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Integrating "Youth Guided" and "Cultural and Linguistic Competence" Values Into Systems of Care

CARING FOR EVERY CHILD'S MENTAL HEALTH
Systems of Care

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I. Introduction

The Comprehensive Community Mental Health Services Program for Children and Their Families is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). It supports the establishment of "systems of care" for children and youth with serious emotional disturbances and their families. *The Technical Assistance Partnership for Child and Family Mental Health (TA Partnership)* has developed this module to support you in bringing a cultural and linguistic competence lens to your youth-guided work. This module contains some definitions of common terminology, recommended actions, and questions to ask yourself and your community about the youth-guided and cultural and linguistic competence values. You may find it helpful to revisit *Youth Involvement in Systems of Care: A Guide to Empowerment* before reading this module (Matarese, McGinnis, & Mora, 2006).

Although youth engagement specialists play a key role in implementing youth-guided systems of care, the work of being youth guided requires committed action from a broad range of individuals and organizations. Likewise, cultural and linguistic competence in systems of care is a responsibility shared widely. This module will help you expand your perspective on being youth guided and culturally and linguistically competent, whether you are a youth engagement specialist, a cultural and linguistic competence coordinator, or someone serving in another capacity.

We encourage you to test the perspective offered here. Consider your experience developing youth-guided and culturally and linguistic competent practices, organizations, policies, and processes in your community. Will these recommended actions and questions help you in your work? Which strategies might work best for you? Where do challenges remain? We hope that you will engage your peers in thinking through your answers to the questions and trying the recommended actions. Should you identify additional questions or actions that you think would be useful to others, we encourage you to share them with the TA Partnership[1]. We welcome your feedback and want to improve future iterations of this module for the benefit of your community and others.

The next two sections of this module define common terms and provide some background on the youth guided and cultural and linguistic competence values. We then discuss considerations you should take into account as you apply these values to your work, including specific tips and questions that you can use at your own pace. The tips and questions are categorized by the following areas of focus, including: governance and organizational infrastructure, services and supports, planning and continuous quality improvement, collaboration, communication, and workforce development.

II. Defining Common Terms

Youth, youth guided, culture, cultural competence, cultural broker, linguistic competence, and *hidden populations* are just a few of the terms commonly used. These terms are not always well understood in systems of care, however. Because of the substantial variation in how these terms are defined, we clarify how we use them in *this* module.

Youth – Generally refers to the population of focus as defined by your system of care, which accounts for factors such as age and diagnosis among others (U.S. Department of Health and Human Services (DHHS], 2009). There is considerable debate about the age ranges included in this definition. The variation in the way this term is used could easily lead to misunderstanding, especially when two or more people are using the term with different meanings. It is advisable to clearly understand how you define this term and how individuals and organizations in your community use the term.

In many systems of care, the term refers to 13- to 21-year-olds, with the most common use being 16- to 21-year-olds transitioning to adulthood. Other terms, such as *young people, young adults,* or even *children* are often used in the same way as *youth*. In this module, *youth* and *young people* are synonyms.

Youth guided – Means that youth are engaged as equal partners in creating systems change. Whereas adults have historically worked on behalf of youth, this value calls for systems of care to create partnerships that allow youth and adults to collaborate for the purpose of system transformation. Systems of care strive to create meaningful, equal partnerships between youth and adults in planning, implementation, and evaluation across a broad spectrum of organizations and activities in local communities, states, territories, and tribes as well as at a national level (DHHS, 2009). Other terms often used interchangeably with youth guided include *youth involvement, youth participation, youth-adult partnerships, youth engagement, youth empowerment,* and *youth voice*. This module does not address differences between these terms.

Many communities have broken ground by fostering partnerships among youth and adults in the development of clinical interventions, individualized care planning, service delivery model design, social marketing, evaluation, governance, training and workforce development, and many other ways. Given the variations in populations of focus and the differing contexts in systems of care, it is important to ensure that partnerships between youth and adults are developmentally appropriate, are meaningful to youth and adults, are culturally and linguistically appropriate, and contribute to better outcomes for the population being served. This requirement may mean that youth have a more prominent role in some areas within your system of care and a less significant role in others. The key is to identify in which ways being youth guided can help improve services and outcomes for your population of focus.

The youth-guided value is applied in different ways across individuals, families, tribes, agencies, and systems. Many factors influence these differences, such as beliefs about whether and how youth and adults should share power, the willingness to undergo significant changes in the role that young people play in transforming systems of care, and effective leadership that inspires positive change. An additional factor is whether the appropriate level of resources, training, and supports is dedicated to implementing youth-guided practice.

