



Justice Center

THE COUNCIL OF STATE GOVERNMENTS

Achieving Cultural Competence in Behavioral Health and Criminal Justice Programming

May 27, 2021 | Lisa Maye & Melissa Stein

Session Outline

I. Welcome and Introductions

II. Overview

III. Presentation

Introductions

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The Council of State Governments Justice Center

We are a national nonprofit, nonpartisan organization that combines the power of a membership association, serving state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities.

How We Work

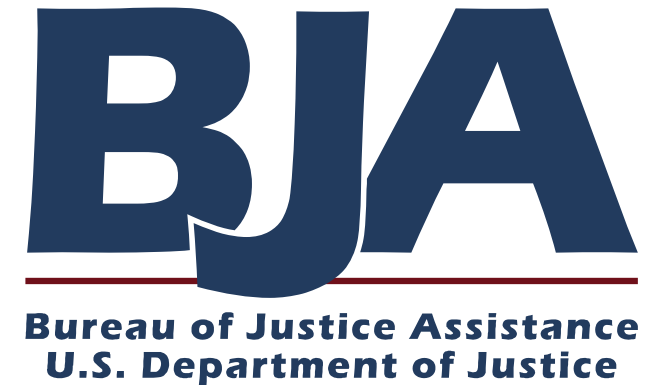
- We bring people together
- We drive the criminal justice field forward with original research
- We build momentum for policy change
- We provide expert assistance

Justice and Mental Health Collaboration Program

The Justice and Mental Health Collaboration Program (JMHCP) supports cross-system collaboration to improve public safety responses and outcomes for individuals with mental illnesses (MI) or co-occurring mental illness and substance abuse (CMISA) who come into contact with the justice system.

The U.S. Department of Justice Bureau of Justice Assistance

Mission: BJA provides leadership and assistance to local criminal justice programs that improve and reinforce the nation's criminal justice system. BJA's goals are to reduce and prevent crime, violence, and drug abuse and to improve the way in which the criminal justice system functions. In order to achieve such goals, BJA programs illustrate the coordination and cooperation of local, state, and federal governments. BJA works closely with programs that bolster law enforcement operations, expand drug courts, and provide benefits to safety officers.



Visit the [BJA website](#) to learn more.

Policy Research Associates, Inc.

Policy Research Associates, Inc. is a national leader in mental health research and its application to social change since 1987. www.prainc.com

Creating positive social change through technical assistance, research, and training for people who are disadvantaged.

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Presentation Outline

I. What is cultural competence?

II. Why is it important to consider cultural competence?

III. When does a program need to become culturally competent?

IV. How can a program achieve cultural competence?

What is cultural competence?

“A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable the system, agency, or professionals to work effectively in cross-cultural situations” (SAMHSA, 2014).

What is cultural competence?

- Definition of culture:

'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.

(Office of Minority Health, 2000)

A Few Common Characteristics of Culture (Not an Exhaustive List)

- Identity development (multiple identities and self-concept)
- Rites of passage (rituals and rites that mark specific developmental milestones)
- Broad role of sex and sexuality
- Images, symbols, and myths
- Religion and spirituality
- View, use, and sources of power and authority
- Role and use of language (direct or implied)
- Ceremonies, celebrations, and traditions
- Learning modalities, acquisition of knowledge and skills
- Reward or status systems (meaning of success, role models, or heroes)

Sources: American Psychological Association (APA) 1990; Center for Substance Abuse Prevention 1994; Charon 2004; Dogra and Karim 2010.

