

Cultural and Linguistic Competence for Residential Programs

SHANNON MORENO, MSW, PMP

TEXAS SYSTEM OF CARE



Texas System of Care

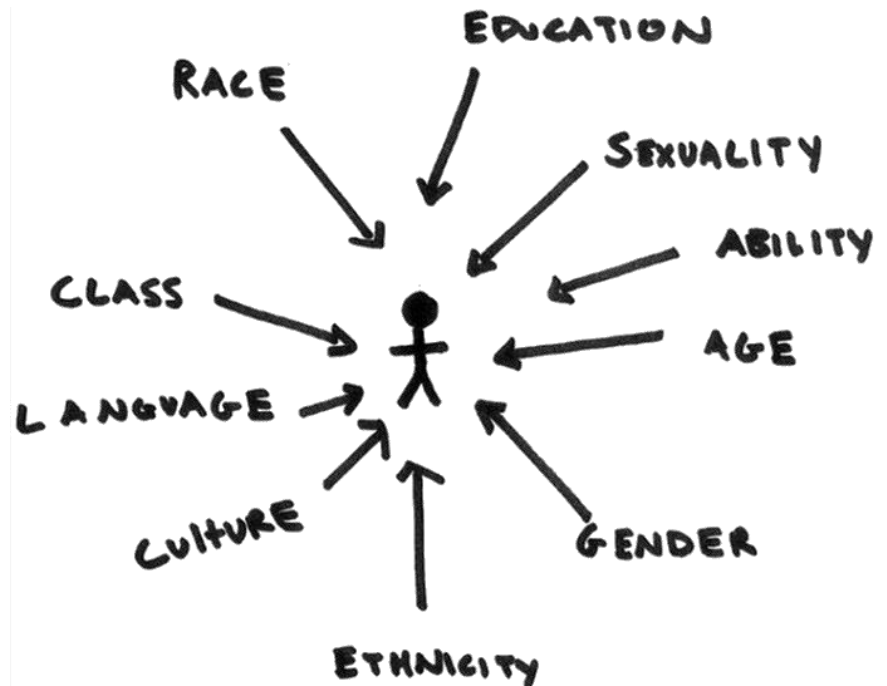
Achieving Well-Being for Children and Youth

