

Cultural Competence Standards

In Managed Care
Mental Health Services

For Asian and Pacific Islander Americans

EXECUTIVE SUMMARY

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The Center for Mental Health Services
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I. Introduction

This Executive Summary provides an overview of the Asian and Pacific Islander American component of the Managed Care Initiative funded by the Center for Mental Health Services (CMHS) and the Substance Abuse and Mental Health Services Administration (SAMHSA). The Managed Care Initiative is a multi-year endeavor coordinated by the Center for Mental Health Policy and Services Research, University of Pennsylvania, in conjunction with the Western Interstate Commission for Higher Education (WICHE) Mental Health Program. The Managed Care Initiative aims to develop managed care expertise in public sector mental health administrators and staff. A primary objective is to establish competency standards for mental health service providers within a managed care setting, with special attention to various underserved populations including Asian and Pacific Islander Americans.

The Asian and Pacific Islander American Panel is one of eight panels that were created to meet this objective. The Asian and Pacific Islander American Panel is comprised of 24 nationally recognized practitioners, consumers, advocates, governmental representatives and researchers. The Panel produced three reports designed to be used together – 1) Literature Review; 2) Cultural Competence Standards; 3) Strategic Plan for Implementation. The purpose of this Executive Summary is to summarize the contents of these reports, including guiding principles and recommendations.

II. Literature Review

Asian and Pacific Islander Americans are, in terms of percentage increase, the fastest growing ethnic group in the United States. In 1980, the population of Asian and Pacific Islander Americans exceeded 3.7 million, easily doubling the 1.5 million figure in 1970; the 1990 population was about 7.3 million, nearly double that of 1980. Projections are that by the year 2020, the population will be 20 million. The three largest groups are Chinese, Filipino, and Japanese, while Asian Indians, Koreans, Southeast Asian (e.g., Vietnamese, Cambodians, Laotians, and Hmong) and Pacific Islanders also comprise a significant portion of the Asian and Pacific Islander population. The Asian and Pacific Islander American population is not only the fastest growing but also the most diverse group in terms of cultural background, country of origin, and circumstances for coming to the United States. For example, more than 50 ethnic groups, which may primarily speak one of more than 30 different languages, are included in the Asian and Pacific Islander American group. In part because of such aforementioned diversity, and also as a consequence of the changing structure of opportunity in this country, Asian and Pacific Islander Americans are quite varied in their economic status, as well.

The diversity of Asian and Pacific Islander Americans – the many ethnic groups, languages, cultures, value and belief systems, and immigration histories, as well as

differences in present day social, economic, and political circumstances – manifest into an equally diverse range of mental health concerns. Among the most commonly documented dynamics underlying mental health concerns pertaining to this diverse group are intergenerational conflicts, family system and role relationship changes, acculturation conflicts, ethnic/racial identification and social isolation, and particularly among Southeast Asian refugees, pre-migration trauma. The extent to which these issues become problems and the nature of how such distress is expressed, are largely affected by multiple factors that may include but are not limited to: place of residence, generational status in the U.S, degree of acculturation, religious beliefs and value orientations, native language facility, English language proficiency, age, education, economic status, family composition, degree of family dispersion, immigrating as an unaccompanied minor, degree of identification with one's country of origin, perception of choice in emigrating to the U.S., social-political identification, and connection with local formal and informal networks.

Accumulating evidence suggests that, contrary to public belief, Asian and Pacific Islander Americans are experiencing significant mental health problems. It is believed that early estimates based on utilization rates among clinical samples seriously underestimated the actual need in the general population. This is because Asian and Pacific Islander Americans tend to underutilize mental health services. There is convergent evidence that Asian and Pacific Islander Americans underutilize mental health services regardless of service type, based on reports that compare this group's service use to their proportion in the general population. Several studies also report that Asian and Pacific Islander Americans exhibit more severe disturbances compared to nonAsian and Pacific Islander Americans. This finding suggests that Asian and Pacific Islander Americans are more likely to delay seeking help, and consequently come to the attention of the mental health system at the point of acute breakdown and crisis. Further studies show that Asian and Pacific Islander Americans are more likely to drop out after initial contact or terminate prematurely from mainstream service settings. Studies have linked such underutilization to the shame, stigma, and other cultural factors that influence symptom expression and conceptions of illness. Underutilization has also been associated with limited knowledge about the availability of local mental health services, and a tendency to seek more culturally congruent care, which may include herbalist, acupuncturist, and other forms of indigenous healing.

III. Cultural Competency Standards

The Cultural Competency Standards addresses a growing problem; that mainstream service providers are having difficulty working with and providing effective treatments for Asian and Pacific Islander American clients. There are six guiding principles that embody the issues pertinent to effective mental health service delivery to Asian and Pacific Islander Americans within a managed care environment. These are: 1) Principle of Cultural Competence; 2) Principle of Consumer-Driven System of Care; 3) Principle of Community-Based System of Care; 4) Principle of Quality of Care; 5) Principle of Natural Support; and 6) Principle of Prevention.

