Weaving Culture in Strategic Prevention Framework

Fredrick Sandoval, MPA
New Mexico Behavioral Health Purchasing Collaborative
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Key Federal Policies


This important public acknowledgment of the presence of disparities has helped raise awareness amongst behavioral health delivery systems, policy makers, funders, providers and communities as a whole about the disparities affecting ethnic/racial groups in the United States.

III. Disparities in mental services are eliminated

Goal 1: Identify Community Strengths, ensure cultural competency, family & consumer driven services at all levels.

Goal 2: Promote use of culturally appropriate and traditional healing services for Native Americans.

Goal 3: Assure appropriate number of practitioners in rural service systems.
Cultural and Linguistic Competency is really:

- Intrinsic and integrated into the entire behavioral health system of care (early intervention, prevention, treatment, recovery and crisis)
- Important to the individuals and families who seek help from the mainstream behavioral health system
- About learning (organizational and staff CLC assessment), carrying out (CLC Strategic Plan implementation) and improving the behavioral health outcomes (Quality Improvement) of diverse communities
- A deliberate act to eliminate behavioral health disparities and achieve health equity for diverse communities (Goal Attainment)
- A strategy to ensure access to quality, culturally and linguistically competent behavioral health services that are person centered which produce positive and improved service outcomes
- Not an add-on or an after-thought
- Not something that can wait - human lives are at stake every day
- Not “One Size Fits All”

Sandoval, System of Care FOCUS, 2010
Key Elements in Addressing and Reducing Disparities

- A planning process;
- Data utilization and quality improvement;
- Adaptations of services and supports to address the needs of underserved communities;
- Infrastructure building;
- Targeted training and technical assistance;
- Powerfully framed messages and communications strategy;
- Champions, allies and coalition building.

Larke Huang, SAMHSA 2007
Industry Service Outcomes

- Expanded access to and use of preventive care services
- Increased navigation of the complex behavioral health care system
- Improved consumer satisfaction
- Enhanced cultural and linguistic communications between providers and consumers (oral, written, electronic and interpreted)
- Identify consumers for certain conditions
- Quality improvement efforts to reduce disparities
- Assess variation in quality measures and re-examine effectiveness of current service strategies
- Identify and implementation culturally appropriate interventions

Tools to address Disparities in Health: Data as Building Blocks for Change, 2005
SPF Framework

• Step 1: **ASSESSMENT**
• Step 2: **CAPACITY**
• Step 3: **PLANNING**
• Step 4: **IMPLEMENTATION**
• Step 5: **EVALUATION**
Step 1: SPF Assessment

Dicho: “El que llorar, mama” “He who cries, suckles”

- The assessment phase helps define the problem or the issue that a project needs to tackle. This phase involves the collection of data to:
- Understand a population’s needs
- Review the resources that are required and available
- Identify the readiness of the community to address prevention needs and service gaps.
- To gather the necessary data, States and communities will create an epidemiological workgroup. The data gathered from this workgroup is vital because it will greatly influence a program’s strategic plan and funding decisions.

What are linguistic characteristics of the communities served?
What is your knowledge of your community’s diversity. Description of your population to include race, gender, age, sexual orientation, disability, and other demographic characteristics.
What are the disparities in your communities that you are serving?
What are the unique, historical and emerging challenges, needs and barriers of the diverse groups in your community?
Strengths and Assets of Communities along the border

- Cohesiveness and longevity of diverse communities (pre-dating U.S. territory)
- Family and community centeredness
- Strong and well-established Natural Support systems
- Self-care and personal responsibility
- Reciprocity and mutual aid amongst community members
- Strong traditional beliefs, customs, values and norms
- Wellness and healing practices of the whole person (including curanderismo)
- Active traditions and customs related to linguistic, spiritual, and religious practices
- High life expectancy among diverse communities
- Role of Extended and intergenerational family members (lineage, spiritual and parentage such as grandparents, godparents, uncles, aunts, etc.)
- Proximity to Mexico's language rich, proficient and prolific language resources (Spanish & indigenous languages & dialects): monolingual, bilingual, polyglots, translators, interpreters and educators.

Sandoval, System of Care FOCUS, 2010
Step 2: Capacity Building

Dicho: “Que bello es saber dos idiomas”
“How beautiful to know two languages”

• Capacity building involves mobilizing human, organizational, and financial resources to meet project goals. Training and education to promote readiness are also critical aspects of building capacity.

• Conducting CLC self assessment of the organization (New Mexico uses a Cultural and Linguistic Competence Policy Assessment produced by the National Center for Cultural Competence).
• Recruitment, hiring and retention of bilingual staff at all levels of the organization. (Many successes along border programs, e.g., FYI)
• Provide mental health interpreter training to bilingual staff.
• Use of translation and trained & proficient interpreters.
• Providing competitive compensation for staff with proficient language access skills who interpret and/or translate.
• Developing CLC policies and procedures for the organization.
• Effective outreach strategies, e.g., Ferias de Salud, cultural brokers
Step 3: Develop a Comprehensive Strategic Plan

Dicho: “Uno es el arquitecto de su propio destino”
(One is the architect of their own destiny”)

• Planning involves the creation of a comprehensive plan with goals, objectives, and strategies aimed at meeting the substance abuse prevention needs of the community. During this phase, organizations select logic models and evidence-based policies and programs. They also determine costs and resources needed for effective implementation.