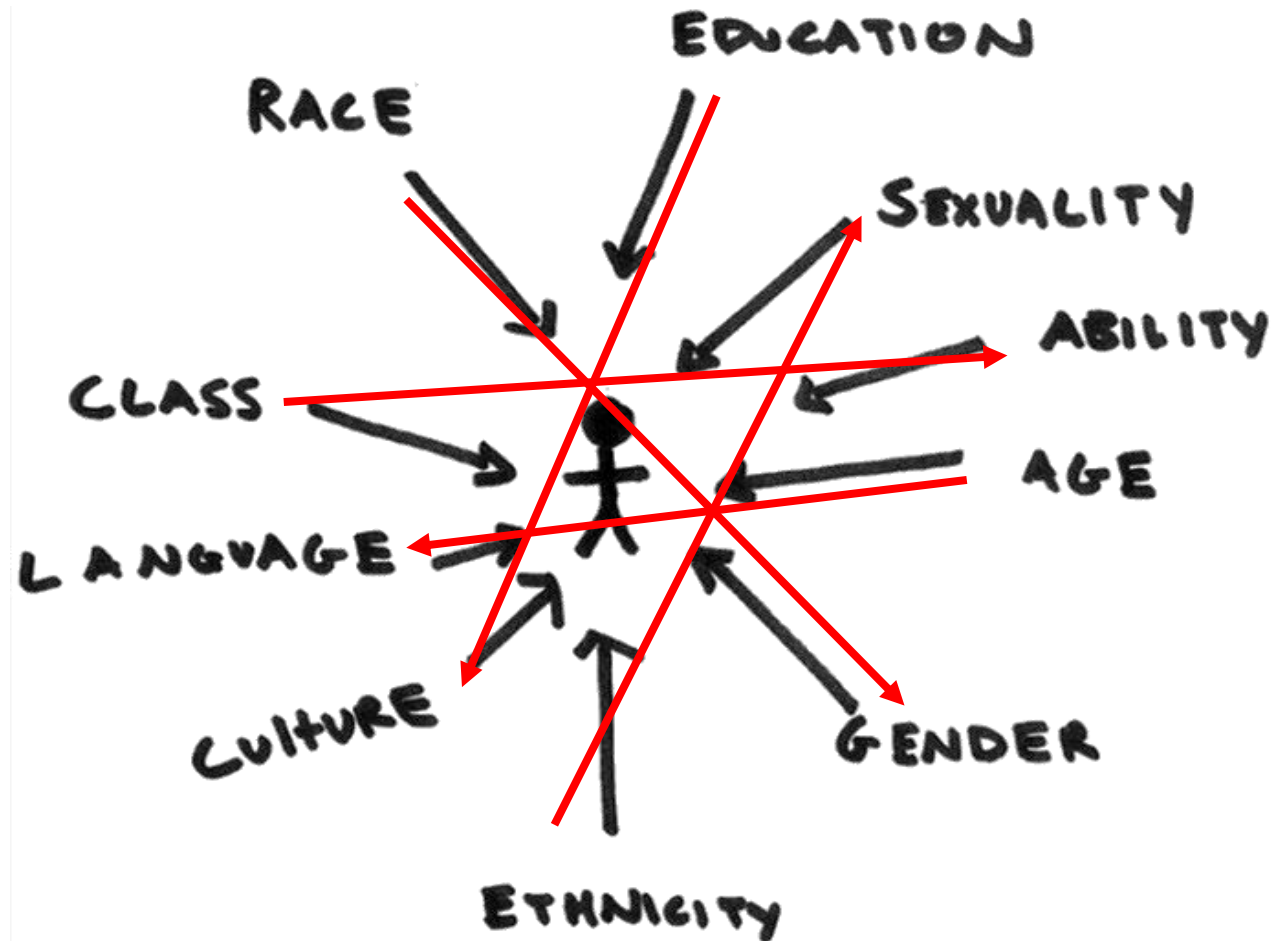
Cultural Identities

- Race and ethnicity
- Country of origin
 - Immigrants and refugees
 - Degree of acculturation
 - Generation
- Age
- Educational level attained
- Cognitive abilities
- Linguistic characteristics (language, dialects, regional variations)
- Socioeconomic status and social class
- Sexual orientation
- Gender identity
- Disability
- Rurality
- Military

Intersecting cultural identities

- Stems from the self, community, family, heritage
- Everyone has a cultural identity that is multi-faceted
- Each piece of identity can be supported or oppressed
- Life experience depends on the intersection of a person's unique identity





Marginalization within Marginalization

Resilience and connectivity

- Strong cultural ties with each community a person is a member of promotes health and wellness
- Each layer of identity creates a need for connection and inclusion
- Having a sense of belonging improves health outcomes
- Feeling disconnected or “lost” puts youth at risk