This value also varies significantly in how it is applied within and across communities. For example, you may find that your community integrates youth effectively in decisions related to a specific event, such as *Children's Mental Health Awareness Day*, while struggling to do the same with ongoing social marketing and communication strategies and activities. These kinds of variations are common and to be expected, especially as communities continue to try

different approaches and learn which strategies work best for them. It is possible that a given approach to meaningfully engaging youth in decisions related to Children's Mental Health Awareness Day may work with some youth in your community, but not with others. Developing youth-guided practices requires communities to pay close attention to which strategies work and under what conditions and with which types of youth, so that the best strategies can be harnessed to support your community's progress.

Culture – Culture has been defined as "the integrated pattern of human behavior that includes thoughts, communication, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group" (Cross, Bazron, Dennis, & Isaacs, 1989). Culture is reflected in the world view and values of individuals, organizations, and systems.

Every individual, group, family, and organization has a culture. Individuals and families likely identify with several cultural groups (e.g., racial/ethnic, religious). The attitudes, beliefs, values, and customs that make up one's culture are learned and communicated tacitly as well as explicitly through life experiences and interactions with others. Culture often evolves as learned responses to life experiences, and it strongly influences the way members of a cultural group make decisions, including decisions about how and when to engage in system of care partnership opportunities. Culture is dynamic; most individuals and organizations belong to many different cultural groups. Culture is often deeply rooted and is an integral part of an individual's or an organization's identity, whether or not this identification with one's culture is explicitly expressed. As a result, culture can be difficult to change, especially when the change is driven by forces outside an individual or organization.

Cultural competence — Cultural competence is the integration and transformation of knowledge, behaviors, attitudes, and policies that enable policymakers, professionals, caregivers, communities, youth, and families to work effectively in cross-cultural situations. Cultural competence is a developmental process that evolves over an extended period of time. Individuals, organizations, and systems are at various levels of awareness, knowledge, and skills along the cultural competence continuum (Cross et al., 1989).

Cultural competence is a key factor in effectively leading and managing change in systems of care. It respects the multiplicity of cultures represented within systems of care while leading the community through a process that supports its evolution. It informs decisions about not only whether "to push the envelope," but also when and how to do so. Terms like youth culture are commonly used to group all youth together, as if to suggest that young people are all part of the same group. It is important to remain aware that the dynamic nature of culture means that many differences may exist among individuals and groups of youth. You should not assume that youth share the same beliefs, values, or preferences. This remains true regardless of the factors that some youth have in common, such as similarities in fashion or musical tastes.

Cultural competence requires a willingness to build relationships and learn how to work effectively with individuals, organizations, and systems that do not share the same culture. Although a cultural competence lens can be applied to all aspects of system of care transformation, the value is most focused on efforts to improve access, availability, appropriateness, utilization, quality, and outcomes of services and supports for underserved, unserved, or excluded populations. Cultural competence translates to the integration of knowledge, information, and data about individuals and groups of people into clinical standards, skills, service approaches and supports, policies, indicators, and measures and benchmarks. This integration aligns with an individual's or group's culture and increases the quality, appropriateness, and acceptability of care and outcomes throughout systems of care (Williams, Ornelas, & Broderick, 2006).

Cultural competence has five elements (see Cross et al., 1989):

1. *Valuing diversity:* awareness and acceptance of differences in communication, life view, and definitions of health, family, and more
2. *Developing a cultural self-assessment:* the ability to self-reflect and have a sense of one's own culture and its relationship to others
3. *Managing the dynamics of difference:* an understanding that "client" and "provider" carry their own culturally prescribed patterns of communication, etiquette, problem-solving styles, histories, and experiences to an interaction
4. *Institutionalizing cultural knowledge:* the sanctions and mandates that incorporate cultural knowledge into a system
5. *Adapting to diversity:* the process used by organizations and child-serving systems to make adjustments to create a better fit between clients (i.e., youth and families) and service through adaptations of policies, structure, values, and services

Cultural broker – An individual who bridges, links, or mediates between groups or persons of differing cultural backgrounds for the purpose of reducing conflict or producing change (Jezewski, 1990).

Linguistic competence – "The capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities" (Goode & Jones, 2006). Systems of care may hire staff who speak the language of the population of focus and take other steps, such as using cultural brokers or developing and testing communication to ensure that it is easily understood by the population of focus. Using professional interpretation and translation services is also an integral part of ensuring linguistic competence. It is also important to ensure that information is presented at reading levels appropriate for the intended audience, which could be children or youth, or adults with low literacy skills.