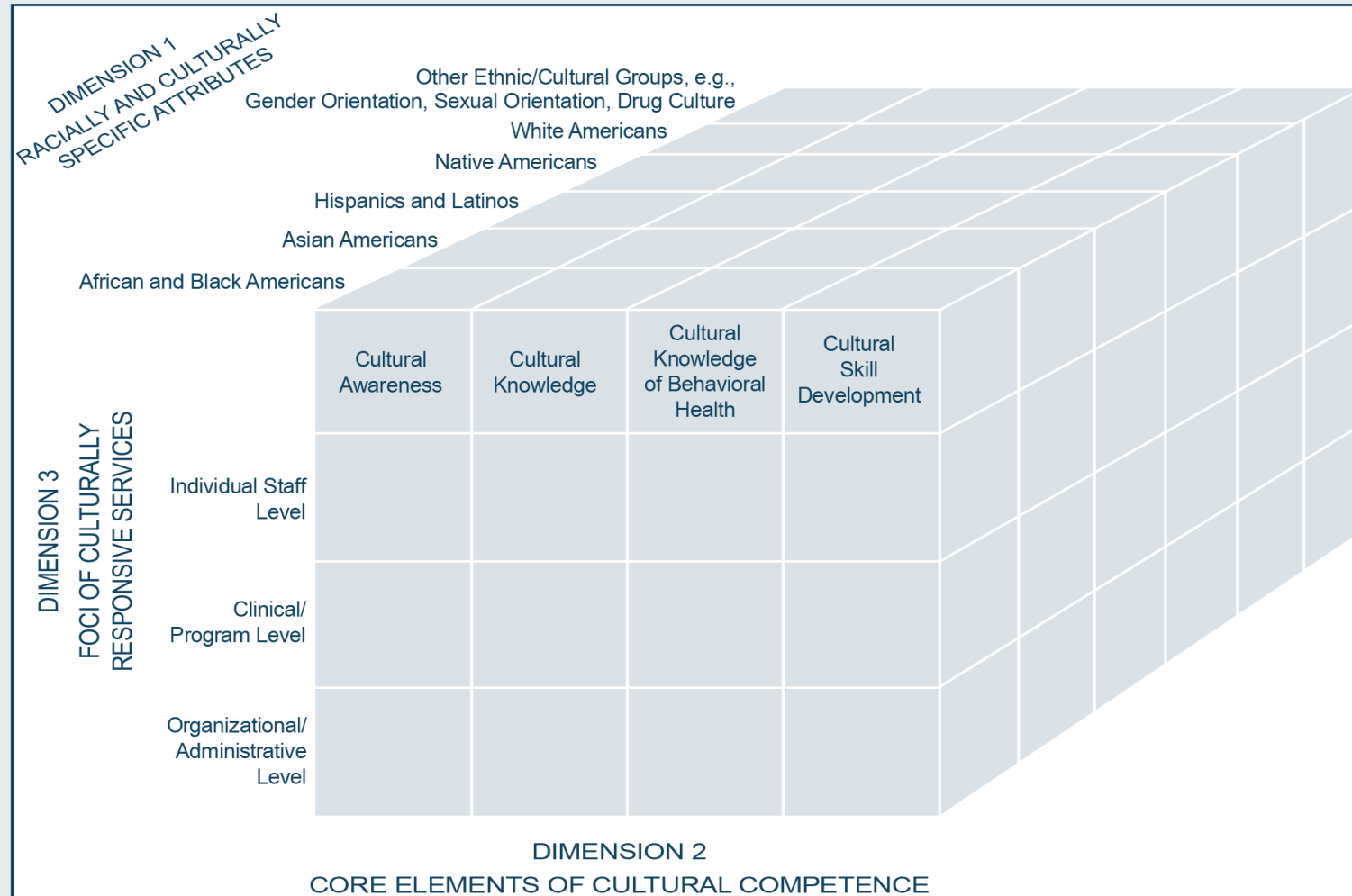
Three Dimensions of Cultural Competence

- Dimension 1 – Racially and culturally specific attributes
 - Race/ethnicity
 - Race: “a socio-historical construct, which operates simultaneously as an aspect of identity and as an organizing principle in forging social structure” (Omi & Winant, 1986; White, 2002, p. 408)
 - “Ethnicity refers to the shared social, cultural, and historical experiences, stemming from common national or regional backgrounds, that make subgroups of a population different from one another” (University of Minnesota, 2010)
 - Sexual orientation
 - Gender orientation
 - Socioeconomic status
 - Geographic location

Three Dimensions of Cultural Competence

- Dimension 2 – Core elements of cultural competence
 - Cultural awareness
 - Cultural knowledge
 - Cultural skill development
- Dimension 3 – Foci of culturally responsive services
 - Staff member level
 - Clinic and programmatic level
 - Organizational and administrative level

Exhibit 1-1: Multidimensional Model for Developing Cultural Competence



(Source: SAMHSA, 2014)

Core Assumptions

- Organizations that value diversity and reflect cultural competence through congruent policies and procedures are more likely to be successful in the ever-changing landscape of communities, treatment services, and individual client needs.
- An understanding of race, ethnicity, and culture (including one's own) is necessary to appreciate the diversity of human dynamics and to treat all clients effectively.
- Using culturally responsive practices is essential and provides many benefits for organizations, staff, communities, and clients.

