“Cultural Assessment and Training Project Report”

Presented by the

Indiana Disproportionality Committee

Staffed by the

Indiana Minority Health Coalition, Inc.

Evaluated by the

Indiana University School of Social Work

Sponsored by the

Indiana Criminal Justice Institute

May 29, 2009
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Indiana Youth Institute (IYI)
InteCare
Martin University
Prevent Child Abuse Indiana (PCAIN)
The Villages of Indiana
Acknowledgements

Margaret Mead once said, “Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it’s the only thing that ever has.” This statement holds true for the Indiana Disproportionality Committee (IDC) when we talk about changing awareness of disproportionality in Indiana. Our small group of individuals and organizations has laid out a consistent and deliberate plan to get the attention of the broader community about both the over-representation and the disparities in services and outcomes for children of color in the systems designed to serve them.

The Cultural Assessment and Training Project Report have been made possible in part through the support of the Indiana Criminal Justice Institute.

This report highlights the accomplishments of IDC. We have achieved all of the goals and objectives set forth for this project and I applaud the Training Sub-Committee and IDC membership for their dedicated work. It is through this concerted effort that we have conducted the Cultural Assessment Survey and developed the Culturally and Linguistically Appropriate Training (CLAT) Standards.

Also, on behalf of the IDC, I want to thank and applaud our state and local partners for their contribution in helping us plan and host the series of town hall meetings that took place on “Cultures and Systems of Care.” These partners included the following:

- English Foundation
- Fort Wayne Urban League, Inc.
- Health Visions of Fort Wayne, Inc.
- Hospitality and Outreach for Latin Americans, Inc.
- Ivy Tech Community College at Gary
- Minority Health Coalition of Lake County, Inc.
- Minority Health Coalition of St. Joseph County, Inc.
- University of Evansville

When we reflect on these accomplishments, I am sure that you will agree that we are influencing changes in the systems that touch the lives of children in Indiana.

I am truly honored to be part of this group of thoughtful, committed Indiana citizens who have worked consistently to initiate positive changes in the systems that serve children of color (and all children) in our State.

Sincerely,

Clara H. Anderson, MSW, LCSW
Chair, Indiana Disproportionality Committee
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Chapter 1: Overview of the Indiana Disproportionality Committee
Indiana Disproportionality Committee Overview

Indiana, like other states, has documented that children of color are overrepresented and often disproportionately represented in the child welfare, education, juvenile justice, and mental health systems. The Indiana Disproportionality Committee (IDC) was established in response to recommendation number seven listed in the Indiana Commission on Abused and Neglected Children which was published in 2004.

The Committee held its first meeting on November 12, 2004. Interested professionals from the State’s public and private child welfare, education, juvenile justice, and mental health systems gathered to form the IDC. During the first year, the Committee developed Vision and Mission statements, studied the problem and established priorities for addressing existing disparities. One of the first priorities was for the Committee to agree on definition of the terms ‘disproportionality,’ “overrepresentation,” and “disproportionate minority contact,” which was essential to successfully focusing the Committee’s work and concerns. After the first year, IDC established the structure and scope of its work.

Through IDC’s grassroots efforts, between 2005 and 2006, the committee recruited state-wide support and expanded awareness of disproportionality. The committee created an annotated bibliography, glossary of terms, Fast Facts handout, and brochures. In addition, IDC created a presentation for the community which provides awareness of the Disproportionate Minority Contact (DMC) issues. To gain more support, IDC facilitated focus groups, which engaged and encouraged self evaluation and discussion around a sensitive subject. In order to increase productivity, a list serve was created to streamline communication between all Committee members. To promote public access to DMC information, the committee posted resources on the World Wide Web at www.in.gov.cji/youth/. The committee worked with Indiana’s Legislative Service Agency to draft a bill to establish the Commission on Disproportionality in Youth Services.

VISION:

Children of ALL races and ethnicities are equitably served by Indiana’s child welfare, education, juvenile justice and mental health systems.
MISSION:

Create equality within the child welfare, education, juvenile justice, and mental health systems and equalize the proportion of children of color in the child welfare, education, juvenile.
Chapter 2:

Overview of the Cultural Assessment and Training Project
Cultural Assessment and Training Project Overview

Indiana has become proactive in addressing issues of disproportionality. The Indiana Disproportionality Committee (IDC) was formed in 2005 to address issues of disproportionate minority contact (DMC) in Indiana. The IDC is a cross system collaboration of organizations representing juvenile justice, mental health, child welfare, education, health care, and government. Its mission is to "create equality within the Indiana child welfare, juvenile justice, education, and mental health systems and equalize the proportion of children of color in the child welfare, juvenile justice, education and mental health systems with their percentage of the overall population." The IDC has called upon a member organization, the Indiana Minority Health Coalition (IMHC), to serve as the project lead in working with the Indiana Criminal Justice Institute to implement the Cultural Assessment and Training Project (CATP) with oversight from the Marion County Health Department (MCHD).

The IDC, like the Federal Advisory Committee, agrees that the disproportional minority contact (DMC) is a "complex problem, one for which solutions are difficult," and that "factors that have an impact on overrepresentation cross a number of domains" (2005, p.9). Consequently, the IDC has taken a multi-disciplinary approach to understanding and reducing disproportionality. The IDC has considered the suggestions made by the Disproportionality Minority Confinement 2002 Update, which advocates for programs/communities to be empowered. Consequently, the IDC has worked in conjunction with the MCHD and IMHC to develop the CATP, which seeks to understand and reduce DMC in Indiana's juvenile justice, mental health, child welfare, and education systems through the following:

- Assess cultural competency training practices within the juvenile justice, mental health, child welfare, and education systems.
- Develop universal and discipline specific cultural competency training standards recommendations for service providers to institute within their system of care.
- Identify cultural competency curricula that fulfills the training standards recommended for service providers to use or consider when providing cultural competency training to their staff.
The IDC has conducted an abbreviated literature review on the issue of disproportionality, and one of the major issues identified stems from a lack of cultural competency exhibited by many service providers within the juvenile justice, mental health, child welfare, and educational system. Consequently, the IDC has selected cultural competency training as one of the major goals to reduce disproportionality. It is believed that a better trained workforce will improve DMC in Indiana. The IDC has selected the MCHD to oversee the project and IMHC to serve as the project lead because it has a long history of success in advocacy, community assistance, training, and developing a good reputation for conducting quantitative and qualitative research.

Cultural Competency Assessment

As mentioned in the problem statement, there is inconsistent or little data on disproportionality in the state, particularly as it relates to cultural competency training. The IDC recognizes that there is much variation in what cultural competency training is offered and required by system, which is further exacerbated when looking at the content of the cultural competency training that are available. Therefore, the IDC has proposed to conduct an assessment of the current cultural competencies practices and policies that exist for organizations providing services within the juvenile justice, mental health, child welfare, and education system.

The MCHD through a collaboration with IMHC will work with the IDC to design an assessment plan to evaluate cultural competency practices and policies in Indiana. MCHD through IMHC will work with the IDC to identify key leaders within each system to administer the assessment. A cover letter will be drafted describing the scope and nature of the project, and the benefits that the data will have on reducing disproportionality in Indiana. A survey tool will be developed looking at the organizational profile (type of agency, size of agency, time in existence, type of services provided, and diversity of current staff), cultural competency training availability, frequency of training, length of training, requisites, and currently established cultural diversity policies. The data will be entered and analyzed in aggregate only. No individual agency will be identified. A final report will be developed and presented to policy makers and other key stakeholders statewide, and placed on the IDC web-site.
Cultural Competency Training Standards

The IDC knows and understands that oftentimes, there is a lack of awareness of cultural differences and these cultural differences impact service delivery within many different disciplines. It agrees that this lack of awareness most likely results from a combination of factors as described by Diversity Rx that include:

- Lack of knowledge - resulting in an inability to recognize the differences
- Self-protection/denial - leading to an attitude that these differences are not significant, or that our common humanity transcends our differences
- Fear of the unknown or the new - because it is challenging and perhaps intimidating to get to understand something that is new, that does not fit into one's world view
- Feeling of pressure due to time constraints - which can lead to feeling rushed and unable to look in depth at an individual person's needs

These factors can lead to miscommunication that, in turn, may result in non-compliance of youth and families to systemic rules and policies.

Therefore, MCHD through IMHC will work with the IDC to develop recommended training standards for the State of Indiana. Data generated by the Equity Project at the Center for Evaluation and Education Policy (CEEP) will be used in developing the recommendations. These recommendations will modify the model standards currently enacted by the U.S. Department of Health and Human Services, Office of Minority Health, which is the Culturally and Linguistically Appropriate Standards (CLAS). However, the focus will be on cultural competency as it relates to juvenile justice, mental health, child welfare, and education systems.

A literature review of current cultural competency training standards will be conducted and compiled into a uniformed template that highlights similarities across disciplines, as well as differences that are unique by discipline. Information gathered from the literature review coupled with the experiences of the IDC membership will promulgate recommendations that will
be presented to legislators as a policy recommendation, as well as distributed to heads of state and community based agencies where they will be encouraged to implement them within their institution. These agencies will also be afforded the opportunity to take advantage of technical assistance that the IMHC would provide, if further assistance is needed. MCHD through IMHC will work with the IDC to make arrangements with local media to conduct interviews regarding the importance of the cultural competency training standards and how these standards can be used in the work place. A report of existing cultural competency training standards and technical assistance provided will be generated and made available to ICJI.

**Cultural Competency Curricula**

In addition, MCHD through IMHC will work with the IDC to identify cultural competency training curricula for use by children, youth, and family service providers based upon the training standards developed. As built into the L-E-A-R-N Model of Cross Cultural Encounter Guidelines for Health Practitioners, IMHC will work with the IDC to ensure that the following is encouraged for those that opt to invest in obtaining the cultural competency training:

- Listen with sympathy and understanding to the client's perception of the problem
- Explain their perceptions of the problem
- Acknowledge and discuss the differences and similarities
- Recommend the best intervention or treatment
- Negotiate agreements, when applicable

IMHC will conduct a literature review of all relevant and available cultural competency curricula. The information gathered will be compiled in a uniform template outlining similarities and differences, as well as strengths and weaknesses for each curriculum. IMHC will also utilize data from CEEP in the curricula, as available. Curricula that has the following will be targeted and recommended for use by the IDC: learning objectives, notes to the instructor, core content, handouts, visual aides, and evaluation measures such as pre/post tests and satisfaction surveys.
Chapter 3:

The Cultural Assessment of Agencies Providing Services to Children, Youth, and Families
Background

The assessment of Indiana services for children, youth and families around the current implementation of cultural competence training began as a project of the Training sub-committee of the Indiana Disproportionality Committee (IDC) (Busch, Wall, Koch & Anderson, 2008). Initially focusing on the challenges of disproportionality in the child welfare and juvenile justice systems, the overall IDC committee quickly realized that children of color in the mental health and education systems were also at-risk and the scope of the committee was expanded to include all four public systems which provide the bulk of public services to children and families. The cross-system focus on public services in child welfare, mental health, juvenile justice and education seems to be unique among state efforts in disproportionality.

