CULTURAL COMPETENCE ASSESSMENT IN SYSTEMS OF CARE
A Concept Mapping Alternative

At a time when this country has become a reflection of a very diverse world, human service organizations are striving to develop culturally competent services, programs, and employees. It is estimated that, by the year 2005, 40% of the population of children and adolescents in this country will be of color ("Embracing the Dynamics of Difference," 1997). Historically, mental health services have not effectively addressed the needs of children of color and their families (U. S. Department of Health and Human Services, 2001; Hernandez & Isaacs, 1998). However, by including cultural competence as a key philosophical value, systems of care for children with serious emotional disturbance and their families are bringing it to the forefront of service delivery systems.

A growing body of literature supports the system of care philosophy in asserting that cultural competence can increase the effectiveness of mental health services delivered to children and families of color in such ways as increased consumer satisfaction and decreased rates of treatment dropout (U. S. Department of Health and Human Services, 2001; Sue & Sue, 1999). This article describes the efforts of one system of care, The Children's Partnership in Austin, Texas, to create a vision of cultural competence for its community and to determine what was needed to move toward realizing that vision. The purpose of the assessment was twofold: (1) to provide the community with a baseline assessment and process for monitoring its development of cultural competence over time, and (2) to provide the community with information necessary for developing technical assistance and training plans to address issues related to cultural competence.

Cultural Competence Assessment

A framework for developing effective, culturally competent services for children of color who have an emotional disturbance was pioneered and presented by Cross, Bazron, Dennis and Issacs (1989). The framework provides a widely accepted definition of cultural competence and outlines five elements deemed essential in the development of a culturally competent system, agency or institution. Since that time a number of culturally focused frameworks, performance standards, and benchmark measures have been developed and are being disseminated (U.S. Department of Health and Human Services, 2001). In addition, there are several excellent guidebooks available to help individuals or organizations assess and enhance their cultural competence (e.g., Roizner, 1996).

While a number of instruments are available for developing, implementing and enhancing individual and organizational cultural competence, only a few instruments are specifically relevant to systems of care (for example, Child Welfare League of America, 2000; Cross, 1993; Hernandez, Gomez & Worthington, 2001; Mason, 1995). The assessment process described here was guided by system of care values and offers an innovative method for assessing cultural competence from multiple perspectives in a relatively short period of time. Findings from this study also suggest that Concept Mapping offers a means for systems of care to define, assess, and track cultural competence within a specific community's context.

Method of Assessment

Families were involved in all facets of the assessment, including developing the focus statement, brainstorming responses to the focus statement, and sorting and prioritizing the responses. Their experiences with the project varied based on their role with the Children's Partnership system of care, yet all found the process beneficial in tailoring services to meet their unique needs.

The sample for this study included caregivers, youth, staff of various levels (direct service, administration, board members), and providers in one Center for Mental Health Services' system of care grant
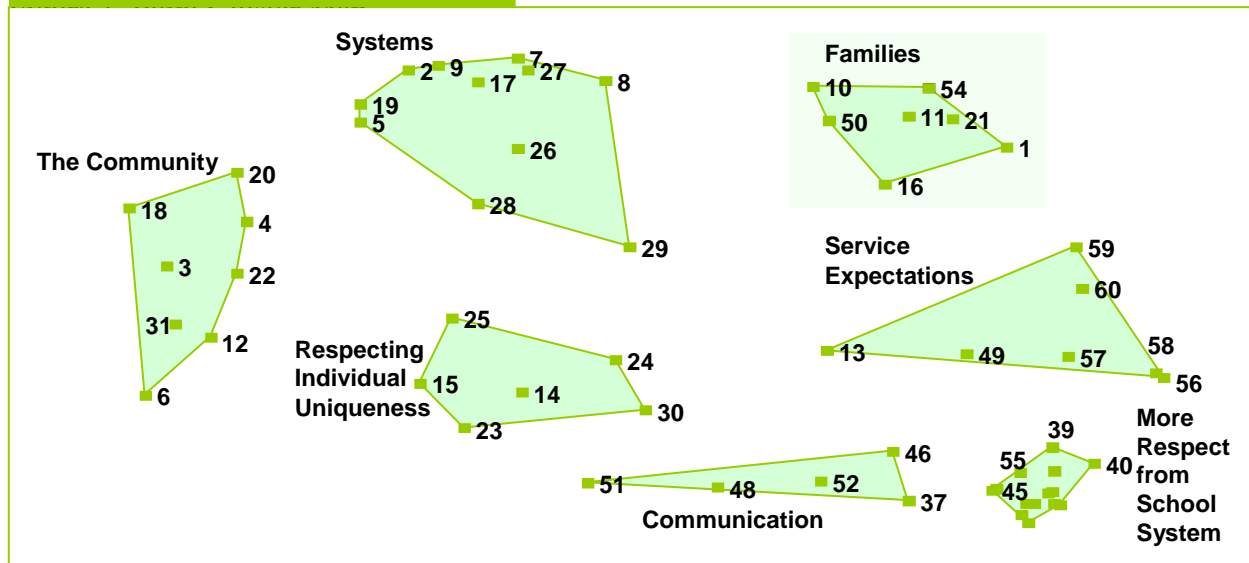
Figure 1. Point Cluster Map

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Table 1. Example of Cluster Statements

Focus Statement: Complete the following statement with an example: *I believe a level of cultural competence is achieved in a system of care when …*

Cluster 1: Families

53	professionals are able to meet families' unique needs.
54	professionals take responsibility for addressing families' needs.
1	the family team participates regardless of differences and is encouraged to participate, and participation is valued.
16	families' stories and space are respected and held in confidence.
21	families feel the freedom to share information about cultural differences.
50	people are more careful and accurate about things that involve individual families.
11	work with families raises the issue with families that cultural competence is an important value to embrace.
10	families have access to the opportunities to learn how to be culturally competent and value everybody.

community. A total of 24 people participated in the assessment. Of this number, 17 participant responses are included in the sorting results and 18 participant responses are included in the rating results.