(Source: SAMHSA, 2014)

Core Assumptions

- Consideration of culture is important at all levels of operation—individual, programmatic, and organizational.
- Achieving cultural competence in an organization requires the participation of racially and ethnically diverse groups and underserved populations in the development and implementation of culturally responsive practices, program structure and design, treatment strategies and approaches, and staff professional development.
- Public advocacy of culturally responsive practices can increase trust among the community, agency, and staff.

(Source: SAMHSA, 2014)

Presentation Outline

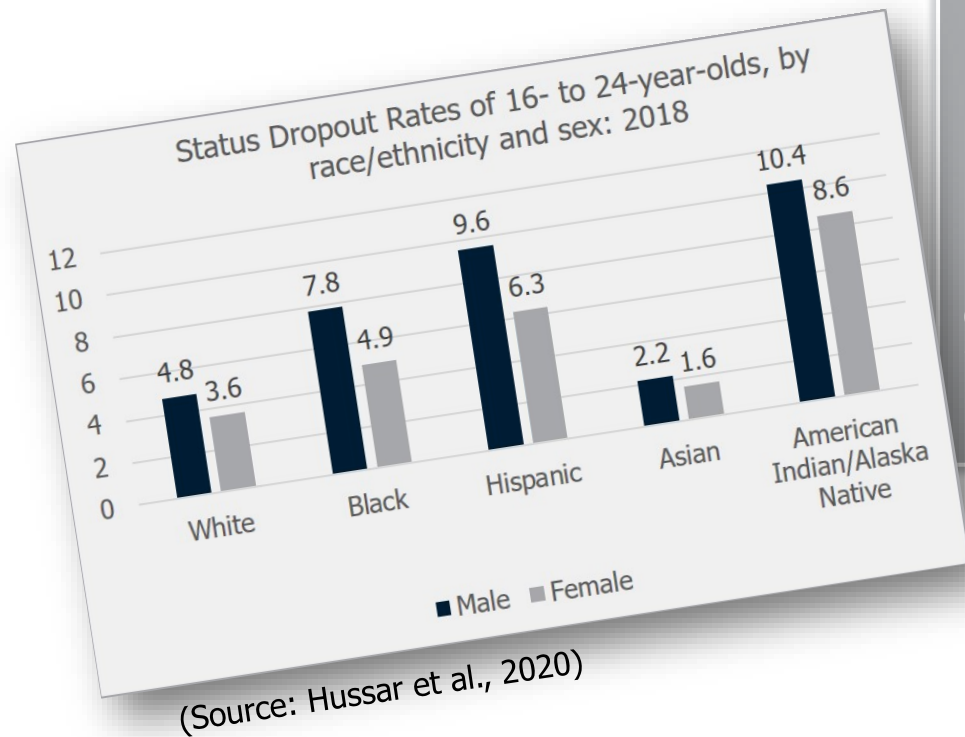
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Examples: Connecting Cultural Competency and Outcomes



Racially Discordant Clinical Encounters

Matching patients and providers by race/ethnicity and by cognitive orientation (similar problem perception, coping approaches, and treatment goals) produce more relaxed, comfortable, positive, and engaged sessions when compared to sessions where patients were only cognitively matched to providers. (Zane et al., 2005)

Unemployment 1st Quarter Averages, Total Population, 16 Years+

	White	Black/ African American	Asian	Hispanic/ Latino
2020	3.6%	6.6%	3.3%	5.4%
2021	5.9%	10%	5.9%	8.8%

(Source: U.S. Bureau of Labor Statistics, 2021)

Importance of Culturally Responsive Services

- Decades of research document challenges for Black people seeking effective behavioral health services and overwhelming disparate treatment in the criminal justice system. Other cultural groups experiencing this as well.
- Culturally responsive programs, curricula, etc., demonstrating improved outcomes across racial/ethnic groups:
 - HEAT curriculum
 - Family/domestic relations counseling through drug court, thus incorporating an Afrocentric focus (Ho, Carey, & Malsch, 2018).