The Training sub-committee was initially convened as one of five sub-committees of the IDC with the recognition that the problems of overrepresentation and disproportionality are complex phenomena demanding multiple strategies of intervention. The Training sub-committee was charged with reviewing the “state of the state” as to cultural competence training across the youth-serving systems of child welfare, juvenile justice, mental health and education as well as to consider expectations for what might be considered appropriate cultural competence training for workers within those systems.

There has been considerable interest at the policy level in racial/ethnic disproportionality over the past ten years, particularly in child welfare and juvenile justice. In child welfare, federal legislation such as the Multi-Ethnic Placement Act of 1994 brought racial/ethnic issues in child welfare to the forefront. The passage of the Juvenile Justice and Prevention Act of 1998 required states to identify, and in the update in 2002, address Disproportionate Minority Contact (DMC) or risk a significant reduction in funding. Subsequent legislation in child welfare, such as the Adoption and Safe Families Act of 1997, required states to do a better job in tracking services and outcomes of children of color.

In the education arena, disproportionality has been identified in the overrepresentation of children of color in suspensions and expulsions (Fenning & Rose, 2007; Rausch & Skiba, 2006)
as well as in identification for special education (Skiba, Simmons, Ritter, Gibb, Rausch, Cuadrado, & Choong-Guen, 2008). The history of policy attention on racial equity in public schools has a long history with legal protections codified in civil rights policy; recent policy efforts have focused on the Individuals with Disabilities Education Improvement Act of 2004, which mandates the collection of suspension and expulsion data for special education students. Fenning & Rose (2007) assert that No Child Left Behind outcome pressures may exacerbate these challenges, although this legislation does collect data on academic achievement by racial/ethnic group which may highlight other issues.

Although racial factors were identified in the utilization of mental health services as early as the 1970s (Sue, 1977), the mental health literature does not share the policy attention to this issue in the same way as the child welfare, juvenile justice or education. Both the American Psychological Association (APA) and the Association for Multi-cultural Counseling and Development (AMCD) have standards for cultural competence (Whaley & Davis, 2007); the mental health system seems to be focused on practice competence, with the adaptation of existing tools (Ecklund & Johnson, 2007) and evidence-based therapies (Whaley & Davis, 2007), rather than changing community outcomes such as disproportionality in placement, school expulsion or incarceration.

Much of the literature on disproportionality across systems has focused on definitions of terms (Race Matters Consortium, 2004) as well as a statistical understanding of the phenomenon (Hill, 2004). For example, in child welfare, the literature provides a common base for discussing the problem and does allow a common language to highlight both the positive and negative impacts of both the over-utilization of placement and the under-utilization of prevention and home-based services to children of color.

This literature also highlights the challenges which Indiana faces in this area. Hill (2004) has identified Indiana as one of 16 states with “Extreme Disproportion” in its child welfare system, and similar data exists for children in the juvenile justice system. Data from the educational system demonstrates that children of color are much more likely to be expelled from school (Rausch & Skiba, 2006). Children of color who have mental health challenges may not
be adequately diagnosed and treated for their conditions; they often end up in the juvenile justice or child welfare systems for service.

Literature that identifies best practices to address disproportionality is only beginning to emerge. The University of California, Berkley, School of Social Welfare (2005) states that “(a)lthough the existence of racial/ethnic disproportionality in child welfare is clear, the reasons for it are not. A number of theories have been developed to explain disproportionality” (p. 3). One theory posits errors in decision-making caused by bias and inconsistencies are a root cause of disproportionality. Cross (2008) eloquently states that:

“The real culprit appears to be our own desire to do good and to protect children from perceived threats and our unwillingness to come to terms with our own fears, deeply ingrained prejudices, and dangerous ignorance of those who are different from us. These factors cumulatively add up to an unintended race or culture bias that pervades the field and exponentially compounds the problem of disproportionality at every decision point in the system” (p. 12).

Strategies with some evidence of effectiveness in positively impacting disproportionality, that arise from this theory regarding bias and inconsistency in decision-making, include the use of standardized risk assessment tools, empowerment practices such as family conferencing and improving the cultural competence of the workforce. It is this third category of practices that has become the focus for the current efforts by the Training sub-committee. More recently, the National Association of Public Child Welfare Administrators (2006) identified cultural competence training as an “emerging promising practice in disproportional representation” in their national survey.

Training sub-committee members represented a range of child-serving agencies and systems including juvenile justice and child welfare with sporadic representation from mental health and education. As the committee members discussed this charge, it became clear that very little was known about training requirements for cultural competence, both across systems as well as across the agencies within those systems. The educational backgrounds of direct-line workers in child welfare, education, juvenile justice and mental health vary widely. Child
welfare and juvenile justice services in Indiana have been de-professionalized over the past 30 years so that although professional training programs in education, social work, psychology and criminal justice do stress culturally competent practice, it is more than likely that children of color are served by workers who have no specific education around cultural competence. In a de-professionalized environment, agency-based training becomes all the more vital in ensuring a workforce that is not making decisions for children based upon bias and stereotypes.

The Training sub-committee decided to investigate the current situation of cultural competence training for youth-serving agencies in Indiana. A series of questions were developed and refined by committee members. Being aware that a project of this magnitude would require more time and effort than was currently possible for the volunteer committee, members sought funding to expand their efforts. A proposal for funding was submitted to the Indiana Criminal Justice Institute (ICJI) for the Cultural Assessment and Training Project, which included the implementation of the survey which had been developed by the Training sub-committee. This information would provide a foundation for the development of training standards which might be implemented to improve and standardize training for all youth-serving workers in Indiana.

Since the submission of the proposal to ICJI, the Indiana Disproportionality Committee successfully advocated for the creation of a legislative commission to address disproportionality across the service systems. Chaired by Angela Green from the Indiana Department of Child Services and Michael Patchner, Dean of the Indiana University School of Social Work, the Commission on Disproportionality in Youth Services published its report in October of 2008 (Indiana Commission on Disproportionality in Youth Services, 2008). This report included a major recommendation regarding cultural competence training (#3 on a list of 11 recommendations) which stated: “Require mandatory ongoing cultural competency training for individuals working with children and families of color. Require monitoring of service delivery practices and outcomes to ensure that such training is implemented into policies and practices” (p. 17).
Methods

A draft of the statewide training survey was completed by the Training sub-committee prior to the beginning of this project. Because it was thought that the results of this survey might be of interest to others around the nation, the project was submitted as a research project and approved through the Indiana University Institutional Research Board in February of 2007, and was updated in September of 2008 to include additional measures of dissemination to broaden the sample based on the expectation for the ICJI proposal.

The survey (complete copy available in Appendix A) was uploaded into the Survey Monkey tool to allow online distribution. In addition to demographic information about the type, size and services of the agency, respondents were asked a series of questions about the implementation of cultural competency training in their agencies. The survey was designed to gain basic information and thus, was relatively short (21 questions total). A letter from the Chair of the Training sub-committee as well as the Chairperson of the Indiana Disproportionality Committee was developed to provide further information about the survey, and was attached to each of the emails distributed (See Appendix B).

The sample was developed by the members of the Training sub-committee identifying distribution lists for their agencies or through their contacting other agencies to obtain permission to utilize their existing lists. The lists obtained, as well as the number of contacts on each list, include:

- IMHC List of Child and Family Service Agencies: 111
- Charter Schools in Indiana: 25
- Indiana Association of Residential Child Care Agencies (IARCCA): 108
- Indiana Sheriffs: 94
- Indiana Juvenile Detention Association: 103
- Indiana County Probation Departments: 139
- Indiana Mental Health Centers and Hospitals: 42
- Indiana School Superintendents: 293
- Indiana School of Social Work Field Instructors: 155
Of the 1070 surveys sent, 9 recipients opted out and 119 bounced back, making the total surveys sent nine hundred forty-two (942). The survey was sent electronically a minimum of three times during the active period of the study. Because the lists came from different sources, some of the agencies were duplicated in survey; although two workers from one agency might respond, no person could reply twice. Our intent with the sample was to cast a broad net to hear from as many people as possible given the fact that this was an exploratory survey. This did limit the ability to generalize the findings but does give a general picture of the state of cultural competency training among staff who provide services to youth in the state of Indiana.

The survey was set up to automatically collect the data and allowed respondents to skip questions and complete the survey at a later date, if they stopped in the process.

Assessment Results

The results of the survey are divided into three sub-sections: 1. Demographic information on the full sample; 2. Cultural competence training results on the full sample and; 3. Cross-tabulated results on the sample by type of agency.

Demographic Results of the Full Survey

A total of 196 (n = 196) respondents completed the survey, for a response rate of 21%. Although this is lower than expected, it is probably not surprising given the wide net we cast among busy administrators and program directors. There is also some sensitivity around the topic of racial and ethnic disproportionality, and although the survey was intended to be confidential, it may have been that some potential respondents were not comfortable with the topic. It is also unknown whether the online nature of the survey was a barrier for some respondents. It was interesting to note that a few Indiana county probation officers did not have an email address which supports the idea that the online nature of the survey may not have felt comfortable for everyone.
The first two questions of the survey asked for the specific name of the agency and position of the respondent. It is interesting that although 196 respondents completed many of the questions, only 177 filled in the specific agency name and their position. This question was helpful in sorting out later information about the type of agency since some agencies provided services that fit into multiple categories and the name of the agency helped to determine some re-coding of the data for consistency. This will be discussed more during the narrative for question three.

Respondents were also asked to identify the type of agency they represented and all 196 respondents answered this question. Given categories were: Child Welfare Agency; Criminal/Juvenile Justice Agency; Educational Institution/School Corporation; Mental Health Agency; and Other (please specific). The original survey results are listed in Table 3.1.

<table>
<thead>
<tr>
<th>Type of Agency</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Number</td>
</tr>
<tr>
<td>Child Welfare</td>
<td>27</td>
</tr>
<tr>
<td>Criminal/Juvenile Justice</td>
<td>52</td>
</tr>
<tr>
<td>Educational Institution/School Corporation</td>
<td>54</td>
</tr>
<tr>
<td>Mental Health Agency</td>
<td>28</td>
</tr>
<tr>
<td>Other</td>
<td>40</td>
</tr>
</tbody>
</table>

In reviewing the first three questions together, it was apparent that many respondents had trouble delineating their services into one category: Many of the agencies provide services across the child welfare, mental health and juvenile justice systems, particularly those who provide residential services such as treatment facilities and shelters which receive residents from both the child welfare and the juvenile justice systems and also provide mental health services, both in residence and on an out-patient basis. Since one fifth of the survey responded “other”, and because we were able to see the names of the agencies and realized that some of the agencies
were clearly able to be assigned to one of the existing agency categories, we recoded the data based on the following criteria: residential treatment centers were coded in child welfare; shelters were coded as juvenile justice and a fewer number of services which provided 3 or more services remained in the “Other” category. The results are presented in Figure 3.1.