The method of assessment chosen for the study was Concept Mapping as developed by Concept Systems, Inc. (Trochim, 1989). Concept Mapping uses a participatory and collaborative approach to gather input from many people. A total of 60 statements were gathered from participants through group and one-on-one discussions describing participants' ideas of a culturally competent system of care. Individual participants then sorted the statements into piles in a way that made conceptual sense to them and gave each pile a label. They then rated each statement on two criteria: importance of the statement and how often the statement was demonstrated in the community's system of care. In addition, staff and board participants rated each statement on its level of inclusion in the current written policies of organizations participating in the system of care. The sorting and rating information was used to generate

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conceptual maps and comparisons between groups. After initial analysis by the research team, an interpretation session was held with participants to discuss and interpret the results. Together, participants and the research team decided on the number of clusters and cluster label assignments for the final maps.

Results and Discussion

Figure 1 illustrates the 7-cluster map solution chosen by participants to represent the information gathered. The names of the clusters, chosen by participants, provide an indication of the area of cultural competence described by the cluster statements. The statements (indicated on the map by number) in each of the clusters offer concrete examples of what a culturally competent system of care would look like, as described by participants in this particular system of care community. Table 1 provides an example of the statements in one of the map's clusters, Families.

Overall, participant ratings indicate very high levels of importance (4.20 4.58 on a 15 scale) and lower levels of demonstration (2.523.33 on a 15 scale) for all statements in the clusters. On importance, statements in the Families cluster were rated the highest, and statements in the More Respect from the School System cluster were rated the lowest. On frequency of demonstration ratings, statements in the Service Expectations and Communication clusters were rated the highest, and statements in the Systems and Community clusters were rated the lowest.

A low level of consistency was found between how participants rank ordered clusters on importance and frequency of demonstration $(r = .16$— the closer the r is to 1.0, the more consistency there is between two rankings of the clusters). Although statements in the Families cluster were ranked as most important, participants ranked the cluster third in frequency of demonstration. There were also differences between some of the participant subgroups in how they rated importance and demonstration of the statements. The family and staff groups demonstrated moderate agreement on importance rankings $(r = .47)$ and strong agreement on demonstration rankings $(r = .79)$. Comparisons between the people of color and White/European groups indicated a low level of agreement on the ranking of cluster importance $(r = .30)$, but these two groups strongly agreed in rankings of demonstration $(r = .84)$. There were other notable differences:

- Ratings by the family and people of color groups were identical for frequency of demonstration and opposite of the staff /non-family board group.
- The White/European group rated the Respecting Individual Uniqueness cluster as its top priority; that cluster ranked next to last in importance for the people of color group.
- The people of color group rated the Families cluster as its first priority, as did all other groups except the White/European group which ranked it second.
- The White/European group placed the Families cluster as second most demonstrated, while all other groups ranked it third.
- The people of color group rated every cluster except Communication as less often reflected in policies than did the White/European group.
- Responses from staff and board members indicated a substantial lack of knowledge about organizations' policies related to cultural competence.

Recommendations for Technical Assistance and Training

Findings from the evaluation suggested a number of implications for technical assistance and training. The differences between group ratings offer helpful measures for determining cultural competence goals for the system of care and related training needed to reach those goals. Changes in cluster ratings can be tracked over time. An increase in the frequency of demonstration ratings would suggest that the level of cultural competence (as defined by participants) is improving. As gaps between cluster levels of demonstration and their respective levels of perceived importance begin to narrow, indications for improved competence in those specific areas are provided.

Following are some examples of how findings among the clusters were translated into identified training needs.

- **The Community:** Develop opportunities for the system of care to become more familiar with the community/ neighborhood cultures of families targeted for services.
- **Families, Service Expectations, and Communication:** Develop training around individualizing services, confidentiality, provider skills for engaging families in discussions around cultural issues, and expectations regarding accessibility to families.

- **Systems:** Develop policies related to cultural competence and monitor how policies are put into practice (e.g., tying policies into performance measurement). Provide cross-agency training to all system of care stakeholders related to agencies' policies, norms, and expectations.

Summary

Results from this evaluation suggest that Concept Mapping is a useful process for systems of care in developing community-specific visions for cultural competence. The findings further suggest that the method is useful for establishing a baseline for tracking cultural competence development over time. The statements generated by participants offer concrete information for developing technical assistance and training plans around issues of cultural competence.

The inherent nature of cultural competence demands individualization at the family, organizational, and community levels. The Concept Mapping methodology offers a unique way of gathering data from many individuals that can then be analyzed across multiple levels of a community's system of care. This study successfully integrated the participatory principles and values of systems of care philosophy in its planning, implementation, and reporting design.

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