The Cultural Competency Standards are partitioned into three primary areas: 1) Overall System Standards and Guidelines; 2) Provider Competencies; and 3) Clinical Standards and Guidelines. All three areas are comprised of several individual standards. Each of these standards is accompanied by implementation guidelines and recommendations for performance indicators. The goal of these Standards is to establish a system of care that incorporates at all levels of operation, the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally unique needs.

A. Overall System Standards and Guidelines

1. Cultural Competence Planning

An Asian and Pacific Islander American Cultural Competence Plan for both public and private sectors shall be developed and integrated within the overall organization and/or provider network plan, using an incremental strategic approach for its achievement, to assure attainment of cultural competence within manageable but concrete timelines. Development and integration of the Cultural Competency Plan shall be achieved with the participation and representation of top and middle management administrators, front-line staff, consumers and/or their families, and community stakeholders. An individual at the executive level shall have authority to monitor implementation of the Plan. Additionally, each individual shall be accountable for the success of the Plan based on his/her level within the organization.

2. Ongoing Program Development

Ongoing program development for Asian and Pacific Islander American consumers shall include a full array of available treatment modalities, particularly modalities that are culturally competent and effective with this population (e.g., family therapy, specialized group therapy, behavioral approaches, use of traditional healers and outreach).

3. Governance

Each Health Plan's governing entity shall incorporate a board, advisory committee, or policy making and influencing group which shall be proportionally representative of the Asian and Pacific Islander American consumer populations to be served in the community at large, including age and ethnicity. In this manner, the community served shall guide policy formulation and decision-

making, including Request for Proposals development and vendor selection. The governing entity responsible for the Health Plan shall be accountable for its successful implementation including its cultural competence provisions.

4. Benefit Design

The Health Plan shall ensure equitable access and comparability of benefits across Asian and Pacific Islander American populations and age groups. Coverage shall provide for access to a full continuum of care (including prevention programs) from most to least restrictive in ways which are comparable, though not identical, acknowledging that culturally competent practice provides for variance in individualized care.

5. Quality Monitoring and Improvement

The Health Plan shall have a regular quality monitoring and improvement program with defined indicators applicable to evaluating services to Asian and Pacific Islander American populations, and that ensures: 1) access to a full array of culturally competent treatment modalities; 2) comparability of benefits, and 3) comparable successful outcomes for all service recipients.

6. Decision Support and Management Information Systems

The Health Plan shall be develop and maintain a database which shall track utilization and outcomes for Asian and Pacific Islander Americans across all levels of care. It shall also develop and manage databases of social and mental health indicators on the covered Asian and Pacific Islander American populations and the community at large. The data base shall include qualitative and quantitative data that accurately reflects the Asian and Pacific Islander American populations and shall be collected and interpreted in a culturally competent manner at a national, state, and local levels. Findings from these data shall be used in a culturally competent manner to continually assess, improve, and inform strategic planning for services to Asian and Pacific Islander American consumers and families. For purposes of accountability, the Health Plan shall report to the governing entity, in a regular and timely manner, performance and outcome data specific to Asian and Pacific Islander American consumers and families.

7. Human Resource Development

Staff training and development in the areas of Asian and Pacific Islander American cultural competence and mental health shall be implemented at all levels and across disciplines (e.g., for leadership and governing entities, as well as for management and support staff). The strengths brought by cultural

competence shall form the foundation for system performance rather than detract or formulate separate agendas.

B. Provider Competencies

1. Knowledge and Understanding, Skills, and Attitudes

Knowledge and understanding, skills, and attitudes shall all be essential components of core continuing education to ensure Asian and Pacific Islander American cultural competence among clinical staff, and promote effective response to the mental health needs of Asian and Pacific Islander American consumers. Knowledge and understanding shall include: consumer populations' background, clinical issues, how to provide appropriate treatment, and the agency/provider role in the treatment process. Skills shall include: communicating effectively across cultures, using consumer's preferred language in treatment, formulating and implementing quality care and treatment plans, appropriately addressing race/ethnicity issues in treatment, effectively using one's self and knowledge in the treatment process, and conducting quality research. Attitudes shall include: respect for diverse heritages, cultures, and experiences (e.g., a consumer's experience of immigration, migration, colonization, or acculturation), willingness to work with diverse consumer populations including Asian and Pacific Islander Americans, and recognition of how one's self as provider (especially one's culture, race, ethnicity, and gender) may influence the therapeutic relationship.

2. Prevention, Education and Outreach

Each Health Plan shall include a prevention, education, and outreach program that is an integral part of the Plan. Each Plan shall incorporate Asian and Pacific Islander American culturally competent approaches, behaviors, and communication styles in its development and implementation of such programs. In the development and implementation phases, Asian and Pacific Islander American consumers, their families, and community organizations shall be involved. The prevention, education, and outreach (PE&O) programs shall include Asian and Pacific Islander American culturally specific knowledge of psychiatric impairment and treatment as these apply to the occurrence of mental illness, its distributional pattern, and help seeking behaviors of this consumer population.