**Figure 3.1. Recoded Respondents by Agency Type**

(n.b. The recoded analysis will be used to report statistical analysis for the cross-tabulated results in section 3. The original data will be utilized in the next two sections.)

The survey also asked the respondents to identify the funding sources for the agency, or what we considered the kind of agency. The majority of the survey sample was from agencies who are government-funded, public agencies. This is not surprising since the majority of the sample came from public schools, sheriffs, probation officers, and public detention facilities. Figure 3.2. demonstrates the break-down of the category of agency based on their funding source and corporate accountability.
Table 3.2 below identifies the type of agency by the category of funding and demonstrates that while over 90% of educational institutions/school corporations and criminal/juvenile justice agencies were identified as government/public agencies, child welfare and mental health agencies were more mixed between public and private, not-for-profit agencies.
Table 3.2. Type of Agency by Kind of Agency Funding from Original Data (n=196)

<table>
<thead>
<tr>
<th>Type of Agency (#) / (%)</th>
<th>Child Welfare</th>
<th>Criminal/ Juv. Justice</th>
<th>Education/ School</th>
<th>Mental Health</th>
<th>Other</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private, For Profit</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>3.7%</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>15%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Private, Not For Profit</td>
<td>16</td>
<td>3</td>
<td>2</td>
<td>20</td>
<td>16</td>
<td>58</td>
</tr>
<tr>
<td></td>
<td>59.4%</td>
<td>5.8%</td>
<td>3.7%</td>
<td>71.4%</td>
<td>45.0%</td>
<td>29.6%</td>
</tr>
<tr>
<td>Govern/ Public Agency</td>
<td>10</td>
<td>49</td>
<td>49</td>
<td>8</td>
<td>13</td>
<td>125</td>
</tr>
<tr>
<td></td>
<td>37.0%</td>
<td>94.2%</td>
<td>90.7%</td>
<td>28.6%</td>
<td>32.5%</td>
<td>63.8%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5.6%</td>
<td></td>
<td>7.5%</td>
<td>3.1%</td>
</tr>
</tbody>
</table>

The survey also asked about whether the agency provided services to children and families. It is important to note that from our perspective, ALL of the agencies to whom the survey was mailed were providers of services to children and their families. The responses indicated however, that 10% of survey respondents answered “no”, when asked if they provided services to children and families. This included 9 respondents from criminal/juvenile justice agencies, 5 respondents from educational institutions/school corporations, 1 respondent from a mental health agency, and 6 respondents from the “other” category.

The final question in the demographic area asked about the type of services offered by the agency. Respondents were asked to select only one type of service which may explain why 31 respondents did not answer this question, since many agencies provide multiple services. Nearly 88% (n=165) of the respondents indicated that their agencies provide direct services to children and families. Table 3.3 demonstrates the types of services by the types of agencies.

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Table 3.3. Types of Services by Types of Agencies (n=165)

<table>
<thead>
<tr>
<th>Type of Services (#) / (%)</th>
<th>Child Welfare</th>
<th>Criminal/ Juv. Justice</th>
<th>Educ./ Schools</th>
<th>Mental Health</th>
<th>Other</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy</td>
<td>5</td>
<td>11</td>
<td>8</td>
<td>3</td>
<td>14</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>20%</td>
<td>26.8%</td>
<td>13.3%</td>
<td>11.5%</td>
<td>43.8%</td>
<td>22.4%</td>
</tr>
<tr>
<td>Direct Services</td>
<td>25</td>
<td>30</td>
<td>39</td>
<td>25</td>
<td>30</td>
<td>145</td>
</tr>
<tr>
<td></td>
<td>100%</td>
<td>23.2%</td>
<td>86.7%</td>
<td>96.2%</td>
<td>93.8%</td>
<td>87.9%</td>
</tr>
<tr>
<td>Eval/ Monitoring</td>
<td>8</td>
<td>21</td>
<td>8</td>
<td>5</td>
<td>9</td>
<td>49</td>
</tr>
<tr>
<td></td>
<td>32%</td>
<td>51.2%</td>
<td>17.8%</td>
<td>19.2%</td>
<td>28.1%</td>
<td>29.7%</td>
</tr>
<tr>
<td>Management</td>
<td>6</td>
<td>13</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>24%</td>
<td>31.7%</td>
<td>4.4%</td>
<td>11.5%</td>
<td>15.6%</td>
<td>17.6%</td>
</tr>
<tr>
<td>Policy Dev.</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>8%</td>
<td>9.8%</td>
<td>6.7%</td>
<td>3.8%</td>
<td>9.4%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Training</td>
<td>4</td>
<td>7</td>
<td>13</td>
<td>3</td>
<td>9</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>16%</td>
<td>17.1%</td>
<td>28.9%</td>
<td>11.5%</td>
<td>28.1%</td>
<td>21.8%</td>
</tr>
</tbody>
</table>

In summary, the demographic information provided by respondents indicates response from a wide array of agencies including representation from child welfare, criminal/ juvenile justice, educational institutions/schools and mental health agencies. It is clear that many agencies offer multiple categories of services and that overlap is evidence in and of itself regarding the importance of collaboration in working to address the problem on racial/ethnic disproportionality in an integrated way across multiple systems, rather than trying to work with each individual system. The high percentages of respondents from agencies who provide direct services to families is encouraging as an indicator that despite a low response rate from the sample, the survey may speak at some level to the actual practice that is currently occurring in the youth service agencies around the state of Indiana.
**Cultural Competence Training Results on the Full Sample**

One of the most important findings from the survey is that about two-thirds (64.3%) of the survey respondents reported that their agencies provide cultural competency training to staff and organizational officers. While that is good news, it is disappointing that almost a third (32.4%) do not. Figure 3.3 summarizes this finding below.

**Figure 3.3. Percentage of Agencies offering Cultural Competency Training**

![Pie Chart showing percentages of agencies offering cultural competency training](image)

However, there are statistically significant differences among agency types, as the Figure 3.4 demonstrates below. Chi-square analysis indicates a statistically significant difference (.002 level) among agency types (using the recoded data) for whether cultural competence training is provided.
Percentages for each of the types of agencies are identified in Table 3.4. Below:

Table 3.4. Percent Providing Cultural Competency Training by Type (n=182)

<table>
<thead>
<tr>
<th>Agency Type</th>
<th>% “Yes”</th>
<th>% “No”</th>
<th>% “I don’t know”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Welfare</td>
<td>72%</td>
<td>28%</td>
<td>0</td>
</tr>
<tr>
<td>Juvenile/Criminal</td>
<td>49%</td>
<td>51%</td>
<td>0</td>
</tr>
<tr>
<td>Justice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>60%</td>
<td>31%</td>
<td>8%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>87%</td>
<td>13%</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>71%</td>
<td>21%</td>
<td>7%</td>
</tr>
</tbody>
</table>
Respondents were also asked which staff or officers participated in the training. It is clear that of the agencies providing cultural competency training (n=118), a large majority (82.2%) offer the training to all staff. Smaller percentages of others involved with the functioning of agencies are included in cultural competency training, as indicated in the table below.

**Table 3.5. Cultural Competence Training Provided to Staff and Others (n=118)**

<table>
<thead>
<tr>
<th>Staff Participating in CC Training</th>
<th>% of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Staff</td>
<td>82%</td>
</tr>
<tr>
<td>Board Members</td>
<td>5%</td>
</tr>
<tr>
<td>Contracted Staff/Consultants</td>
<td>13%</td>
</tr>
<tr>
<td>Foster Parents</td>
<td>6%</td>
</tr>
<tr>
<td>Managers/Supervisors</td>
<td>20%</td>
</tr>
<tr>
<td>New Hires</td>
<td>25%</td>
</tr>
<tr>
<td>Volunteers/Mentors</td>
<td>15%</td>
</tr>
<tr>
<td>Other</td>
<td>11%</td>
</tr>
</tbody>
</table>

A striking finding is that only 5% of Board Members receive cultural competency training. This group of people are responsible for setting agency policy and without adequate training, may be the least able to understand the impact of racial and ethnic bias on the functioning of the agency they are seeking to guide.

In an attempt to identify what materials agencies were using to provide cultural competency training to their staff, respondents were also asked whether they use a curriculum when providing cultural competency training. A slight majority (58.3%) reported “yes”, however, when asked for the name of the curriculum, it appeared that most of the training was provided by agency staff who developed their own materials or by outside consultants, rather
than a specific curriculum. However, of the 38 respondents that identified a specific curriculum, six mentioned the “Essential Learning” curriculum and two mentioned Ruby Payne (1995) who has written and presented widely on socio-economic differences, particularly in learning styles. It must be noted despite public acceptance, Payne’s work has been criticized in the academy for its embrace of “culture of poverty” theory which has been questioned for its lack of empirical verification and the potential for “blaming the victim” rather than addressing societal oppression (Gorski, 2006; Osei-Kofi, 2004).

Related to the type of curriculum provided are the qualifications of the trainer providing the curriculum. Respondents were asked to name their trainers and provide their credentials. Because there is no formal credentialing process for diversity trainers, it is not surprising to see the range of responses received for this question. Trainers identified included agency clinical staff with MSW/MFT or other professional educational credentials, other agency personnel, diversity committees, in-house training staff, agency administrators, outside consultants/contractors, continuing education workshops at conferences, and multiple examples of the above. It is probably safe to assume that the content and quality of these trainers varies widely and their ability to cover the broad range of racial and ethnic diversity necessary for high-quality training is questionable.