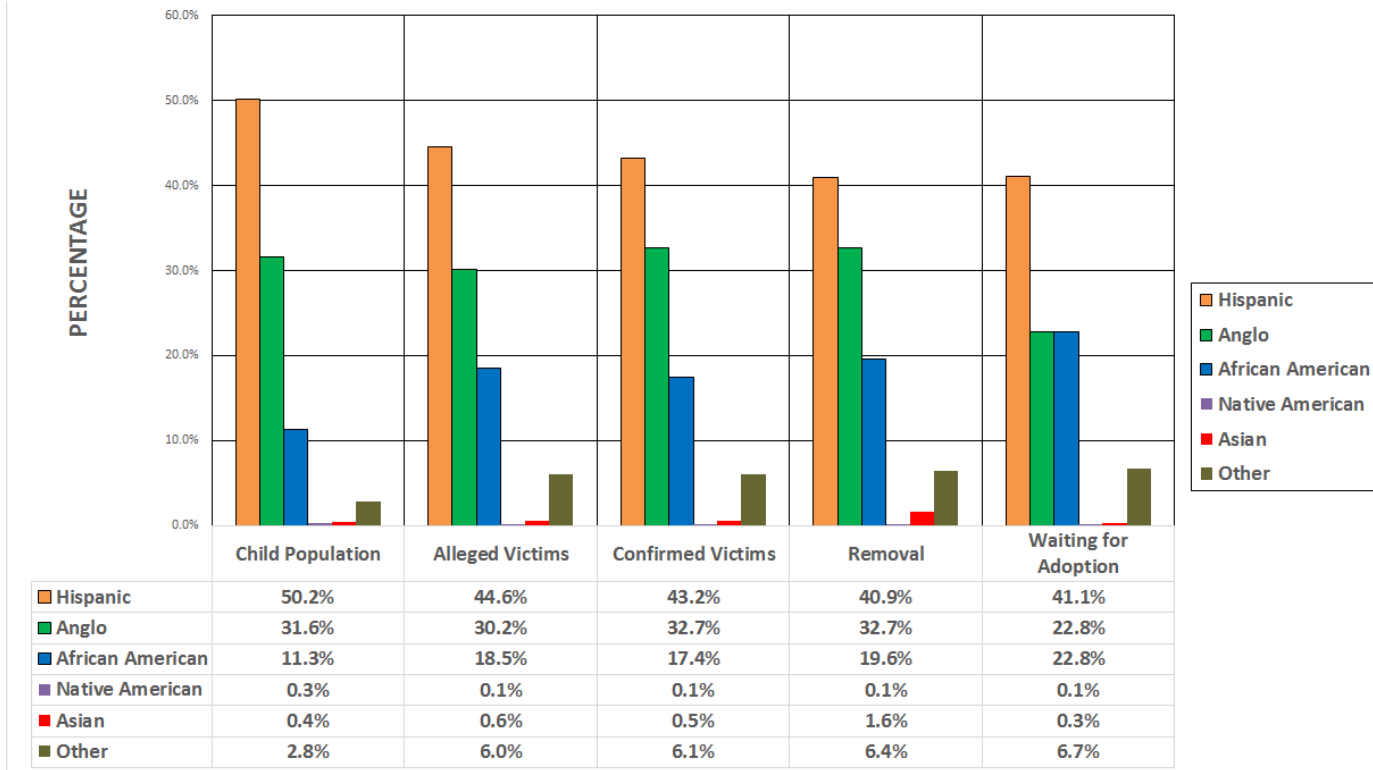


Cultural Community Connection and Behavioral Health

- LGBT youth are more likely to experience behavioral health issues than non-LGBT peers (youth.gov, n.d.)
 - BUT family acceptance of LGBT adolescents decreases the risk of behavioral health issues and promotes positive health (Ryan et al., 2010)
- Behavioral interventions with American Indian/Alaskan Native youth that allow youth to engage in cultural activities and connect with their cultural group increased the effectiveness of those interventions (Brown, Dickerson, & D'Amico, 2017)
- Among detained youth, those in counties with more diversity showed lower rates of behavioral health issues than those in counties with less diversity (Lau et al., 2015)