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Always.

- All organizations should engage in a process to strive towards cultural competence.

**Culture eats strategy
for breakfast.**

- Peter Drucker

Cultural Competence is Always Involved.

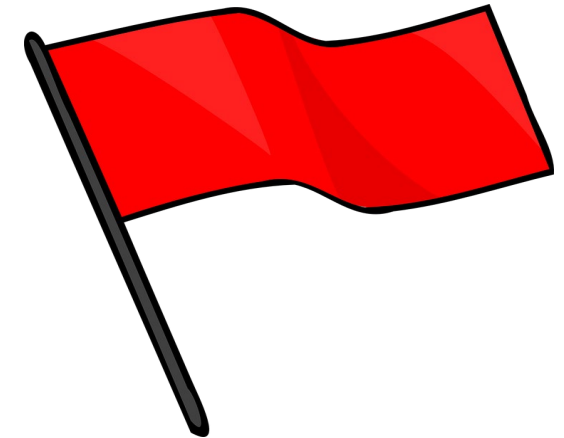


- Stage 1: Cultural Destructiveness
- Stage 2: Cultural Incapacity
- Stage 3: Cultural Blindness
- Stage 4: Cultural Precompetence
- Stage 5: Cultural Competence and Proficiency

(Sources: SAMHSA, 2014; Comas-Diaz 2012; Cross et al. 1989; Sue and Constantine 2005)

Red Flags Showing Cultural Competence is Critically Lacking

- When a program has historically been regarded by the public as a legitimate authority and that perception is under threat.
- As public trust in government has declined, the ability of programs to skillfully and effectively demonstrate the fairness and impartiality becomes ever more critical.

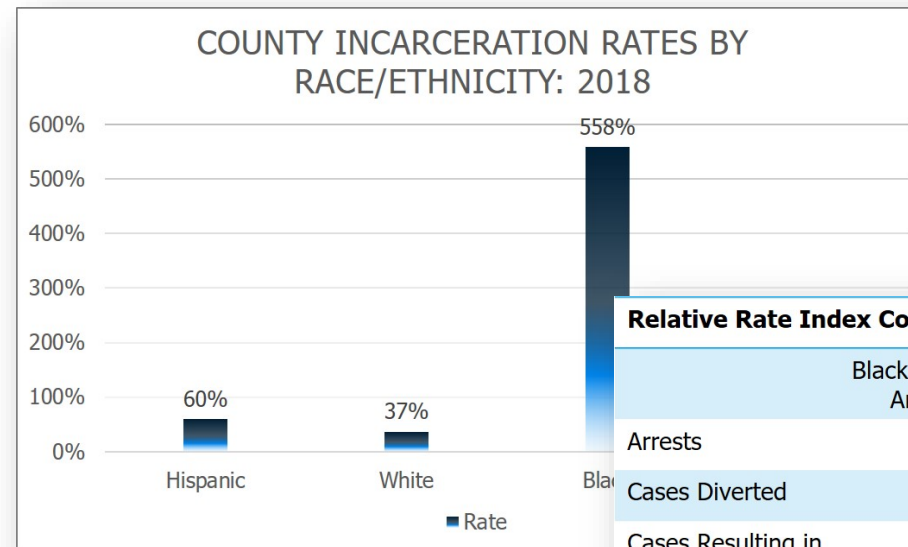
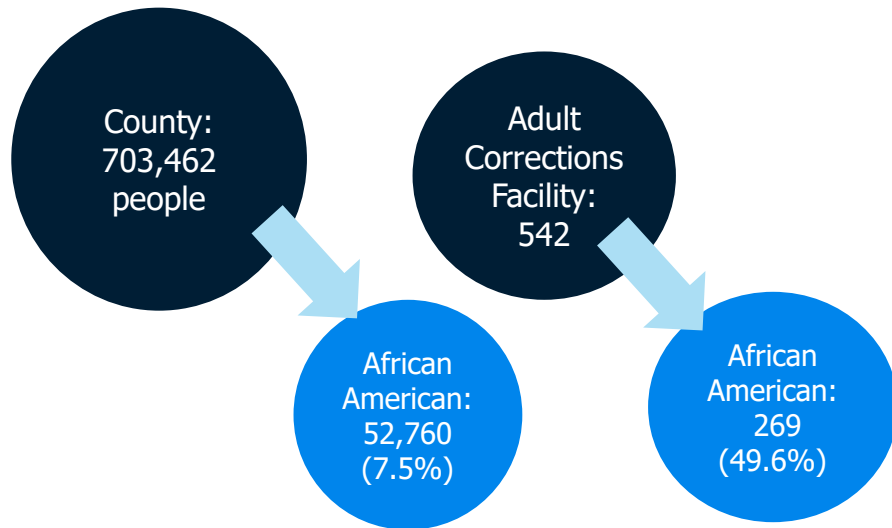