When asked about what types of information is provided in the curriculum, only 79 respondents answered. This is possibly due to the fact that agency administrators and Superintendents of schools may not be well-informed as to the specifics of the curriculum utilized. It is interesting to note that as the complexity of knowledge of cultural competency moves from conceptual to applied, the percentage of agencies including that knowledge in their training decreases. For staff working directly with children and families of color, it is arguably most important that they have an “ability to practice to fit the cultural competency of the family”, however only 62% of the survey respondents felt their training providing information on this topic, which actually represents only 25% of the total survey (n=196).
Table 3.6. Information Provided in Cultural Competency Training Curricula (n=79)

<table>
<thead>
<tr>
<th>Information Provided in the Cultural Competency Training</th>
<th>Percentage of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness and acceptance of difference</td>
<td>98.7%</td>
</tr>
<tr>
<td>Awareness of own cultural values</td>
<td>83.5%</td>
</tr>
<tr>
<td>Understanding the “dynamics of difference”</td>
<td>63.3%</td>
</tr>
<tr>
<td>Development of cultural knowledge</td>
<td>73.4%</td>
</tr>
<tr>
<td>Ability to adapt practice to fit the cultural context of the family</td>
<td>62%</td>
</tr>
</tbody>
</table>

Another important finding of the survey is the duration of time of the trainings provided. When asked about the lengths of time of the cultural competency training, the largest majority of the respondents (54.4%) indicated “1 to 2 hours”. Only 11% of those who responded to this question (n=90) indicated that they provided “8 hours or more”, and when applied to the total survey (n=196), this means that of the agencies responding to the total survey, only a meager 5% receive “8 hours or more” of training on cultural competency. Full results to this question are indicated in Table 3.7 below.

Table 3.7. Length of Cultural Competency Training (n=90)

<table>
<thead>
<tr>
<th>Length of Training</th>
<th>Percentage of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 2 hours</td>
<td>54.5%</td>
</tr>
<tr>
<td>2 to 3 hours</td>
<td>21.1%</td>
</tr>
<tr>
<td>4 to 5 hours</td>
<td>7.8%</td>
</tr>
<tr>
<td>6 to 7 hours</td>
<td>6.7%</td>
</tr>
<tr>
<td>8 or more hours</td>
<td>11.1%</td>
</tr>
</tbody>
</table>

Of the respondents who are providing cultural competency training to their staff (n=100), a solid 82% was required. However, of those agencies that require cultural competency training
(n=88), only 12.5% offer additional cultural competency training after the initial required training. This is another troubling finding, particularly in Indiana right now with some major shifts in racial and ethnic populations. Given the findings of the short duration of training provided, it would nearly impossible to cover the broad range of racial and ethnic diversity that is present in nearly every Indiana county and with changing populations, it is hard to imagine that staff is able to update their cultural knowledge without ongoing training that reflects the changing demographics in their communities.

Related to the duration of training is the issue of the regularity of the provision of cultural competency training. Again, the findings support the idea that training is not provided more than once in a year, as 42.3% replied “annually” and an additional 22.1% replied it “not provided regularly”, with 104 agencies responding. It is notable that nearly 20% of the respondents commented separately on this issue in a follow-up question. Some agencies offer the training every two years, however the most common comment to this item was that the training is provided at orientation for new hires. This is a positive finding that many agencies include cultural competency training before workers are providing services to families, however, this appears to be a small portion of the sample. In other agencies that offer the cultural competency training on an annual or sporadic basis, staff may work with families for many months, or even years without having participated in any training on this issue. It is also interesting to note that at least one respondent identified that the training is provided online, which is a way to offer training that is highly accessible to staff as they begin new positions or continue with demanding jobs where taking time out for training days is very challenging. Table 3.8 summarizes the results below:
Table 3.8. Regularity of Cultural Competency Training by Agencies (n=104)

<table>
<thead>
<tr>
<th>Regularity of Cultural Competency Training</th>
<th>Percentage of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly</td>
<td>2.9%</td>
</tr>
<tr>
<td>Quarterly</td>
<td>10.6%</td>
</tr>
<tr>
<td>Semi-Annually</td>
<td>6.7%</td>
</tr>
<tr>
<td>Annually</td>
<td>42.3%</td>
</tr>
<tr>
<td>Not Provided Regularly</td>
<td>22.1%</td>
</tr>
<tr>
<td>Other</td>
<td>23.1%</td>
</tr>
</tbody>
</table>

Finally, the survey asked respondents whether they had culturally competent policies in place at their agency. One hundred thirty-seven agencies (n=137) responded and an even 40% responded “yes” and “no” with 18% responding “I don’t know” (See Figure 3.5 below.) It is again troubling that 20% of agency administrators are not aware of their policies in this area, and that nearly half of the agencies responding do not have policies about cultural competence at all. It may be that there is confusion about what cultural competency means, since we know that public agencies must abide by federal and state legislation around civil rights and equal opportunity in many areas.
In summary, there is both “good news” and “bad news” in viewing the results of the survey of youth-serving agencies in Indiana as to their cultural competency training. Two-thirds of the agencies are offering some training around cultural competency, and it appears that some agencies offer the training using highly qualified individuals or structured training curricula. Some agencies require the training a part of their agency orientation for all staff and also offer ongoing training. Some agencies are offering training to Board Members, volunteers and others who are involved in the work of the agency. And some agencies have policies about cultural competency to guide their efforts to provide culturally competent services to children and families. This level of concern for cultural competence is excellent and could provide role modeling for all youth-serving agencies in the state.

However, these agencies represent only a small part of the sample. It is much more likely that cultural competency training, if provided at all, is provided on an annual or sporadic basis, by trainers with few credentials specifically related to diversity, and lasts only a few hours. The training is more likely to focus on basic issues in cultural competency rather than the application...
of this knowledge to specific practice with children and families. And these agencies are not likely to have specific policies in place about cultural competency, or if the policies are in place, there is less awareness of them.

Cross-tabulated results on the sample by type of agency

In the third section of assessment results, we conducted analyses to determine if there were statistically significant differences between and among types of agencies on selected items in the survey. We were looking to find differences between and among the different types of agencies in the manner in which cultural competency training is implemented. The Cross-Tab function in SPSS was used to analyze the relationship between the type of agency (Child Welfare, Criminal/Juvenile Justice, Educational institution/School, Mental Health and Other) by 3 items: Length of time of the cultural competence training; Voluntary or Required training; and How often training is offered.

In comparing the type of agency on the length of time of cultural competency training, the two variables involved (type of agency and number of hours) were one nominal (agency type) and one interval (number of hours). An eta analysis was performed, using a sample of 88 agencies. There were no significant differences between and among the different types of agencies as to the number of hours of training provided.

The second analysis involved the type of agency by whether the training provided was voluntary or required. Both variables in this analysis were nominal variables and the Pearson Chi-Square analysis was performed. Again, the findings were not significant.

For the third analysis, involving the type of agency by how often the training is provided, there did appear to be statistically-significant differences between and among the types of agencies. The Pearson Chi-Square test, based on a sample of 101 agencies, yielded significant at the .006 level. Reviewing Table 3.8 below, we may say that Child Welfare and Mental Health agencies are likely to offer cultural competency training more often than the other types of
agencies however all agencies seem to be more likely to offer this training annually or not regularly.

Table 3.8. Cross-Tabulated Results (Type of Agency X Regularity of Offering, n=101)

<table>
<thead>
<tr>
<th>Type of Agency</th>
<th>Monthly</th>
<th>Quarterly</th>
<th>Semi-Annually</th>
<th>Annually</th>
<th>Not Regularly</th>
<th>Other</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Welfare</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>6</td>
<td>5</td>
<td>3</td>
<td>17</td>
</tr>
<tr>
<td>Juvenile Justice</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>11</td>
<td>7</td>
<td>6</td>
<td>24</td>
</tr>
<tr>
<td>Schools</td>
<td>0</td>
<td>4</td>
<td>5</td>
<td>9</td>
<td>9</td>
<td>2</td>
<td>29</td>
</tr>
<tr>
<td>Mental Health</td>
<td>1</td>
<td>5</td>
<td>0</td>
<td>14</td>
<td>0</td>
<td>3</td>
<td>23</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>TOTAL</td>
<td>3</td>
<td>10</td>
<td>7</td>
<td>43</td>
<td>23</td>
<td>15</td>
<td>101</td>
</tr>
</tbody>
</table>

In general, the cross-tabulation of the type of agencies with the basic information about the nature of cultural competency training did not yield many statistically results. Thus, it is generally true that the general findings of the survey apply equally to all types of youth-serving agencies. In other words, no type of agency – child welfare, criminal/juvenile justice, educational institution/schools or mental health – is doing particularly better or worse, although child welfare and mental health do have a slight edge in offering more regularly (more than annually) training opportunities.

Limitations of the Study

It is important to note that the survey had a rather low response rate (21%), so the findings are probably not generalizeable to all youth-serving agencies in the state of Indiana, and certainly are not generalizeable beyond this state. This was an initial attempt to gain a snapshot of the efforts agencies which serve children and families are making to train their staff and other associated individuals around the important issues of cultural competency.
We hope that although the results may not be fully generalizeable, they provide some baseline data for policymakers and agency administrators to consider as they work together to address the challenges facing children and families served by the child welfare, criminal/juvenile justice, educational and mental health agencies. They provide documentation of the excellent efforts being made by some agencies as well as a number of gaps that exist in the policy and practice of training for cultural competence.

Key Findings

The findings below may serve to summarize the survey discussed above:

**Key Finding #1.** Two-thirds of youth-serving agencies in Indiana provide some form of cultural competence training to their staff and the majority of agencies require the training for their staff.

**Key Finding #2.** Only 1 in 10 workers receive 8 hours or more training on cultural competence and over half receive only 1 to 2 hours total.

**Key Finding #3.** Only a third of workers in Indiana youth-serving agencies receive training on “the ability to adapt practice to fit the cultural context of the family” – most training focuses on general topics such as “awareness/acceptance of difference” or “awareness of own cultural values”.

**Key Finding #4.** There is considerable variety as to what curriculum and who is providing the training on cultural competency to Indiana youth-serving agencies, raising questions about the quality of the training currently being provided.

**Key Finding #5.** Workers in juvenile justice and education appear less likely to be receiving cultural competency training that their counterparts in child welfare and mental health.

**Key Finding #6.** Fewer than half of responding agencies have policies in place regarding cultural competence training and few agencies involve Board Members, as the agency policymakers, in the training provided.
References


Chapter 4:
Culturally and Linguistically Appropriate Training Standards
Executive Summary

This report presents interpretations of training standards for the Indiana Disproportionality Committee. IDC developed Culturally Linguistic Appropriate Service standards. Based on these standards, interpretations of said standards were developed. The training standards and interpretations are intended to be inclusive of all cultures and not limited to any particular population group or sets of groups. However, they are especially designed to address the needs of racial, ethnic, and linguistic population groups that experience inequality due to culture, language, race, and color. Ultimately the aim of the training standards interpretations is to contribute to the elimination of racial and ethnic disparities experienced by a particular people group in the systems of Education, Mental Health, Child Welfare, and Juvenile Justice.

The training standards serve several purposes.

1. They provide common understanding
2. They provide consistent definitions of culturally and linguistically appropriate services in the various systems.
3. They also offer a practical framework for the implementation of services and organizational structures that can
4. They help providers be responsive to the cultural and linguistic issues presented by diverse populations.

Based on an analytical review of key laws, regulations, contracts, and standards currently in use by Federal and State agencies and other national organizations, these training standard interpretations were developed by a team of experts in the field of social services and in conjunction with the Indiana Disproportionality Committee.

