMHC Staff without the CMHC administrator (or their representative) present.

C. Observation (Secret Shopper): Waiting room observations of staff-consumer interaction and waiting room décor.

Assessment Procedures:

a. The assessors arrived 30 minutes prior to the CMHC manager meeting to observe the interactions of the staff (e.g., receptionist) and the consumers. The assessors looked at the interactions from the perspective of being “warm and welcoming”. Also, the assessors took notes of the waiting area décor looking for diversity in magazines, posters, and overall ambiance. These observations were written on the Qualitative Observation Checklist.

b. The assessors interviewed the CMHC manager (or designated staff person) by using the standardized CCAS-Hawaii Version (CCAS-HI). In addition, a trained co-rater silently observed the interview and derived
CCAS-HI scores for each site independently for the purposes of assessing interrater agreement. Follow-up questions with the manager involved asking about the relevancy of the CCAS-HI items to their respective centers and how user friendly the instrument would be for an annual review.

c. The assessors conducted a focus group with the CMHC staff by asking open-ended questions such as “in what ways is cultural competency addressed (or not addressed) at your center?”

**Results of HI-CCAS (Manager Interview):**

**Brief Description of the 12 Items:**

1. CMHC’s Documented Commitment to Cultural Competence (CC)
2. Demographic Assessment of Service Needs
3. Cultural Input into CMHC Activities by CC Committee or Other Group
4. Integration of CC Committee or Other Group within CMHC
5. CC Training Activities Provided to Staff
6. Recruitment, Hiring, and Retention of Staff Representing Consumer Groups with Special Culture-Related Needs
7. Access to Interpreters
8. Access of Bilingual Staff
9. Language Translation of Key Forms
10. Language Translation of Service Descriptions and Educational Materials
11. Assessment and Adaptation of Services for Diverse Cultural Groups
12. Accessibility of Services for Diverse Groups

**Summary of Results:**
All the center managers shared the difficulty of obtaining language interpreters. Moreover, the centers did not have a documented goal to recruit, hire, and retain staff from diverse backgrounds or staff who are bilingual. None of the centers have a committee or designated person addressing cultural competency issues on a regularly basis, and none of the centers provide regularly scheduled training on multicultural issues for their staff. Center managers also indicated that none of their key forms or service descriptions are translated in another language for non-English speaking consumers and they acknowledged that the effort to modify services to increase access to those groups of consumers who underutilize services is minimal to none.

**Focus Groups:**

The primary assessor (Kimo Alameda) facilitated the focus groups by asking 5 questions: The questions are as follows:

1. In what ways do you think cultural competency is addressed or not addressed at your center?

2. Which cultural groups (define from CCAS-HI) are you best equipped to serve? Least equipped?
3. What do you do when a consumer with limited or no English proficiency comes to your center?

4. In what ways is cultural diversity represented or not represented by your staff?

5. In what ways can cultural competency be improved at your center?

Themes that Show a Lack of Cultural Competency:

Theme 1: Lack of bilingual staff to provide case management for consumers with limited or no English proficiency.

Theme 2: Lack of qualified interpreters in all counties, but more pronounced on the neighbor islands especially for languages from the South Pacific (Micronesia).

Theme 3: Lack of training on topics related to cultural competency.

Theme 4: No translation of key forms (e.g., consent to treat; service descriptions) in any non-English language.

Theme 5: Lack of utilizing cultural healers and community networks as part of the overall recovery plan.

Themes that Show Cultural Competency In Progress:

Theme 6: The hiring of diverse staff that represents the consumer population served.

Theme 7: The openness of considering general notions of diversity at the center and a willingness of case managers to become more cultural responsive.

Theme 8: The openness to receive training in cultural competency on a regularly scheduled basis (quarterly).

Theme 9: The willingness to participate in this organizational assessment on a yearly basis and the expressed commitment to improve in this area.

It was important to note that the assessors were impressed with staff member turn out and their active participation. It was clear that every center had at least one “champion” of diversity who validated the need to improve services for diverse consumers and who spoke passionately about the subject. This will help the Multicultural Services Director in selecting cultural competency liaisons to aide in collaboration and the sharing of multicultural information to the centers.

Waiting Area Observations:

The assessors arrived 20-30 minutes prior to the meetings to simply sit and observe the consumer-staff interactions and to take notes on the general ambiance of the waiting area. As noted below, there were four areas of interest:

1. How welcoming is the receptionist?
2. What sorts of reading materials are displayed and what languages/reading levels are represented?

3. What sorts of artwork/cultural artifacts are displayed?

4. How staff members communicate with consumers and other staff (e.g., in the waiting area, in passing, during the focus-groups, etc)?

**Summary of Findings:**

Of the three assessment procedures (interview, focus group, observation), the observational results were the most varied. In other words, some centers were clearly more “warm and welcoming” than others. Also, some centers had a more culturally inclusive ambiance than others. With the exception of three centers, there is much work needed in the area of greeting consumers as they enter our centers as well as maintaining a friendly and professional style during and after their appointments.

The physical set-up of the centers may have helped (or hindered) the “warm and welcoming” feeling. For example, the waiting area of some centers was either too small or too old looking (e.g., out-dated informational materials, old paint, old furniture). Some centers have wooden or plastic barriers, which forces consumers to speak over a tall counter or in a hole when talking to the receptionist – this alone is very disengaging. If conversation did occur between the receptionists and the consumer, it was “cold” and inconsistent.

Although the center’s décor (paintings, artwork) were consistent with the diverse cultures of Hawaii, the reading materials (magazines, pamphlets, brochures) were mainstream and did not reflect the diversity of Hawaii. Also, there were few, if any, reading materials in a non-English language and much of the informational brochures were written above a 6th-grade level.

**Recommendations:**

1. Identify CMHC “champions of diversity” and start organizing a liaison group to work collaboratively with the Office of Multicultural Services.
2. Use block-grant funds to translate CMHC key forms and AMHD service descriptions in the top non-English languages.
3. Provide each center with an “all-staff” feedback session of this assessment as well as tips on how to be more culturally responsive, inclusive, and warm and welcoming.
4. Share results with CMHC Administrator for feedback and further follow-up.
5. Conduct the same cultural competency organizational assessment annually.