Leveraging Data to Focus Efforts

- Measure and document trends across Dimension 3 – Foci of culturally responsive services
 - Staff member level
 - Clinic and programmatic level
 - Organizational and administrative level
- Identify areas for further study in making improvements

Leveraging Data to Focus Efforts

- Comparing Proportions
- Comparing Rates or Relative Rate Indices



Relative Rate Index Compared with White Individuals, 2007				
	Black or African-American	Hispanic or Latino	Asian	American Indian or Alaska Native
Arrests	2.48	1.27	0.35	1.38
Cases Diverted	1.07	0.92	1.14	0.81
Cases Resulting in Sentence of Incarceration	2.62	1.17	2.32	0.59

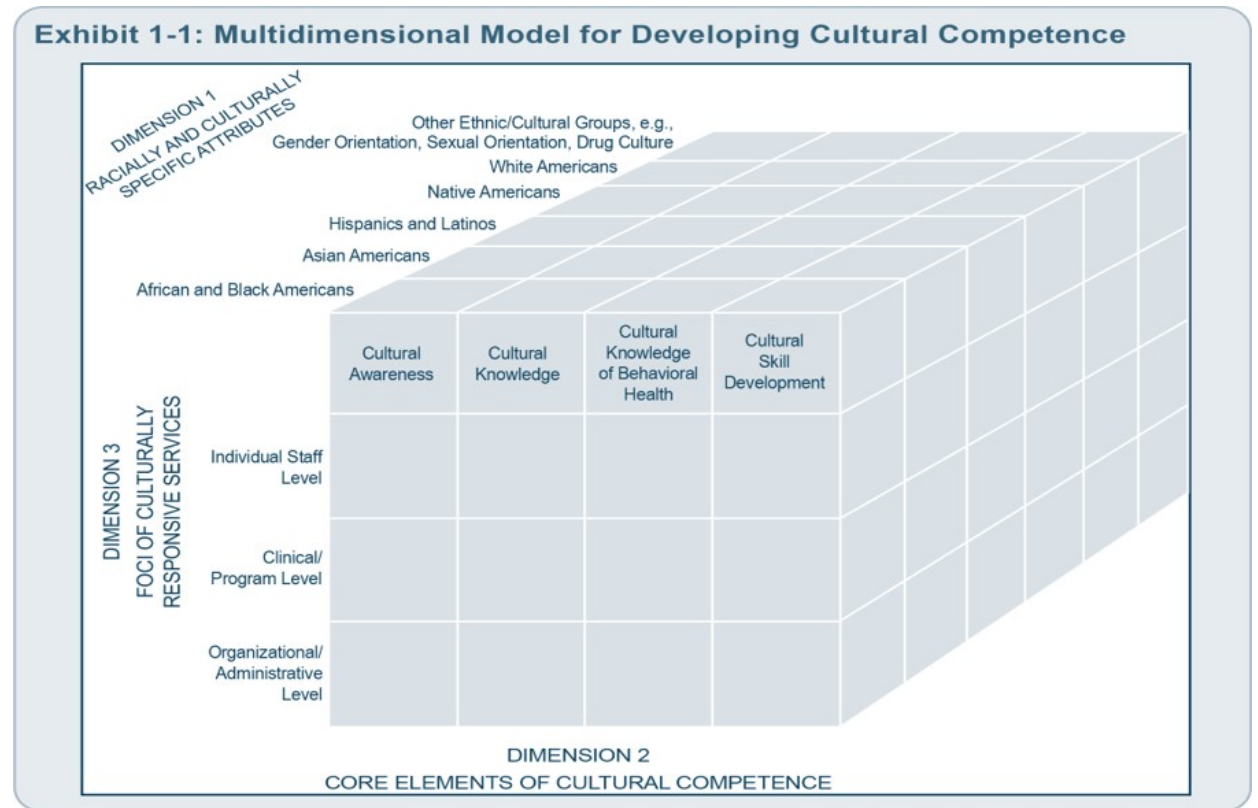
Note: Example graphs and table are not based on real data.

