Health Equity and Multicultural Competence
A Core Cultural Competence Training Utilizing the CBMCS Curriculum
What is Cultural Competence

- combination of a body of knowledge, a body of belief and a body of behavior. It involves a number of elements, including personal identification, language, thoughts, communications, actions, customs, beliefs, values, and institutions that are often specific to ethnic, racial, religious, geographic, or social groups.

  - National Institute of Health 2013
Rationale for Cultural Competence Training for Health Care Providers

- Cultural and linguistic competence is essential to reducing health disparities and improving high quality health care that is respectful and responsive to diverse individuals and families seeking health care.
- Health care services that are respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse individuals and families can lead to positive health outcomes.
- Surgeon General’s Report 2001
- Health Disparities
- National CLAS Standards - Cultural and Linguistically Appropriate Services
  - Blueprint to advance health equity, improve quality and help eliminate health care disparities
- Cultural Competence Requirements 2010
- Institute of Medicine - (IOM) 6 Aims
  - Safe, person centered, timely, efficient, equitable
- Recovery Concept
Culture and Language influence:

- health, healing, and wellness belief systems;
- how illness, disease, and their causes are perceived; both by individuals seeking care and their families or significant others.
- the behaviors of individuals seeking health care and their attitudes toward health care providers;
- as well as the delivery of services by the provider who looks at the world through his or her own limited set of values, (worldview) which can compromise access for patients from other cultures.
California Brief Multicultural Competence Scale (CBMCS)

Developed in response to the 2001 Surgeon General’s Report

Need for Standardized researched Based Cultural Competence Training
Response to the Surgeon General’s report (2001)

Striking disparities,... racial and ethnic minorities bear a greater burden from unmet mental health needs and thus suffer greater loss to their overall health and productivity (p.3)

- Need
- Availability
  - Language access, culturally responsive providers
- Accessibility
  - Who has access to services?
- Utilization
- Appropriateness
  - Measure in accurateness of diagnosis and treatment
- Outcomes
Public Mental Health Systems

Most public mental health organizations are at the lowest levels of cultural competence (Noboa & Hicks, 1998)

Twelve Indicators of a Culturally Competent Organization

- Leadership
- Vision Mission
- Staff concepts
- Cultural concepts
- Work Climate
- Collaboration
- Policies and procedures
- Service Delivery
- Training/ staff development
- Communication/ outreach
- Outcomes management
- Reward/ performance evaluations
California Brief Multicultural Competency Scale and Training (CBMCS)

CBMCS was developed in collaboration with:
- California Department of Mental Health
- California Institute for Mental Health
- California County Mental Health Directors
- The University of La Verne.
- Pilot 2006
- CIMH partnered 2009
California Brief Multicultural Competence Scale - CBMCS

- 21 Question Self Report
- Provides a brief or short form self report multiple competence scale that could be easily be administered and scored and routinely used to ascertain mental providers’ multicultural training needs
CBMCS Training Curriculum

- Training manual curriculum for each of the four subscales identified in the CBMCS
- Four Training Days
- Workbook
- Scale as a pre post assessment
Four Modules/ Subscales

- Multicultural Knowledge
- Awareness of Cultural Barriers
- Sensitivity and Responsiveness to Consumers and Family Members
- Sociocultural Barriers
**Benefits**
- Researched Based
- Manualized
- Potential for Data collection- outcomes
- Systemic/ uniformed Approach to training for Mental Health Professionals
- Collaboratively Developed
- Self Assessment
- Comprehensive
- Modules- stand alone

**Challenges**
- Clinical Focus
- Four Primary racial groups
- Lacking Spirituality
- Current Issues
- Expand to include whole health issues
- Four days – Staff time implementation
- Comprehensive dense curriculum,
- Dated
- Implementation Process
Response to Challenges: Phase I

- RESULTS: 10 counties, including contract CBOS, established local capacity to implement CBMCS training.
- 2 year process.
- Provide Training and Consultation to counties upon request.
Resident Trainer Counties/Orgs

- Stanislaus
- Center for Human Services
- Sierra Vista Child and Family Services
- El Dorado
- Merced
- San Joaquin
- Riverside
- Sacramento
- San Mateo
- San Francisco
- Stars Behavioral Health
- Alameda
- Solano
- Caminar
- DHCS- formally OMS
- CiMH
Response to Challenges: Phase II

- Trainers, Stakeholders and Key County Implementers established a Training Review committee
- Processed training results
- Examined gaps in curriculum
- Strategized avenues to revise, expand and update curriculum
Response to Challenges: Phase II

- Classified the training as a core training -
- Generalist perspective - recommended for all staff - foundational training
- Advanced Training - specific focus skill acquisition evaluation
- CBMCS scale = pre/post or used to determine need for core training
Response to Challenges: Phase II

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Knowledge- Experience- Skills Development

- Revised curriculum - two days
- Utilized core principles of the CBMCS
- Incorporated broad themes of the four modules. two modules each day
- Expanded the curriculum to include current issues. Topics
  - Spirituality,
  - Cultural Humility
  - Self Reflection and understanding
  - Poverty
Training Aim:

- **Knowledge**: What are the Facts?
  - Information, definitions, concepts rationale for cultural competence training

- **Awareness**: Self and Others
  - Opportunity to discuss how reactions to the information shared - self reflection/reaction the perceived reaction of others

- **Skills**: Refresh current skill set - introduction to new skills

Other Revisions

“Broad Brush”

Generalist perspective - Overview of concepts
Participant experience and Respond to concepts

**Skill Focus**: Access, engagement, assessment.
Other Revisions

Race Ethnicity Culture and Language

- consider all encounters as cross-cultural.
- Individual cultural identification
- cultural strengths vs. Deficits
Historical Perspective

- Effects of historical oppression, marginalization, discrimination
- Political/social influence perceptions
- Reactions to history - positive, negative
- Individual vs societal impact
Self Awareness/ Awareness of Others

- Cultural Humility
- Worldview
- Impact of Power and Privilege
- Class - How important is it?
- Race Matters
- Gender Identity
“I'm right there in the room, and no one even acknowledges me.”
Cultural Formulation Interview

- Importance of formulating the information provided to tell the story
- Include cultural values, practices and beliefs
- Cultural Identity of the individual
- Cultural conceptualization of distress
  - Understanding of situation
  - Interpretation of illness, help seeking behaviors, considerations of interventions, medication etc.
- Assessment of supports, Involvement of significant others, families, communities
- Cultural Strengths
- Cultural features of the relationship between the individual and the provider/clinician
- Overall Cultural Assessment
Cultural Formulation

- Use vignettes to practice completing the formulation and discussion its utility between the assessment and care planning.
Outcomes

- Positive response to the new format
- Opportunity for Advanced level training.
- Specific Ethnic/Cultural issues, effective interventions and supports
- Language - Interpreter Training]
- Mental Health and Spirituality
- Documentation
Next Steps

- Ongoing evaluation and supports
- Supervisor Training
Thank you!

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“Imagine all the people...living life in peace.”

John Lennon