Cultural and linguistic competence is a process, not a destination. Especially given the dynamic nature of culture, there is no point at which systems of care will "arrive" at a final destination. Rather, continued learning and growth will improve the effectiveness of systems of care, but they will also require ongoing relationship building and learning. Some adults believe that the best way to be culturally competent is to learn the latest slang or become well versed in popular culture, but this is a gross misunderstanding. Cultural and linguistic competence requires that individuals and organizations are open and welcoming to diversity and differences, open to learning and asking questions to gain knowledge about different cultural groups and linguistic needs, and able to adapt to the diverse needs of individuals.

Hidden populations – This term refers to a population or community that is uninvited or unassisted, and may not be easily identified by physical appearance alone. A population can remain hidden because its needs are overlooked even when its presence is acknowledged. Many lesbian, gay, bisexual, transgender, questioning, intersex, or two-spirit (LGBTQI2-S) youth, for instance, suffer if their presence is unwelcome or not acknowledged.

III. Understanding the National Standards on Culturally and Linguistically Appropriate Services

The National Standards on Culturally and Linguistically Appropriate Services (CLAS; DHHS, 2006) are intended to make organizations more culturally and linguistically accessible. The 14 standards address the following themes: culturally competent care (Standards 1–3), language access services (Standards 4–7), and organizational supports for cultural competence (Standards 8–14). Although the standards are aimed toward health care organizations, they can be adapted by other organizations as well.

Standard 1: Health care organizations should ensure that patients/consumers receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

Standard 2: Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

Standard 3: Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Standard 4: Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

Standard 5: Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

Standard 6: Health care organizations must ensure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

Standard 7: Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Standard 8: Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

Standard 9: Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

Standard 10: Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

Standard 11: Health care organizations should maintain a current demographic, cultural, and epidemiological (e.g., of health and disease) profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

Standard 12: Health care organizations should develop participatory, collaborative partnerships

with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

Standard 13: Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

Standard 14: Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

These standards consist of mandates, guidelines, and recommendations. Standards 4–7 are mandates that are current Federal requirements for all recipients of Federal funds, including your system of care. Standards 1–3 and 8–13 are guidelines recommended by the Office of Minority Health (OMH) for adoption as mandates by Federal, state, and national accrediting agencies. OMH recommends that health care organizations voluntarily adopt standard 14.

IV. Applying the Values to Your Work

The youth-guided and cultural and linguistic competence values are core to the development of systems of care, which means they should be integrated deeply and broadly throughout your community's transformation efforts. This work requires you to not only identify your population of focus but to also build your capacity to create meaningful partnerships that may radically transform how services are provided. This will ultimately improve outcomes for youth and families who play a role in bringing these values to life in your community.

Identifying the population of focus is one of the first things your system of care will do. The population of focus is first identified—likely by a needs assessment—at the time your community decides to request funding to implement a system of care. After receiving SAMHSA funding, your community will spend one year planning and preparing to serve youth. When identifying the population of focus, it is important to consider the diversity within this population. Youth may vary in the ways they label themselves. They may need you to use a variety of strategies for engaging them as recipients of services or as partners in decision making. For many reasons, some young people may not feel comfortable being identified by or associated with common labels such as "disabled," "mentally ill," "seriously emotionally disturbed," "at risk," "disadvantaged," "minority", or "gay." Other differences may influence how comfortable youth are with being identified by race, ethnicity, socio-economic class, family structure (e.g., single parent/caregiver), immigration status, literacy level, or language spoken at home. These dynamics require communities to take an ongoing look at how to best conduct outreach to—and create meaningful partnerships with—youth who may not identify themselves in the ways that adults and systems identify them.

Youth bring diverse perspectives to their roles as partners in system of care transformation. No single youth (or group of youth) speaks for all other youth who share similar characteristics. For example, a pair of youth who identify as lesbian, gay, bisexual, or transgender cannot speak for all other youth who are similarly identified. Likewise, all youth who identify as heterosexual cannot speak for all other youth who also identify as such. Adults should encourage youth to speak for themselves and to share their perspectives; however, it is important to guard against the temptation to generalize and treat all youth as if they are the same or as if their age alone makes them experts on all topics pertaining to all youth. Systems of care, then, are tasked with simultaneously acknowledging youth for the expertise their life experiences provide them and recognizing that young people also need training and support to build their capacity to be culturally and linguistically competent.