Recommendations and Conclusions

Ideally, the issuance of national training standards interpretations for these particular systems should result in:
1. The replacement of the patchwork of different understandings of the need for training and the kind of training necessary for the service providers. By implementing one universally understood set of training standards and interpretations all can benefit.

2. Experience from other fields demonstrating that human service organizations, providers, policymakers, and accreditation organizations benefit when expectations are clear and training is mandated to include universal strategies.

3. The development of national training standards interpretations creates a framework or process for maintaining a culture-sensitive community profile and needs assessment.

4. The following training standards interpretations are designed to create such a culture sensitive community in the systems of Education, Mental Health, Child Welfare and Juvenile Justice.

**Background**

The Indiana Disproportionality Committee views cultural competency training as an essential component of service development and practice to address disproportionality in Indiana for anyone providing or contributes to the provision of services to children, youth, and families in the child welfare, education, healthcare, juvenile justice, and mental health systems.

Nationally, organizations providing services to children, youth, and families have experienced challenges in effectively responding to the ever growing needs of individuals from culturally and linguistically diverse groups. The integration of culturally appropriate strategies within these systems remains a barrier for many states and communities. A myriad of reasons to justify the need for cultural competency training exist to improve outcomes at the client-provider level. In addition, a review of the literature coupled with the Cultural Assessment Survey identifying that there is an insufficient amount of time dedicated to understanding cultural differences and the relative impact on service provision, establishes a need for not only cultural competence training but to standardize this training in Indiana. Some reasons may include, but are not limited to the following:
• the perception of the status of children, youth and family behaviors and their appropriateness varies by culture;
• diverse belief systems exist related to parenting, learning, health, mental health, and daily living;
• culture influences of help-seeking behaviors and attitudes toward service providers;
• historical perspectives gain through life experiences within the child welfare, education, healthcare, juvenile justice, and/or mental health systems; and
• disproportional representation of the cultural and linguistic groups in these systems.

As Indiana and the rest of America becomes more culturally and linguistically diverse, there is a greater need for those providing and contributing to the provision of services to be culturally competent. Benefits of being culturally competent far exceed the disparate realities and costs associated with the lack of knowledge about and how to respond to those from culturally and linguistically diverse backgrounds. These benefits include, but are not limited to the following:

• Improve service quality and outcomes;
• Meet state and federal policies that mandates the provision of culturally and linguistically appropriate care;
• Decrease the likelihood of liability/malpractice claims;
• Increase confidence and perceived effectiveness of service providers with diverse populations; and
• Improve the organizational climate of your agency.

The proceeding sections provide the methodology and recommendations for cultural competency training standards by the Indiana Disproportionality Committee.
Methods

The Indiana Disproportionality Committee (IDC) charged the Training Sub-Committee to develop training standards that could be provided to any entity or individual rendering services to children, youth, and families within the child welfare, education, juvenile justice, and mental health systems. The Training Sub-Committee comprised of individuals from these systems determined that the best way to develop standards was to conduct a literature review of existing cultural competency standards, as well as to assess current cultural competency training practices in Indiana.

IDC Training Sub-committee conducted a literature search to find out the following:

- Existence of cultural competency training standards generally and specific to each system
- Existence of cultural competency standards generally and specific to each system
- Significance of the provision of cultural competency training
- Cost-benefits of cultural competency training being provided by service providers

It also included anecdotal information from their experiences or those of a colleague. In addition, IDC Training Sub-Committee used data collected from the Cultural Training Assessment to ascertain information in crafting the standards.

The IDC Training Sub-Committee met regularly deliberating on what should be used from the sources identified. There was agreement to start with the United States, Department of Health and Human Services, Office of Minority Health; Cultural and Linguistic Appropriate Standards as a base. Also, there was an agreement to use the National Association of Social Workers’ Cultural Competency Practice Standards as a base for standard interpretation. Anecdotal data and information from the other sources were interwoven in each standard, as appropriate. The Training Sub-Committee members drafted, reviewed, and finalized the standards to submit to the general IDC for review and approval. The standards were reviewed...
and recommendations made by the IDC to further strengthen and make the standards more reader-friendly.

Upon completion of the standards, the Training Sub-Committee drafted, reviewed, and finalized the interpretations of each standard to submit to the general IDC for review and approval. The interpretations were reviewed and recommendations made to better clarify the meaning of each standard. Then a report was written and submitted to the IDC for review and approval.

IDC believed that some readers may not be familiar with the terms used in this section of the document. Consequently, a glossary of terms was developed to orient readers to common terms or themes used throughout this section of the report. The glossary of terms is provided below.
Glossary of Terms

**Cultural Bias** - occurs when people of a culture make assumptions about another culture’s conventions, including conventions of language, notation, behaviors and norms, based on their own culture or what they perceive to be true about the culture in question.

**CLAT** – Cultural and Linguistically Appropriate Training

**Cultural Competence** - a set of congruent behaviors, attitudes and policies that come together in a system or agency or among professionals and enable the system, agency, or professionals, to work effectively in cross-cultural situations

**Disparity** – a lack of equality between people and things

**Disproportionality** – situation where a racial or ethnic group is represented within a human service system (i.e. child welfare, juvenile justice, etc.) at a rate that is not proportionate to their representation in the general population. This can lead to either over-representation or under-representation.

**Interpretation** - an explanation or establishment of the meaning or significance of something, while translation is a word, phrase or text in another language that has a meaning equivalent to that of the original

**Linguistic** – relates to language or languages

**NCCC** – National Center for Cultural Competence

**Partnership** – a unification of two organizations for the purpose of doing business or achieving a shared purpose or vision.
**Sensitivity** – care and understanding of needs and requirements as in sensitivity to different cultural traditions or language.

**Standard** – the level of quality or excellence that is accepted as the norm or by which actual attainments are judged.
Culturally and Linguistically Appropriate Training Standards Overview

The Culturally and Linguistically Appropriate Training (CLAT) standards are primarily directed at organizations providing services to children, youth, and families; however, individual providers are also encouraged to use the standards to make their practices more cultural and linguistically accessible. The principles and activities of culturally and linguistically appropriate training should be mandated for all individuals providing direct services to children, youth, and families.

Goal and Objectives of the Standards:

These standards are a means to ensure that services are responsive to the diverse cultural and linguistic needs of the individual and community across systems providing services to children, youth, and families.

The specific goals of the standards are as follows:

- To inform and guide organizational training by recommending best practices that are related to culturally and linguistically appropriate services.
- To assist in establishing a common understanding and definition of culturally competent and linguistically appropriate services in organizations.
- To provide a foundation to assist organizations in building an organizational and training structure that is cultural competent.
- To provide a framework of the essential elements of cultural competency training needed to address disproportionality across systems rendering services to children, youth, and families.
- To assist organizations and practitioners in monitoring and evaluating their cultural competency training practices.
Standard 1:

Organizations providing services to children, youth, and families shall provide cultural competency training to all staff members ensuring that the services delivered are effective, understandable, respectful, and is provided in a manner compatible with their clients’ cultural beliefs, practices and preferred language.

Interpretation 1:

Training in cultural competency is essential in the provision of effective, understandable and respectable services. When there is a lack of pursuit of cultural beliefs and language proficiency or respects for clients, it can create barriers that can result in the removal, unwarranted detention or disciplinary actions, misdiagnosis or mistreatment of clients, as well as cause undue hardships to them or their families. Training rendered needs to emphasize the importance of understanding culture and the role it plays in service delivery. This understanding will yield better outcomes and the reduction of disproportionality incidents through the provision of cultural and linguistic appropriate services by trained staff.

The understanding of a client’s cultural beliefs and his/her language greatly decreases the barriers and problems associated with disproportionality as it also increases a positive climate that helps ensure an effective relationship between organizations providing services and those receiving services.

Standard 2:

Organizations providing services to children, youth, and families shall provide cultural competency training that presents strategies for decision makers to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographics served.
Interpretation 2:

Training rendered to decision makers of the organization providing services to children, youth, and families should illustrate the importance of having a racially, ethnically, generationally, and gender diverse staff. Increasing the diversity of staff contributes to removing, and in some instances, eliminating cultural barriers associated with disproportionality. Training should emphasize effective techniques and methods that decision-makers can employ to recruit and retain diverse staff at every level including administration, frontline workers, janitorial staff, and other support staff.

Similarly, training should also illustrate the importance of having a diverse Board of Directors. Having groups that are representative at this governance level also provides a voice for, and presents a visible commitment of the organization to, supporting diversity and addressing disproportionality among the population served. Employing these training practices will promote diversity throughout the organization ensuring that its constituents are represented at all levels.

Standard 3:

Organizations providing services to children, youth, and families shall ensure that staff at all levels receives cultural competency training and education to provide service delivery that is culturally and linguistically appropriate.

Interpretation 3:

Cultural competence refers to the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, races, classes, ethnic backgrounds, religions and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each. Cultural competence is a set of congruent behaviors, attitudes and policies that come
together in a system or agency or among professionals and enable the system, agency, or professionals, to work effectively in cross-cultural situations.

Those staff that work with clients from different backgrounds need to identify their own cultural bent or bias, as well as that of their client. Participating in cultural competency training assists service providers in doing this. This in turn will contribute to reduction and elimination of the numbers of disparity and disproportionality in Indiana.

Training given to all staff members of organizations providing services to children, youth, and families shall be designed to include an understanding of culture and its impact on the manner in which service is delivered. It shall be extended to include all staff members in a varied of jobs permanent or temporary, who will be in contact with and deliver services to said clients.

Training shall also include language skills assessment. It has been assessed that disproportionality exists in organizations that do not recognize and address the linguistic differences of its clients. Therefore the need for linguistic sensitivity exists and will be addressed in training of all staff.

**Standard 4:**

*Organizations providing services to children, youth, and families shall provide cultural competency training that emphasizes the need for language assistance services to be provided to their constituencies.*

**Interpretation 4:**

Language is the basic building block and linkage to the beliefs and values vested in a person’s culture. When a service provider fails to provide language assistance it can create barriers resulting in misdiagnosis and maltreatment of clients as well as their families. Language assistance provides clients with tools to aid in the understanding of services while allowing service providers to attain and retain an image of cultural competency services. How things are
perceived is important in order to engage clients. This provision of appropriate language assistance not only improves outcomes, but insures and reinforces service providers’ commitment to being sensitive to the need of their client.

Training for language assistance services is a key component in battling disproportionality. It is necessary for all organizations providing services to children, youth, and families to incorporate such training. Training should include but is not limited to an understanding of how to determine the language need and the identification of tools that can help close the language barrier.