Disproportionality

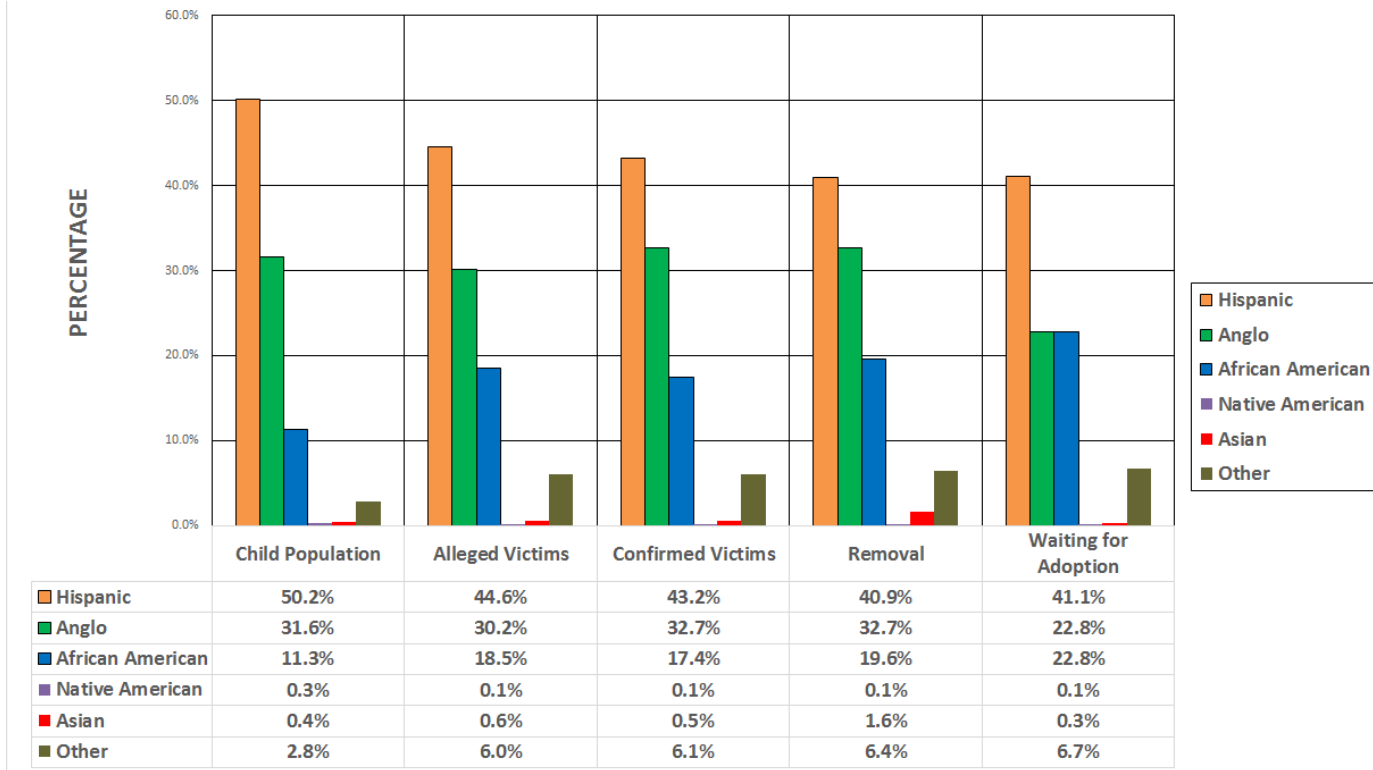


Texas DFPS Data

FY 2016 Comparison of Stages



Disparity

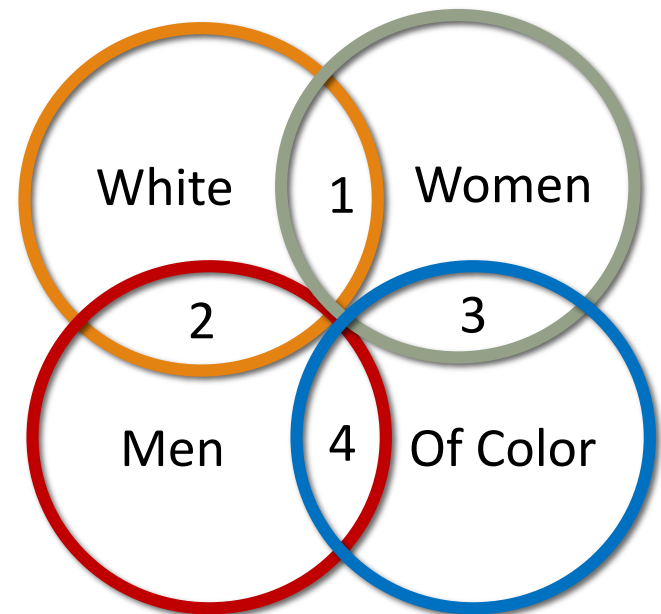


Texas DFPS Data

FY 2016 Comparison of Stages

Why do the numbers matter?

- Across most of our institutions, men and boys of color often have the worst outcomes
- Helping professions are predominantly staffed by white women, next by white men, then women of color, and lastly men of color
- Our systems can never provide everything young people need to be whole- we are part of a team with the family and community!