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Striving Towards Cultural Competence

Multidimensional Model for Developing Cultural Competence



(Source: SAMHSA, 2014)

Cultural Competence is Always Being Learned.



- Stage 1: Cultural Destructiveness
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(Sources: SAMHSA, 2014; Comas-Diaz 2012; Cross et al. 1989; Sue and Constantine 2005)

Striving Towards Cultural Competence Con't

Dimension 3 – Individual Staff Level

- Staff are educated to become aware of own cultural values and biases, as well as cultural values of their clients
- Programs that have sought to identify and address unconscious bias and facilitate the uncomfortable conversations that can arise from it

Key Terms

Bias

The unintended influence of factors that are not meant to be considered on a final decision or result.

Bias can occur either when relevant information does not influence the decision or when irrelevant information influences the decision.

The particular situation or legal context surrounding a decision determines which factors are considered relevant or irrelevant.

Conscious

Mental processes involving both awareness and volition.

Unconscious

Mental processes that lack either full awareness or full volition.

(Source: The Evolving Science on Implicit Bias: An Updated Resource for the State Court Community, 2021)

Key Terms

Implicit Bias

A bias that is measured using an implicit, or indirect, measure.

Implicit Measures

Capture participants' responses in ways that do not rely on individuals' awareness or willingness to respond, such as by measuring reaction time to different groups of stimuli.

(Source: The Evolving Science on Implicit Bias: An Updated Resource for the State Court Community, 2021)

How Social and Cultural Biases Can Subtly Influence the Behavior of Individuals

Example:

“A Black couple saw the appraisal of their home increase by \$500,000 after they took down photos of themselves in the house and had a white friend pose on their behalf during the appraiser’s visit.”

(Source: Mock, 2021)

Example:

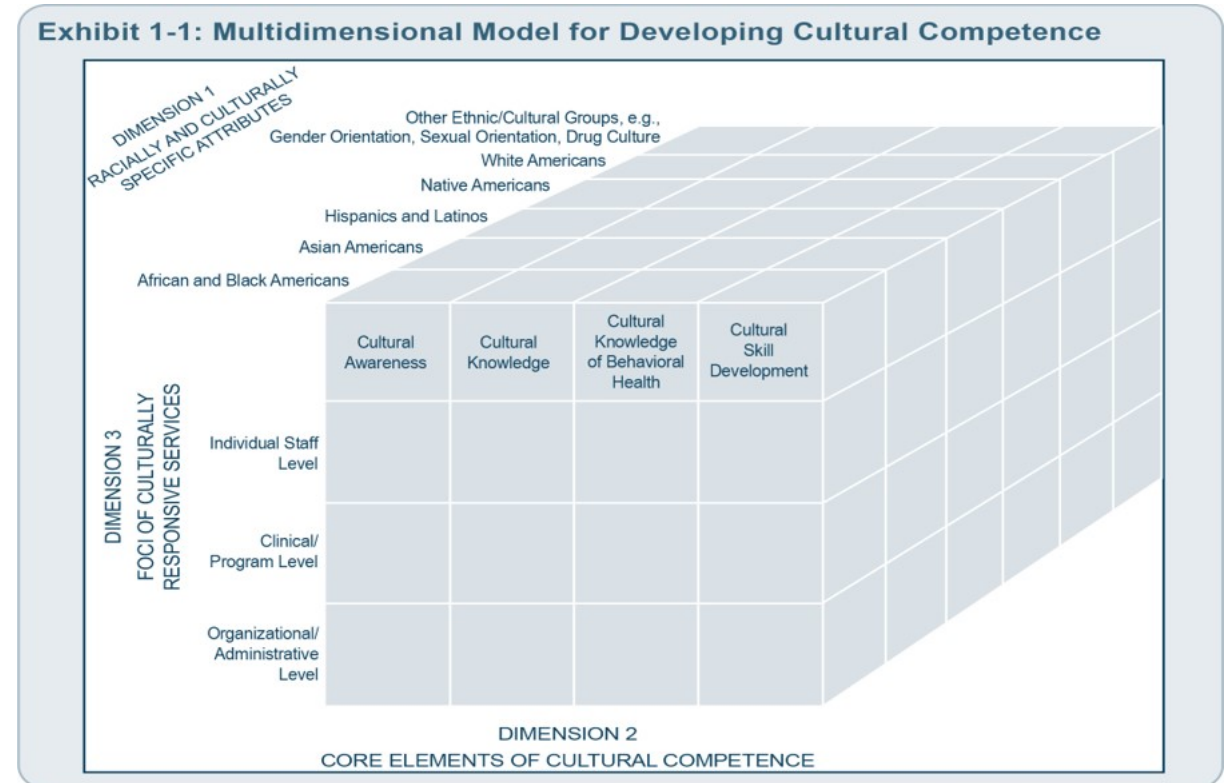
People, including law enforcement, are more likely to identify and react to African American faces as “criminal”.