C. Clinical Standards and Guidelines

proposed plan of treatment and supervision by a consultant with this expertise shall be mandatory.

5. Treatment Services

The Health Plan shall include a full array of available treatment modalities, particularly modalities which are culturally acceptable and effective among Asian and Pacific Islander American populations (e.g., psycho-education, psychosocial rehabilitation, family therapy, specialized group therapy, behavioral approaches, use of traditional healers, outreach). Consideration shall be given to the likelihood of the Asian and Pacific Islander American consumer to accept and implement the treatment plan.

6. Case Management

Case management shall be central to the operation of the interdisciplinary treatment team and shall be based on the diagnosed level of care needed by the primary consumer. Case managers for Asian and Pacific Islander American consumers shall require special skills in advocacy, access of community-based services and systems, and interagency coordination. Case management shall also be consumer- and family-driven. Case managers shall be accountable for the cost and appropriateness of the services they coordinate. The Health Plan shall maintain responsibility for the successful and appropriate implementation of the Case Management Plan and the provision of adequate administrative resources and endorsement.

7. Cross-cultural Communication Support

Cross-cultural communication support shall be provided at the option of Asian and Pacific Islander American consumers and families at no additional cost to them. Access to these services shall be available at the point of entry into the system and throughout the system.

8. Communication Styles and Linguistic support

Cross cultural communication support shall be provided at the option of the Asian and Pacific Islander American consumers and families at no additional cost to them. Asian and Pacific Islander American consumers may speak a variety of dialects or languages, and may communicate nonverbally in culturally-specific ways. Access to these services shall be available at the point of entry into the system and throughout the system. Trained interpreters, who are paid for their

services, shall be utilized only in the absence of Asian and Pacific Islander American culturally competent and bilingual Mental Health Specialists.

9. Self Help

Asian and Pacific Islander American culturally competent self help groups shall be created to provide services to consumers and their families. The self help groups shall function as part of a seamless continuum of care. Self help groups for Asian and Pacific Islander American consumers shall incorporate consumer-driven goals and objectives that are functionally defined and oriented towards rehabilitative and recovery outcomes. Equal consideration and support shall be given to family and primary consumer self help groups.

10. Discharge Planning

Discharge planning for Asian and Pacific Islander American consumers and families shall include involvement of the consumer and family in the development and implementation of the plan and evaluation of outcomes. Discharge planning shall be done within an Asian and Pacific Islander American culturally competent framework and in a communication style congruent with the consumer's values. The plan shall allow for transfer to less restrictive levels of care in addition to termination of treatment based on accomplishment of mutually agreed terms of the treatment contract. The discharge plan shall include case management and aggressive outreach with the Asian and Pacific Islander American consumer and family, to minimize "administrative" termination which is typically the result of culturally inappropriate services.

IV. Strategic Plan for Implementation

Achieving culturally competent service delivery requires a long-term, highly specialized, multi-stage developmental implementation process. For this reason, the Asian and Pacific Islander American Panel has delineated a list of recommendations to support the successful implementation of these Cultural Competence Standards.

A. Maintaining the Integrity of the Standards

The Panel strongly recommends that any participating public or private organization should utilize qualified Asian and Pacific Islander American Mental Health Specialists and consultants during the implementation process of these Standards. This requirement is necessary to maintain the integrity of the goals, objectives, and "best practices standards" which are inherent in the Cultural Competence Standards,

and to promote total quality management standards during the implementation process within various organizations.

B. Commitment of Participating Agencies

Agency participation and cooperation during the implementation process of the Cultural Competence Standards is critical. Participating agencies should demonstrate a defined commitment to serve Asian and Pacific Islander American consumers (i.e., establish good cultural competence practices, have clinically qualified and diversified staffing, provide resources for cultural competence activities).

C. Management/Oversight of Implementation Process

An administrative unit should be established to manage the Cultural Competence Implementation Process. The administrative unit responsibilities should include:

- 1) management of staff and consultants;
- 2) management and negotiation of contracts with participating organizations;
- 3) coordination of arrangements and activities;
- 4) management of budgets and payments;
- 5) fund development.

D. Participation of the Asian and Pacific Islander American Panel in the Implementation Processes

The ongoing participation of the Asian and Pacific Islander American Panel in the implementation process is necessary to maintain the integrity of the goals, objectives, and “best practices standards” which are inherent in the Cultural Competence Standards, and to promote total quality management standards during the implementation process within various organizations. The Panel’s responsibilities should include:

- 1) ongoing development and refinement of the Standards;
- 2) development of strategies to upgrade the guidelines to professional standards;
- 3) decisions regarding dissemination of materials;
- 4) development of implementation plan procedures, training materials, and quality management measures;
- 5) development of training methods and consultation fee structures to provide training and/or technical assistance to agencies;
- 6) management of sponsorship for conducting training activities and continued refinement of these activities;
- 7) advocacy with payers to incorporate Standards.