Language assistance services are key components to bridging the gap between cultures. It must be seen as a key component to ensure service quality and effectiveness. Staff should be required to undergo training that allows the staff member to readily recognize the need for language assistance services.

**Standard 5**

*Organizations providing services to children, youth, and families shall provide cultural competency training emphasizing the importance that clients be informed of their right to receive language assistance services in their preferred language in both verbal and written notifications.*

**Interpretation 5:**

There are federal, state, and local laws and administrative rules such as, Title VI of the Civil Rights Act of 1964, mandating that language assistance be provided to clients with limited English proficiency. Also, the literature indicates that hindrances to communication as a result of language create barriers that lead to disproportionality.

Training emphasizing the need for organizations providing services to children, youth, and families to inform clients of their rights to receive language assistance services in their preferred language is necessary to hinder the impact of disproportionality that has been
historically demonstrated. Training should emphasize the importance of the service provider to communicate in a capacity that delineates verbal and written strategies and the respective importance of using both in the clients preferred language.

Effective language techniques and strategies for all staff helps reduce the disproportionality that occurs with clients that speak other languages. It is imperative that training include all staff and emphasizes the diverse forms of verbal and written notifications available, as well as inform staff of the proper and timely manner in which to advise clients.

**Standard 6**

*Organizations providing services to children, youth, and families shall provide training that can be used by Culturally and Linguistically Appropriate Training -competent staff in providing language assistance to limited English-proficient clients. The training should highlight that family and friends should not be used to provide interpretation of services.*

**Interpretation 6:**

Training of all staff providing services to organizations that give services to children, youth, and family must include training in English that produces a proficiency in the English language to those who will be working with diverse clients and with Cultural and Linguistically Appropriate Training (CLAT)-competent staff. This training shall employ language skills techniques and assessments qualifying interpreters in the nuances of the English language, and the variety of cultural slogans used by different people groups to express themselves.

It is important to have credentialed interpreters. These interpreters must understand the difference between interpretation and translation. Interpretation is an explanation or establishment of the meaning or significance of something, while translation is a word, phrase or text in another language that has a meaning equivalent to that of the original. This understanding is crucial in the serving of clients.
The training in various languages and interpretations of cultures should include a certification program qualifying the individuals as competent interpreters. Once certified, these individuals will have the skill set necessary to work alongside Cultural and Linguistically Appropriate Training (CLAT) staff acting as interpreters for clients. This training eliminates and does away with family and friends as interpreters, which has in the past caused clients to experience disproportionality due to inadequate translation.

The use of language translation should be done by trained and certified professional interpreters. These interpreters should be proficient in both English and another language. Training should emphasize that the service provider understand that language diversity is a resource for society and linguistic diversity services to people are life altering and should be preserved and promoted.

**Standard 7**

*Organizations providing services to children, youth, and families shall incorporate culturally competent methods into their cultural competency training to produce understandable client-related materials and signage in the languages of the commonly encountered groups and/or groups represented in the service area.*

**Interpretation 7:**

Training rendered to the staff of organizations providing services to children, youth and families shall include instruction in the proper placement and space of client-related materials. These materials should create a culture-friendly environment. A culture-friendly environment is necessary as it enables the staff to relate to each other in a culturally sensitive way. This environment can be in the way of signs, various languages, magazines, toys, and posters that highlight diversity.

Training should also include understanding how to design signage that will be culturally relevant and understandable as it is placed in a common service area. Having culturally relevant
material in common area creates an atmosphere of equality and acceptance and helps eliminate disproportionality in the work place. This training could include but not be limited to graphic arts training, and the understanding of certain colors in regards to cultures, as well as how to research language appropriate materials to be placed in areas of service where the clients gather. This is important because colors and words mean different things to different cultures.

Standard 8:

Organizations providing services to children, youth, and families shall provide staff development training on how to conduct organizational self-assessments that integrate cultural and linguistic competence-related measures into their audits, performance improvement programs, client satisfaction assessments, and outcomes based evaluations.

Interpretation 8:

Training rendered to staff providing services to children, youth, and families shall focus on the need to conduct and how to implement cultural and linguistic self-assessments that will integrate into results of audit measurements and performance improvement programs.

The benefits derived from self-assessments helps eliminate disproportionality among the staff and organization. The visual encounter as you walk in offices, visiting rooms and lunch spaces should reflect the various cultures that are both working and being served.

Proper self-assessments also insure that the various cultures are celebrated during special times of the year. Training for the staff includes the development of organizational self-assessments that consist of evaluations which are outcome-based and client assessments verifying the satisfaction of clients served.
Standard 9:

Organizations providing services to children, youth, and families shall provide cultural competency training that emphasizes the importance of the organization developing, implementing, and promoting a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to ensure culturally and linguistically appropriate services.

Interpretation 9:

Training of all organizations providing services to children, youth, and families shall engage the organization’s leadership on the importance of cultural competency best practices in their strategic plan. The training shall include the development of understanding the necessity of written clear goals and policies, as well as being knowledgeable in the need for strategies of operational planning in the area of cultural competence.

When there are strategic plans, operational plans and management accountability that include cultural competency best practices, agencies are more likely to have cultural and linguistically appropriate services highlighted in their goals and policies.

Implementing such oversight helps to guarantee services which are deemed culturally and linguistically appropriate.

Standard 10:

Organizations providing services to children, youth, and families shall provide staff development training that illustrates the value of collecting data on the individual client’s race, ethnicity, and spoken and written language into their records, integrating the data into the organization’s management information systems.
Interpretation 10:

Training rendered to the staff of organizations providing services to children, youth and families shall demonstrate the importance and value of adequate information processing and systems. Without proper documentation and data, the journey is not reflected and too many people and cultures continue to be victimized by people-bias leading to disproportionality.

The collection of demographic information helps to create a visual on disproportionality affects people and hinders client services. By gathering sufficient data and effectively disseminating information, services can be improved and adjusted to better represent and aid the client. Appropriate data also creates a record of specific areas of disproportionality in order that those areas can be remediated.

This training will emphasize the need for the organization itself to have adequate systems management and train the staff in its appropriate use. The training will insure that data of race, ethnicity, spoken and written language are properly stored.

Training will also emphasize the need for immediate integration of the client and staff data into the organization’s management systems and develop a system of review that ensures rapid accessibility.

Standard 11

Organizations providing services to children, youth, and families shall provide training that emphasizes the importance of maintaining a current demographic, cultural, linguistic composition of the community, as well a needs assessments; which will permit accurate planning for and implementation of services that respond to the cultural and/or linguistic needs of the service area.
Interpretation 11:

Training to identify the current demographic, cultural, and linguistic composition of the community is necessary for all organizations providing services to children, youth and families. Training should equip staff with the necessary accurate tools of assessing demographics, cultures and languages of a particular community while also emphasizing the need to understand diverse groups within the community. The training should include instructions on how to collect disaggregated information by race, ethnicity or language from target groups, community organizations, and other key stakeholders.

Standard 12:

Organizations providing services to children, youth, and families shall provide cultural competency training that highlights the value of developing partnerships with communities and utilizing a variety of formal and informal strategies to facilitate community involvement.

Interpretation 12:

Training rendered to all staff of organizations providing services to children, youth, and families shall include training on how to recognize and collaborate with partnerships in the community. The training shall illustrate the importance of having a racially, ethnically, generationally, and gender diverse partnership. Increasing the diversity of partnerships in communities contributes to removing, and in some instances, eliminating cultural barriers associated with disproportionality.

Community involvement is a key component in partnership. By aligning with existing community organizations, better service can be rendered to the clients. Understanding the demographics already in place helps to identify the current and future service needs.

Training shall also include case studies on successful diverse partnerships and on how they were developed both formally and informally, and on strategies to maintain such
collaborations and partnerships. Training will also highlight community perspectives which involve the diverse representatives of the community working together to enhance client services on a long term basis.

**Standard 13:**

*Organizations providing services to children, youth, and families shall provide cultural competency training to ensure that conflict and grievance resolution processes are culturally and linguistically sensitive, while promoting fairness and equity. This will empower service providers to be capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by clients and their families.*

**Interpretation 13:**

Conflict and grievance resolution training for staff is a necessary component in insuring cultural competency in organizations providing services to children, youth and families.

According to research, there is no one size fits all approach to conflict and grief resolution, since culture is often a factor. Cultural competency is therefore a core competency for those who intervene in conflicts or grievance related issues. Cultural competency means familiarity with cultures; their natures, how they work, and ways they intervene with relationships in times of conflict and harmony. Cultural competency is a key tool for disentangling and managing multi-layered, cultural conflicts.

Given the role of culture in conflict and grievance, there must be the development of comfort with culture as an integral part of conflict resolution. As diversity in the systems of mental health, child welfare, juvenile justice and education increases, so does the need for better communication skills within a cultural context. These skills will raise cultural awareness and help the staff and community bridge the culture gap, which in turn will help resolve both conflict and grievance issues as well as promote fairness and equity.
By employing cultural competency techniques and training entire families and communities are involved in the resolution process creating a culture of fairness and equity.

Standard 14:

Organizations providing services to children, youth, and families shall provide cultural competency training that encourages their agency to regularly make available to the public information about their progress and successful innovations in implementing the Cultural and Linguistically Appropriate Training standards.

Interpretation 14:

Organizations providing services to children, youth and families must continually update the public on the progress and success of cultural competency in their agency. This is further supported by the National Center for Cultural Competence, which strongly recommends that in order for cultural competency to be sustainable and to advance, it must have an innovative public policy that allows the communities it represents to have access to and understand cultural competence.

Information dissemination by organizations providing services to children, youth, and families should report an update on their progress in implementing cultural competency best practices. This should include the benefits and challenges encountered in carrying out cultural competency best practices during a specified period of time.

Organizations should also demonstrate how they institutionalize cultural and linguistic competence within the organization.

Standard 15:

Organizations providing services to children, youth and families shall require that every new hire and board member participate in a minimum of twenty-four hours (24) of cultural
competency training within the completion of their first year of service ensuring that a foundation of culturally and linguistically appropriate service is rendered to their clients.

Interpretation 15:

Results from an IDC Cultural Assessment Survey on cultural competency training practices indicate that about 60% of agencies providing services to children, youth, and families offer or require cultural competency training; of which, the duration is two hours or less. Nearly forty percent do not offer cultural competency training at all. This illustrates that there is a clear deficiency in the appropriate amount time being allocated to learning effective and efficient ways to culturally and linguistically improve services and enhance its quality.

Standard 16:

Organizations providing services to children, youth and families shall require that all individuals employed for more than one year complete eight (8) hours of cultural competency training each year to remain current on best practices and ensure that services rendered continues be culturally and linguistically relevant.