• Use guidance from standards such as: Culturally & Linguistically Appropriate Services (CLAS); state Cultural & Linguistic Standards or guidelines; other Cultural and Linguistic Competency standards such as WICHE.

• Aligning with state plans, e.g., Eliminating Disparities, Systems of Care FOCUS, Department of Health Office of Health Equity

• COMMUNITY INVOLVEMENT and INCLUSIVENESS!!!
Step 4: Select, adapt and implement evidence-based programs, policies, and practices

Dicho: “No haga cosas mala que parecen buenas”
(Don’t make bad things that look good)

- The implementation phase of the SPF process is focused on carrying out the various components of the prevention plan, as well as identifying and overcoming any potential barriers. During program implementation, organizations detail the evidence-based policies and practices that need to be undertaken, develop specific timelines, and decide on ongoing program evaluation needs.

- Identify and review Evidence Based Practices (EBPs) models in the National Registry of Evidence-Based Programs and Practices
- Identify those EBPs that are normed in communities of color
- Identify EBPs that have culturally and linguistically competent embedded in the entire EBP design, implementation and evaluation
- EBPs that demonstrate positive outcomes for communities of color
- Cultural Adaptations to EBPs where permitted
- Identify and review Promising & Best Practice Approaches in communities of color
- Use of Community Defined practice models (See National Latino Behavioral Health Association Brief Inventory of Community Based Community Defined Evidence based practices, 2009)
NREPP EBPs with identifiable CLC Descriptors

- American Indian Life skills Development/Zuni life Skills Development
- Border Binge Drinking Reduction Program
- Familias Unidas
- Keeping it Real
- Project Venture
- Storytelling for Empowerment
- Strengthen Families Program
- Strengthening Families Program: for Parents and Youth 10-14
Key border prevention programs in New Mexico

- System of Care Grantee (*Grant County*)
- Strengthen Families (*Dona Ana County*)
- Reconnecting Youth (*Dona Ana County*)
- Border Area Mental Health Services Strategic Prevention Framework (*Hidalgo, Luna, Grant counties*)
System of Care – FOCUS
(Families and Organizations Collaborating for a United System)

Grant County Local Collaborative 6

- Cultural Competency Coordinator participates at the Executive Level and on all project committees;
- Inclusion of family members, youth and natural supports representatives of diverse communities on all committees and workgroups;
- Development of project mission statement that underscores the importance of cultural and linguistic appropriate care;
- Formation of the FOCUS Cultural Competency Committee to provide input regarding SOC design, implementation and evaluation;
- Completion of an annual Cultural Competency self-assessment of the Collaborative including an analysis of the target population, provider capacities, methods used to formally promote cultural competency and consumer satisfaction with services;
- Ensure the Statewide Behavioral Health Cultural Competency Plan is fully implemented across the SOC;
- Development of a FOCUS Cultural Competency Logic Model;
- Implementation of standards and contractual requirements to develop and implement local cultural competency plans; and
- Cultural adaption of EBPs and identification of promising community practices.
System of Care FOCUS (continued)

- The Cultural Competence Action Team (CCAT) supports system of care communities by helping to enhance their efforts to integrate and implement cultural and linguistic competence through its Cultural and Linguistic Competence Community of Practice (CLC-COP).
- Through the CLC-COP, the CCAT maintains a cohesive vision, facilitates communication and coordination among the learning communities, provides assistance and support to system of care communities, and offers tools and resources to help system of care communities implement and improve their cultural and linguistic competence.
**Strengthening Families**

Southern New Mexico Human Development, Las Cruces, NM program:

- Promotoras are trained to conduct this evidenced-based prevention program to 0-6 years, K—6 years, 10-14 year old youth and their families in southern Dona Ana County.
- Has served over 500 families in the last ten years which has focused on improving family bonding, school bonding and substance abuse prevention.
Reconnecting Youth

- **Southern New Mexico Human Development** operates Reconnecting Youth, a school-based indicated prevention program for grades 9-12, to teach skills to build resiliency with respect to risk factors and to moderate the early signs of substance abuse.
Border Area Mental Health Services SPF -SIG

- Alcohol Use Prevention – Specifically focused on addressing alcohol abuse and consequences among people ages 15-24. Currently strategizing with their communities to effectively address the contributing factors related to alcohol abuse.
Step 5: Monitor changes and evaluate program to improve or replace

Dicho: “La experiencia es la madre de la ciencia”
Experience is the mother of all learning (knowledge)

- Evaluation helps organizations recognize what they have done well and what areas need improvement. The process of evaluation involves measuring the impact of programs and practices to understand their effectiveness and any need for change. Evaluation efforts therefore greatly influence the future planning of a program. It can also impact sustainability, because evaluation can show sponsors that resources are being used wisely.

__________________________________________________________________________

- What story does the data tell you?
- Do communities of color having less/equal/greater access?
- Do communities of color having better/equal/worse outcomes?
- How effective are your Language Access strategies?
- How effective are your Outreach, Service Access, Family Involvement & Service Completion strategies?
- What cultural & linguistic adaptations have your made unique to your program?
Contact information

Fredrick Sandoval, MPA
Cultural and Linguistic Lead for the New Mexico Behavioral Health Collaborative and FOCUS – Systems of Care

fred.sandoval@state.nm.us
505-476-9260 (land line)
505-476-9277 (fax)

Photograph courtesy of Jesse Rodriguez
Gracias!