The importance of considering how context influences the application of these values cannot be overstated. Applying the youth-guided value in tribal communities, for instance, requires a real appreciation for tribal culture and the way their world view guides decision-making processes. Whereas some communities approach decision making as a linear process focused on cause and effect, many tribal communities approach decision making as fluid and intuitive. Family, community, and history play a much stronger role than is typically acknowledged in European-based cultures. In tribal communities, the process for including youth in decision making often looks very different than it does in communities dominated by European linear thinking. Neglecting to account for cultural differences in how you apply the youth-guided value can cause you to miss opportunities for meaningful engagement and slow your progress in system of care implementation.

Regardless of how effective your community has been, it is always possible to improve in the areas of youth-guided practice and cultural and linguistic competence. Youth engagement specialists and cultural and linguistic competence coordinators should work together; however, they cannot do this work alone. It is important to partner with others in your community, including youth, families, and cultural brokers, to help

maximize your application of these values to your work. The following recommendations and questions are designed to support you in identifying ideas and specific actions that you can undertake to improve the implementation of culturally and linguistically competent, youth-guided systems of care. The categories—governance and organizational infrastructure, services and supports, planning and continuous quality improvement, collaboration, communication, and workforce development—have been selected because of their inclusion in the TA Partnership's *Cultural and Linguistic Competence Implementation Guide* (Martinez & Van Buren, 2008). The implementation guide is designed to support systems of care in building and developing cultural and linguistic competence.

You may find that you have experience with some recommendations or have already considered some of the questions posed. You may also find some to be new. We invite you to try the recommended actions and ponder the questions that may provide the most value for you in your community. It is likely that some recommendations work well within some contexts and not in others.

GOVERNANCE AND ORGANIZATIONAL INFRASTRUCTURE

These recommended actions and questions address organizational leadership and mechanisms that promote the integration of cultural and linguistic competence and youth guided in systems of care.

Recommended Actions

1. Assess governing body members' attitudes and beliefs about sharing power with youth. Create a safe space for participants to share and address both hopes and concerns in a respectful manner.
2. Assess the attitudes that young people have about being involved in the governing body and sharing decision-making power with adults. Create a safe space to ensure that their hopes and concerns can be shared and addressed in a respectful manner.
3. Create opportunities for youth and adults to share lessons learned and address concerns about developing meaningful partnerships in the governing process.
4. Clarify the purpose of the governing body as well as the role of youth in it. Clarity of purpose makes it much easier to decide which youth should be engaged as partners in governance as well as when and how to partner with them.
5. Be flexible. There is no one-size-fits-all way for youth and adults to work together in governing systems of care. Rather than stick with an approach that is not working, make changes to find a fit that meets your community's needs. Consider including young people in the governing body and workgroups in different ways and at varying levels of intensity. For instance, some young people may be permanent voting members of the governing body, while others may be involved on an as-needed basis in workgroups based on a youth's interests and abilities and a workgroup's needs.
6. Ensure that the cultural makeup of the population of focus is reflected in the governing body's cultural composition. Avoid tokenism by making the experience meaningful and being clear about why each person or organization is involved.
7. Identify ways to make training and mentoring opportunities for youth more meaningful for them. Identify ways, based on their culture, to make the training and mentoring process more relevant to youth. For example, consider giving youth opportunities to be mentored by others who represent their cultural identities.
8. Consider the cultures of youth when identifying incentives for youth participation. For instance, design incentives that youth say best meet their needs and hold their interests. These incentives can include interesting leadership opportunities with selected businesses, travel, or a creative partnering with local businesses that provide services that youth care about.

Questions

1. Which youth cultural groups are well represented in our governing body? Which ones are not well included?
2. What changes can we make to the way meetings are held so that culturally diverse youth feel welcome and included?
3. What supports do we need to provide to help youth and adults overcome language barriers that make it more difficult to partner effectively? Have we identified ways to decode jargon so that the language makes sense to everyone participating in governance?
4. What steps can we take to allow on-the-go adjustments that make our governing process more accessible to youth and families?
5. What are the cultural barriers that may affect our ability to be successful in forming strong, effective youth-adult partnerships in governance?
6. How can we promote meaningful youth involvement in the organizations that are represented within the governing body as well?
7. How can we create meaningful opportunities for youth, including those from underrepresented populations, in the development/ implementation of our community's cultural and linguistic competence plan?

SERVICES AND SUPPORTS

The recommended actions and questions here addresses how an organization should plan, deliver, and facilitate services, supports, and interventions that respond to the unique cultural and linguistic needs of the populations it serves.