(Source: <http://web.stanford.edu/~eberhard/about-jennifer-eberhardt.html>)

Striving Towards Cultural Competence

Multidimensional Model for Developing Cultural Competence

- Dimension 3 – Clinical/Program Level
- Dimension 3 – Organizational Level



(Source: SAMHSA, 2014)

Cross-Cultural Skills Are Demonstrated through the Ability to Communicate with:

- Respect
- Recognition of others' values
- Acceptance of knowledge, skills, and talents
- Toleration, engagement, and celebration of the success of others

Building Cultural Competence

Intervention must be one that considers the importance of addressing the full array of forces that contribute to observed racial inequities.

Developing cross-cultural attitudes allows one to develop skills for better engaging with people from all kinds of cultures, including people from different racial and ethnic backgrounds.

Building Blocks to Cultural Competency

- Remove requirements around program outcomes, policies, or practices that uphold dominant culture narratives, expectations, or norms to the detriment of program participants of marginalized groups.
 - Explore and document how historical and community impacts could affect an individual's program success.
- Partner with community members/experts of different racial/ethnic backgrounds with lived experience to interrogate and document how program processes and expectations reflect dominant culture norms and values and/or appear to be race neutral.

Building Blocks to Cultural Competency

- Articulate and document current power structures (who makes important decisions or conducts key activities related to funding, data collection and analysis, program eligibility, program outcome requirements, program delivery, etc.)
- Examine ways to enable people of color with lived experience to gain/retain decision-making power in these areas.

Explore: Are people of color only involved in program delivery but not making fundamental decisions regarding funding, program eligibility, services, data collection/analysis, and/or required program outcomes?

Building Blocks to Cultural Competency

- Invest time getting to know and earning the trust of community members of different racial/ethnic backgrounds with lived experience advise on/lead program changes.
 - Provide compensation for the investment of time and labor into advisement and/or work.
 - Support meeting times and formats that reduce the burden of participation.
 - Engage community members with focus on/passion for behavioral health/criminal justice issues to reduce conflation with other serious, important issues that also impact the community.

Building Blocks to Cultural Competency

- When critically interrogating the program and policies for racial bias, explore the program's impacts on people with intersecting identities.
- Work with community members and experts to develop program pathways that are specific to race/ethnicity, gender, and sexual orientation to help ameliorate the impact of overlapping systems of discrimination (e.g., Afrocentric women's treatment program).

Questions and Answers

More Resources

- SAMHSA's Treatment Improvement Protocol: Improving Cultural Competence

<https://store.samhsa.gov/product/TIP-59-Improving-Cultural-Competence/SMA15-4849>

- National Standards for Culturally and Linguistically Appropriate Services

<https://thinkculturalhealth.hhs.gov/clas>



More Resources

- Community Toolbox
<https://ctb.ku.edu/en/toolkits>

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