Interpretation 16:

Results from an Indiana survey on cultural competency training practices indicate that the majority of agencies providing services to children, youth, and families do not offer any on-going training. As our population becomes more diverse, it is imperative that agencies remain in pace with demographic changes within is service area. This is why on-going training should be required for all agencies providing services to children, youth, and families.
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Chapter 5:

Cultural Competency

Training Curricula

Availability, 

Assessment, and 

Recommendations
Executive Summary

This chapter of the report presents Cultural Competency Curricula comparisons and recommendations for the Training sub-committee of the Indiana Disproportionality Committee. The Indiana Disproportionality Committee developed Culturally Linguistic Appropriate Service standards. Based on these standards, we began to look for and identify the various cultural competency curriculums that would be useful to help implement said standards.

Background

The Training sub-committee was given the assignment of assessing the cultural challenges facing those in the state systems of Child Welfare, Juvenile Justice, Mental Health and Education. The Training sub-committee was also given the responsibility of identifying if any the type of cultural or diversity training given to all who staff and service these systems and to help determine the adequacy of said training. The Training sub-committee evaluated several curriculum used to aid in diversity training and their impact on the standards recommended by the Indiana Disproportionality Committee. The curriculum identified in this report can be used by service providers to help meet the recommended training standards. The training curriculums addressed in this report are especially designed to address the need for understanding the lack of sensitivity, lack of culture awareness and cultural knowledge; and the bias of those in the systems of Education, Mental Health, Child Welfare and Juvenile Justice.

The Training sub-committee recognizes that training in cultural competency curriculum is intended aid all cultures and that ultimately the aim of the cultural competency curriculum training is to contribute to the elimination of racial and ethnic disparities experienced by a particular people group in the systems of Education, Mental Health, Child Welfare, and Juvenile Justice as well as other systems not stated in this report.

With this in mind we have found it necessary when identifying and discussing curriculum we must do so with first a definition of diversity, and secondly an explanation of why quality diversity curriculum is necessary. It is also necessary that we understand that dimensions of diversity are both visible and less obvious and that any curriculum used to create an awareness
and need for diversity training should have components that address obvious issues as well as those less visible.

_Diversity Training Curriculum serves to address several issues:_

- They provide common understanding of cultures, languages
- They identify cultural biases.
- They also offer a practical framework for adjusting particular biases.
- They help providers be responsive to the cultural and linguistic issues presented by diverse populations.

The Training sub-committee has determined that there is not enough curriculums available to meet the needs of diversity challenges as well as we have determined the need for the creation of "Train the Trainer" initiatives, in order to help train people on developing efficient skills of working within a different cultural or diverse context.

**Methods**

Research was done by the Training sub-committee to identify the various amounts of diversity training being rendered in the state systems of Education, Mental Health, Child Welfare, and Juvenile Justice. The survey was prepared through Survey Monkey, an online survey tool. This survey indicated the need for more diversity training. We discovered that curriculum is a key component in addressing the issue of disproportionality. We then began research to identify available training curriculums, as well as began researching what curriculums were being used and how effective are they in addressing the recommended training standards.

This research included several different training curriculums. They are: Diversity: Awareness To Action, Ethnic Perspective Series, Building Racial and Culture Competence in the Classroom, Cross Cultural Express, Bafa-Bafa, Race and Ethnicity, Language Diversity.
Curricula Recommendations and Conclusions

In searching out cultural competency curriculum, we found that there is not enough training curriculum available to handle the needs of the people involved in our systems of interest. It was also determined that people who are trained, are not trained adequately enough to retard the biases that exist. Of the curriculums listed in this report only two meet a minimum of addressing eight or more of the standards developed by the Indiana Disproportionality Committee. Those two are: Project R.E.A.C.H – Ethnic Perspective Series and Building Racial and Cultural Competence in the Classroom. A third curriculum: Cross Cultural Express by Prism International addressed six of the recommended training standards.

- Standards Eight, Nine, Thirteen and Fourteen, were not addressed by any of the curricula.

- There needs to be more curricula developed to address all of the Culturally Linguistic Appropriate Service standards identified by the Indiana Disproportionality Committee as well more training given to those working in the systems of Education, Mental Health, Juvenile, Child Welfare, and Juvenile.

- The increase in the variety of cultural competence training tools will greatly aid in the systems opportunity to expand their training methods.

- Experience from other fields demonstrating that health care organizations, providers, policymakers, and accreditation organizations benefit when there is an adequate amount of cultural competence training for all staff.

- The developing and execution of cultural competency curricula will aid in better communication of all involved.
• The development of train the trainer programs in curriculum competency will help insure that competency training is both adequate and sound.

• The available curricula are not enough to meet the needs of the Education, Mental Health, Child Welfare and Juvenile Systems.

• Tables 5.1 and Figures 5.1 and 5.2 helps identify available curricula and its effectiveness on the training standards developed by the Indiana Disproportionality Committee.
Table 5.1. Ratings of Cultural Education Curriculum by the Cultural and Linguistically Appropriate Training Standards

<table>
<thead>
<tr>
<th>Culturally and Linguistically Appropriate Standards</th>
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<th>CLAT Standard Average</th>
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Curriculum Key:

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<tr>
<td>A</td>
<td>Module 1: Understanding Culture and Cultural Responsiveness</td>
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<tr>
<td>B</td>
<td>Project R.E.A.C.H. Ethnic Perspectives Series</td>
</tr>
<tr>
<td>C</td>
<td>Bafa Bafa A Cross-Cultural Simulation</td>
</tr>
<tr>
<td>D</td>
<td>Building Racial and Cultural Competence in the Classroom</td>
</tr>
<tr>
<td>E</td>
<td>Cultural Competence in Health Education and Health Promotion</td>
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<td>F</td>
<td>Cross Cultural Express</td>
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<td>G</td>
<td>Language Diversity</td>
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<td>H</td>
<td>Race and Ethnicity</td>
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<td>I</td>
<td>Diversity to Action</td>
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Rating Scale:

1 = Not Addressed At All
2 = Somewhat Addressed
3 = Adequately Addressed
4 = Strongly Addressed
Figure 5.1: A Rating of Culturally and Linguistically Appropriate Training Standards by Curriculum

Figure 5.2: A Rating of Curriculum by Cultural and Linguistically Appropriate Training Standards
CURRICULA DESCRIPTIONS

The following curricula were used to help identify cultural competency training initiatives. Listed below are brief overviews of each one.

Diversity: Awareness To Action,
This curriculum addressed handling and managing diversity in the marketplace. Curriculum included the following:

• Definitions of Diversity and Managing Diversity
• Some characteristics of a diverse workforce
• Managing Diversity: Three approaches
• Laws that impact diversity
• Facts about the effects of diversity on business
• Studies demonstrate the importance of diversity
• Actions to avoid
• Actions to incorporate into management of a diverse work force

Project R.E.A.C.H Ethnic Perspective Series
This four-phased experience takes mostly white communities through:

• human relations skills
• cultural self-awareness
• multicultural training
• cross-cultural encounters.

Students research their own heritage to learn the fundamentals of culture; study other cultures through specially prepared booklets on black, Asian, Mexican, and native American heritages; and participate in field trips
Building Racial and Culture Competence in the Classroom.

In this compelling anthology, a diverse group of experienced teacher educators and practicing teachers tackle the impact of race and culture on teaching and learning. Sharing their personal experiences, research, and reflections, they focus in the connections among teacher quality, teacher preparation, and the achievement gap for African Americans and other children of color.

Training curriculum included educators giving:

- Concrete ideas and advice on what educators can do to support teachers to become more racially and culturally competent.
- Multiple perspectives providing a variety of new insights on current research and practice.
- Honest and thought-provoking personal narratives on race and schooling.

Cross Cultural Express.

This curriculum served to help lay a foundation for better understanding and communication across cultures and languages. The focus was to help people have a better workplace with the end result being a more productive and motivated team. Curriculum addressed the following:

- What is Culture?
- How Culture Affects Us
- Cultural Collisions
- Bridging Cultural Gaps
- Accessing our Actions

Bafa-Bafa.

In BaFa'BaFa' participants come to understand the powerful effects that culture plays in every person's life. It may be used to help participants prepare for living and working in another culture or to learn how to work with people from other departments, disciplines, genders, races, and ages.
Here are a few of the ways BaFa'BaFa' has been used in the hundreds of thousands times it has been run around the world:

- Build awareness of how cultural differences can profoundly impact people in an organization.
- Motivate participants to rethink their behavior and attitude toward others.
- Allow participants to examine their own bias and focus on how they perceive differences.
- Examine how stereotypes are developed, barriers created, and misunderstandings magnified.
- Identify diversity issues within the organization that must be addressed.

BaFa'BaFa' initiates immediate, personal change. This simulation makes participants personally aware of the issues around culture differences. Participants feel the alienation and confusion that comes from being different. BaFa'BaFa' shakes participants out of thinking in stereotypes of anyone who is different. They learn the value of all faces in the workplace in a safe, stimulating environment.

**Race and Ethnicity.**

This curriculum helped to identify cultural biases and how to become a more culturally sensitive workplace. Some topics covered were:

- Uncovering Cross-Cultural Traps
- Serving Customers From Other Cultures
- Increasing Cross-Cultural Effectiveness

**Language Diversity.**

This curriculum addressed the issue of communicating across language barriers. Some topics covered were:

- Working Across Language Differences
- Listening Across Language Differences
Speaking Effectively Across Language Differences

Understanding Culture and Cultural Responsiveness,

The National Center for Culturally Responsive Educational Systems (NCCRESt) and the National Institute for Urban School Improvement (NIUSI) had several training curriculums. These curriculum's focused on:

- Eliminating disproportionality in special education
- Creating inclusive classroom environments

Cultural Competency in Health Education and Building Cultural Competence.

Curriculum used to identify diverse populations need to learn about their clients' ethnicity, the cultural orientation of the organization they are working with, and the environment that shape their behaviors and attitudes toward the people they are serving.