Recommended Actions

1. Develop processes and procedures that allow youth to be matched with therapists and care coordinators of their choice, including those that match the culture(s) of the youth served.
2. Provide services and supports that have been tested with youth of cultural backgrounds similar to the youth served. Provide information to youth so that they can ask appropriate questions about whether evidence-based practices have been tested on youth who share their cultural background.
3. Investigate whether the services and supports offered are a good fit for the youth and families being served. If needed, make changes to services and supports that increase access, availability, appropriateness, utilization, quality, and outcomes to meet the needs of youth and families.
4. Train youth, families, and service providers to ensure that youth voice is appropriately understood, especially from a cultural perspective, respected, and supported in care planning.
5. Ensure that clinical and functional assessment tools are culturally and linguistically competent, reliable, and valid for use with your populations of focus.
6. In partnership with youth and families, identify policies and practices that may retraumatize the population of focus and develop new, improved policies and procedures to decrease the likelihood of retraumatization. For instance, the practice of having youth and families tell their stories over and over can bring up painful memories connected to past trauma.
7. Provide environments that are safe and supportive for youth and families to access services. This guideline may mean making services and supports available in settings that are not traditionally used, such as youth drop-in centers.

Questions

1. Are we including nontraditional services and supports, such as native healers, martial arts, drama, art therapy, or equine therapy, which fit the cultural makeup of our population of focus? If so, are we promoting and supporting youth access to these services and supports?

2. Have we engaged culturally and linguistically diverse communities in the discussion, planning, and implementation of services (e.g., LGBTQI2-S, American Indian)?
3. Does the service delivery model include the population of focus? For instance, if Latino youth and families are included in the population of focus, how can we ensure that their voice is included in this process?
4. Has decision making about services and supports been based on proof that these practices and interventions have been successful with the population of focus?
5. How are we ensuring that our service and support structures meet the changing cultural and linguistic needs of the populations served over time?
6. What steps can we take to decrease retraumatization for youth and families? What supports can we provide to youth and families who may be retraumatized by retelling their stories?

PLANNING AND CONTINUOUS QUALITY IMPROVEMENT

These recommended actions and questions are designed to support you in including culturally diverse youth planning and continuous quality improvement.

Recommended Actions

1. Create opportunities for youth who represent the cultural makeup of the population of focus to have a meaningful role in planning and continuous quality improvement (CQI).
2. Identify ways to incorporate data about diverse groups of youth into planning and CQI processes. For instance, it can be useful to identify gaps in responding to the needs of youth who are LGBTQI2-S and develop plans to improve in this area.

Questions

1. Are youth who represent the diversity of our population of focus involved in developing CQI tools?
2. What steps can we take to remove barriers to culturally diverse youth involvement in planning and CQI? For instance, can we try engagement strategies such as providing child care or support with transportation, making meeting times more accessible to youth, or offering meals? Do we need to consider different outreach strategies to recruit youth to be a part of this process?

COLLABORATION

The recommended actions and questions address the development of effective working relationships between organizations, youth, families, and the community at large to promote CLC.

Recommended Actions

1. Outreach to, engage with, and contract with culturally and linguistically diverse community-based organizations, cultural groups, providers, and agencies. Examples include youth programs, libraries, local businesses, faith-based organizations, and community groups such as a local chapter of Parents, Families & Friends of Lesbians and Gays (PFLAG).
2. Explore how culture and language affect partnership and collaboration styles as well as services provided by partner organizations. Support partners in raising awareness about engaging youth and families in culturally, linguistically competent ways.
3. Use language that youth, families, and partnering organizations will understand. Define terms, such as *youth guided* and *cultural competence*, that may be common in organizations closely connected to the system of care initiative but unfamiliar to youth, families, and other child-serving systems.

Questions

1. Do memoranda of understanding and contracts with partners and service providers reflect expectations about being youth guided and culturally and linguistically competent?

2. Do staff of organizational and agency partners reflect the population of focus?
3. Do cultural leaders, youth, and families guide the outreach and engagement process?
4. Have organizational partners been trained in developing youth-guided and culturally and linguistically competent practices and services?
5. Are partners providing services and supports that meet the needs of "hidden" populations of youth who are often overlooked, including LGBTQI2-S youth?

COMMUNICATION

The following recommended actions and questions describe strategies for promoting effective exchange of information, and for developing collaborative relationships among systems of care, providers, youth, families, and the community at large.