Selected References

Brown, R. A., Dickerson, D. L., & D'Amico, E. J. (2016). Cultural Identity among Urban American Indian/Native Alaskan Youth: Implications for Alcohol and Drug Use. *Prevention Science: The Official Journal of the Society for Prevention Research*, 17(7), 852–861.

Lau, K. S., Aalsma, M. C., Holloway, E. D., Wiehe, S. E., & Vachon, D. D. (2015). The effects of racial heterogeneity on mental health: A study of detained youth across multiple counties. *American Journal of Orthopsychiatry*, 85(5), 421-430.

Ryan, C. , Russell, S. T., Huebner, D. , Diaz, R. and Sanchez, J. (2010), Family Acceptance in Adolescence and the Health of LGBT Young Adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23: 205-213.

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youth.gov. (n.d.). Culture Influences. Retrieved April 7, 2018.

Contact Information

Shannon Moreno, MSW, PMP
Cultural and Linguistic Competence Specialist
Texas System of Care
smoreno@austin.utexas.edu



Texas System of Care

Achieving Well-Being for Children and Youth



"Helping children and families through the most difficult times of their lives"

Cultural and Linguistic Competence for Residential Programs

Presented by:

Mark Nickell – Regional Executive Director, Seneca Family of Agencies (CA)

Laura Tate – Youth Advisory Board Intern, Seneca Family of Agencies (CA)



"Helping children and families through the most difficult times of their lives"

SENECA VALUES

- Love
 - Respect
 - Curiosity
 - Hope
 - Courage
 - Joy
- Permanence for all children
 - Family centered decision making and treatment
 - Culturally responsive and reflective interventions
 - Individualized treatment and services
 - Close collaboration with families and key stakeholders

UNCONDITIONAL CARE

Diversity, Equity and Inclusion Initiative

- Does our staff ***reflect*** the diversity of the families we serve?
- Do staff and families alike feel they are treated ***fairly***?
- Do staff and families alike feel ***welcome***?

Background

- Transitioning from a residential treatment center to a community-based agency
- Partnership with University of Southern California (USC) School of Social Work
- Partnership with San Francisco Human Service Agency and the National Child Welfare Workforce Institute (NCWWI) through the Children's Bureau
- Partnership with the Center for the Study of Social Policy (CSSP) as an Exemplary Initiative adopting the Youth Thrive framework for resilience
- Partnership with the Building Bridges Initiative adopting their framework for family driven residential treatment

From a residential treatment center to a community-based agency

- The qualifications of the staff needed to evolve over time.
- We moved from hiring staff who were willing to assume risks to their own personal safety to staff who were willing to examine their own power, privilege and implicit bias
- We had to create opportunities for staff to advance their education and credential internally through a partnership with a prominent university.
- We had to actively recruit staff from the communities where the families we were serving were living
- Our new horizon is to hire and train staff who had been clients within our programs

Learning and adopting frameworks for transformation

- CSSP and BBI provided us a framework to implement many of the changes that supported our enduring goals of Diversity, Equity and Inclusion
- Adopting the Culturally and Linguistically Appropriate Standards (CLAS) and holding ourselves accountable to those standards of practice within every aspect of our programs
- Creating and supporting a Youth Advisory Board in order to maintain a stance of continuous quality improvement

Recommendations for Implementation

- Changes must be mandated and supported internally and externally
- We all have a role to play and public/private partnership is critical.
- There must be policy, funding and practice transformation
- There must be ongoing assessment and accountability regarding progress toward goals.
- There is not a final destination with regard to diversity, equity and inclusion. It is an enduring commitment toward continuous quality improvement

QUESTIONS & DISCUSSION

Contact Information

Mark Nickell – Regional Executive Director, Seneca
Family of Agencies (CA)

mark_nickell@senecacenter.org

Laura Tate – Youth Advisory Board Intern, Seneca
Family of Agencies (CA)

laurentate374@gmail.com

TIME 😊
FOR A
BREAK +
NETWORKING

Taking BBI Back to Your Program and Community