Recommended Actions

1. Make language assistance available at no cost to youth and their families throughout the system of care. Train all staff to use language assistance services.
2. Ensure that marketing materials reflect the population of focus in a respectful and culturally and linguistically appropriate manner. Partner with cultural brokers to identify ways to improve communication to youth, families, and other organizations that serve them.
3. Include quality control processes to ensure that marketing and communication materials are reviewed and interpreted by qualified individuals in the population of focus before dissemination.
4. Address policies and practices that present barriers to communicating with youth. Some workplaces ban access to all social networking websites, even though these venues may provide opportunities for communication that are not otherwise available.
5. Communicate with youth at times that are convenient for them, and use communication strategies that they are comfortable with, such as texting and social networking.
6. Establish how you will access and communicate with youth outside of working meetings. Consider youth who do not have regular access to the Internet or for whom communication by email is uncommon.

Questions

1. Is our staff able to communicate with those who speak different languages or have culturally different communication styles, including individuals with limited or no English proficiency?

2. Where can we better include the population of focus in developing and vetting materials and communication strategies?
3. Do our communication practices (venues, media, messengers) fit the cultures of the youth and families served?

WORKFORCE DEVELOPMENT

These recommended actions and questions address organizations' efforts to recruit and retain a culturally and linguistically representative staff to ensure that staff and other service providers have the requisite attitudes, knowledge, and skills for delivering culturally competent services.

Recommended Actions

1. Hire staff members who reflect the populations of focus, are familiar with their cultures and languages, and have demonstrated experience and qualifications in serving them.
2. Develop and implement formal policies and procedures that address cultural and linguistic competence in hiring and managing a diverse workforce.
3. Because the importance and use of credentials vary by culture, reexamine whether requiring certain credentials has limited your ability to hire qualified staff who fit the cultural makeup of populations served, and make changes where appropriate.
4. Provide ongoing training, technical assistance, and support that aids the system of care workforce in successfully implementing youth-guided and culturally and linguistically competent practices.

Questions

1. Does our staff reflect the cultural makeup of the population of focus? How can we improve in this area?
2. Have we dedicated financial resources to diversify the workforce and improve recruitment and retention?
3. How can we provide internships and hands-on learning experiences to develop a diverse workforce?
4. How can we improve recruitment and screening of new staff for fit with the population of focus?
5. How can we enhance how the cultural needs of the population of focus inform the way our workforce is trained?

ADDITIONAL RECOMMENDED ACTIONS AND QUESTIONS

These recommended actions and questions address additional steps that can be taken to promote the infusion of the youth guided and cultural and linguistic competence values into your system of care.

Recommended Actions

1. Be open to dialogue about historical and current trauma, challenging pasts, or current personal and professional situations that affect individuals and communities.
2. Partner with youth and families to take steps to identify and develop trauma-informed approaches to engaging youth in services and leadership opportunities.
3. Work with youth and families to develop rituals that celebrate accomplishments related to creating culturally and linguistically competent systems, services, and supports.
4. Offer continuous cultural and linguistic competence education to staff as well as to youth, families, and community partners. Acknowledge that individual are at their own stage of development for self-awareness.
5. Institutionalize cultural knowledge that strengthens organizational and system capacity to meet the needs youth and families.

6. Engage youth and families in culturally and linguistically competent leadership-enhancing activities, including training, mentorships, and internships, that promote growth, and encourage them to become leaders in their communities. Recognize that investment in human capital growth and development is essential to sustainability.

Questions

1. Where have youth and adult partnerships thrived in our system of care and why?
2. What can be done to build on lessons learned for the future?
3. Does our vision clearly articulate what we want to achieve and provide a clear picture of what needs to be sustained beyond the cooperative agreement with SAMHSA?
4. Have we defined "success" for the initiative with involvement from all stakeholders, including youth and families?
5. Have we nurtured and invested in the personal and professional development of youth to assume leadership positions currently and in future opportunities?

V. Conclusion

It is no secret that transforming systems is difficult work. Infusing youth-guided practice into systems of care in a meaningful and impactful way is difficult, too. It requires significant investment of time and resources, but this may lead to real changes in the organizations and systems that serve youth. Using a cultural and linguistic competence lens when infusing youth-guided practice is an essential component of the change management process that is required for effective system of care implementation. Despite the challenges that remain in the field, it is our hope that the information, tips, and questions offered in this document will support systems of care in being even more youth guided and culturally and linguistically competent.

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ENDNOTES

1. Please direct feedback about this module to Reyhan Reid at *rreid@air.org* or 202-403-5134.

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