Training needs were assessed by determining:

- levels of knowledge,
- participation in cultural awareness activities,
- perception of the work environment as culturally competent, and
- perception of culturally-related barriers, and perceived training needs.
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Bafa Bafa A Cross-Cultural Simulation
Professional Training Edition
11760-J Sorrento Valley Road
San Diego CA 92121
Copyright 1992-2002 by Simulation Training Systems

Project R.E.A.C.H. Ethnic Perspectives Series

The Black American Experience
By Howard Gary

An American Indian Perspective
By Howard Gary

A European American Perspective
By Howard Gary

The Asian American experience
By Howard Gary

The Mexican American/Chicano Experience
By Howard Gary
Building Racial and Cultural Competence in the Classroom (Practitioner Inquiry) 
by Karen Manheim Teel (Editor), Jennifer E. Obidah (Editor) 
Published by Teachers College Press, 1234 Amsterdam Avenue, New York, NY 10027 
Copyright 2008 by Teachers College, Columbia University 

Module 1: Understanding Culture and Cultural Responsiveness 
National Center for Culturally Responsive Educational Systems 
2005 Shelley Zion and Elizabeth B. Kozleski 


Diversity: Awareness to Action - HR Classroom 

Cross-Cultural Xpress Series 

Exploring Dimensions of Diversity Learning Modules Language and Diversity 
PRISM International, Inc. 2001 

Exploring Dimensions of Diversity Learning Modules Race and Ethnicity 
PRISM International, Inc. 2001 

Cultural Assessment and Training Project Report, 2009
Chapter 6:

Cultural Assessment

and

Training Project

Evaluation
Background

As part of the grant to study disproportionality among Indiana youth-serving agencies, the Indiana Disproportionality Committee’s (IDC) Training sub-committee held a series of five Town Hall meetings around the state of Indiana. These meetings were designed to present the results of the projects funded by the Indiana Criminal Justice Institute (ICJI) including the statewide survey on cultural competence training in youth-serving agencies, the development of Culturally and Linguistically Appropriate Training (CLAT) Standards, and the analysis of current training curriculum using the CLAT standards. A PowerPoint was developed by the IDC Training Sub-committee (See Appendix) and presented by committee members and consultants involved in this project. In addition, the meetings allowed time for discussion.

Town Hall Survey Evaluation Process

A press release was prepared (See Appendix) and respondents were recruited by organizations associated with the Indiana Minority Health Coalition around the state. Participation varied greatly among sites, with as few as 8 and as many as 45 attending meetings. The total count for all the meetings was ninety-three (N=93).

The Town Hall meetings were held according to the table below, all from 6 to 8pm:

<table>
<thead>
<tr>
<th>City</th>
<th>Date</th>
<th>Location</th>
<th># of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gary</td>
<td>Wednesday, April 29, 2009</td>
<td>Ivy Technical College</td>
<td>7</td>
</tr>
<tr>
<td>Indianapolis</td>
<td>Tuesday, May 5, 2009</td>
<td>English Foundation Building</td>
<td>10</td>
</tr>
<tr>
<td>Ft. Wayne</td>
<td>Wednesday, May 6, 2009</td>
<td>Urban League</td>
<td>25</td>
</tr>
<tr>
<td>Evansville</td>
<td>Thursday, May 7th, 2009</td>
<td>University of Evansville</td>
<td>43</td>
</tr>
<tr>
<td>South Bend</td>
<td>Tuesday, May 12, 2009</td>
<td>Charles Beard Youth Center</td>
<td>8</td>
</tr>
</tbody>
</table>
In order to evaluate the impact of the work completed for the ICJI grant, a survey was developed by the members of the Indiana Disproportionality Committee Training sub-committee (See Appendix) and approved by the Indiana University Institutional Review Board through an amendment of our existing approval. The survey was distributed at each of the Town Hall meetings. Sixty-seven individuals responded to the survey (n=67). Survey participants came from the following sites:

![Survey Respondents by Town Hall Site](chart)

**Town Hall Survey Results**

*Demographic results of the respondents*

The respondents were quite diverse in relation to race, reflecting much of the diversity of the state, albeit in different proportions: African-Americans were overrepresented, Caucasians and Hispanic/Latino populations were underrepresented. The respondents represented the gender make-up of youth-serving agencies (predominantly female workers) as represented in the pie charts below.
The respondents of the survey also represented a wide range of ages, which are summarized in the table below:
Table 6.2. Age of Town Hall Respondents (n=59)

<table>
<thead>
<tr>
<th>Age Ranges of Respondents</th>
<th>Number of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 – 29</td>
<td>10</td>
</tr>
<tr>
<td>30 – 39</td>
<td>10</td>
</tr>
<tr>
<td>40 – 49</td>
<td>13</td>
</tr>
<tr>
<td>50 – 59</td>
<td>19</td>
</tr>
<tr>
<td>60 and over</td>
<td>7</td>
</tr>
</tbody>
</table>

Because the Town Hall meetings were open to anyone in the community, we were interested in identifying the range of perspectives on disproportionality in Indiana among representatives from diverse, youth-serving agencies as well as within those agencies. This includes the perspective of both front-line workers and managers/administrators. Based upon the following information, we were quite successful in this endeavor. The table below represents whether the respondent identified with one of the four youth-serving systems surveyed in the statewide survey on cultural competency training (or one of the many agencies that provides services in multiple systems). It also includes perspectives of both frontline and manager/administrators from each of the service delivery systems.
<table>
<thead>
<tr>
<th>Youth-Serving System</th>
<th>% Frontline Worker</th>
<th>% Manager/Admin</th>
<th>TOTAL %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Welfare</td>
<td>11.3%</td>
<td>6.8%</td>
<td>18.1%</td>
</tr>
<tr>
<td>Education</td>
<td>9%</td>
<td>11.3%</td>
<td>20.3%</td>
</tr>
<tr>
<td>Juvenile/Criminal Justice</td>
<td>4.5%</td>
<td>4.5%</td>
<td>9%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>6.8%</td>
<td>6.8%</td>
<td>13.6%</td>
</tr>
<tr>
<td>Multiple Systems</td>
<td>9%</td>
<td>18%</td>
<td>27%</td>
</tr>
<tr>
<td>No info</td>
<td>11.3%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

We also asked whether participants whose child or family has received services. Two respondents indicated that their children or family had received services, representing a small percentage of survey respondents (3%). This is an area that we would have liked to get much more information and might be important to consider in future research. The survey also asked whether the respondent has participated in the Indiana Disproportionality Committee (one respondent) or the Indiana Commission on Disproportionality on Youth Services (no respondents). This provided information that these were “new” voices, not already involved with the disproportionality efforts currently underway in the state.

**Town Hall Survey Results on the Statewide Cultural Competency Training Survey**

The first part of the Town Hall meeting presented the results of the Cultural Competency Training survey in a summary of the six “Key Findings” which were discussed earlier in this report. In the Town Hall survey discussed here, respondents were asked six quantitative questions and two qualitative questions to determine whether the presentation provided useful information and was consistent with the respondent’s experiences with disproportionality in youth-serving agencies. Using a five-point Likert scale with 5 representing “strongly agree” and 1 representing “strongly disagree”, means scores on the quantitative items ranged from a high of
4.80 to a low of 3.78. The item with the highest mean (4.80) was in response to Item #1 “The issue of disproportionality in children, youth and family services is an important issue for people concerned with the well-being of Indiana’s children, youth and families”, indicating a highly consistent concern for this issue among all Town Hall respondents. The lowest mean score for these items (3.78), which is still in the “agree” range, came from the item “The presentation results are consistent with my experiences in receiving cultural competency training.” This issue will be further discussed below in the qualitative responses section. A table summarizing the items (For the full survey, see Appendix) and mean scores is presented below.

Table 6.4. Mean Scores for Items relating to the Cultural Competency Training Survey

\((n=67)\)

<table>
<thead>
<tr>
<th>Item Summary</th>
<th>Mean Score</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disproportionality is an important issue for people concerned with child and family well-being</td>
<td>4.80</td>
<td>.471</td>
</tr>
<tr>
<td>Presentation provided a clear snapshot of what is occurring in Indiana re: disproportionality</td>
<td>4.24</td>
<td>.681</td>
</tr>
<tr>
<td>Presentation increased knowledge on the issue of disproportionality in Indiana</td>
<td>4.05</td>
<td>.935</td>
</tr>
<tr>
<td>Presentation results are consistent with my experience receiving cultural competency training</td>
<td>3.78</td>
<td>.910</td>
</tr>
<tr>
<td>Presentation provides an adequate representation of the need for further cc training</td>
<td>4.44</td>
<td>.682</td>
</tr>
<tr>
<td>Using information from presentation are useful to support cc training in my agency</td>
<td>4.18</td>
<td>.667</td>
</tr>
</tbody>
</table>

The Town Hall Survey also asked two open-ended questions: “7. How are these survey results similar to your experiences?” and “8. How are these survey results different from your experiences?”. Many people commented that the survey results were indeed very similar. Sample comments, identified by the site of the respondent, supporting the similarity between the survey presentation and personal experiences include:

“Right on point.” (Gary)

“These concerns have never been addressed at any time.” (Evansville)
“I have been with my agency for almost a year and have never had a cultural competence training.” (Indianapolis)

“It seems right. My agency looks for trainings and makes attempts to send staff or to provide in-services, but not many are offered; not many appropriate educators are around; and no pressure exists on providing a certain amount of hours.” (Evansville)

Some comments were specific to the key finding that highlighted the general nature and uncertain outcomes of existing cultural competency training:

“Training is general. No structured plan.” (Indianapolis)

“They illustrate what generally does not seem to happen in this region (and probably most of the U.S.) – culturally competency training that actually effects changes in perceptions about cultural identity.” (Evansville)

“…We had 2 days of training in a 9-week curriculum and it’s content was not as useful as I feel it could/should have been.” (Ft. Wayne)

Other respondents highlighted the connection between challenges for training around cultural competence with the wider issues of cultural competence in agencies and communities.

“These results reflect the realities of our community. This is a racially segregated community where the majority culture is unaware of disparities in access to healthcare, justice, wealth and education.” (Ft. Wayne)

“Limited success due to organizational culture being in conflict with other cultures…” (Evansville)

“The disproportionality of my workplace is largely reflected in these results.” (South Bend)

In addition to these comments, there were a few comments about this being new information, often related to a lack of experience.

In response to the question about how the results were different from the respondents’ experiences, the most common response indicated that there were few differences.

“No difference.” (South Bend and Gary)

“Not at all.” (Ft. Wayne)

“Differences are minimal – trainings that I’ve attended have been required by employer, yet the content has varied …” (Indianapolis)
It is notable that at one site (Evansville), there were multiple comments about the differences between the survey results and the respondents’ experiences. This was also the largest Town Hall meeting (over 40 participants) as well as the widest racial diversity among participants, which could account for a broader range of responses. Comments below are unique to the Evansville site and are included below:

“I believe that the private sector, as well as most government agencies, has begun programs to recognize cultural diversity and educate workers in this area. I believe these are more widespread than your results indicate.” (Evansville)

“At our facility, cultural sensitivity/competence training/education is required for all”. (Evansville)

Both these comments indicate some lack of specificity about the definition and content of the trainings available and one of the respondents identified this concern:

“I would need more information – clear, understandable, model – to fully understand how to better develop competent training. How does “cultural competency” compare to “diversity training”? Same? Different? What needs to be included in training?” (Evansville)

This question is at the heart of the next section on the CLAT standards but it is important to note here that this was a source of vigorous debate, indicating the need for clarity in terms when exploring, designing and implementing cultural competency training.

In addition to presenting the basic results, cross-tabulation and Pearson’s Chi-square analyses of the data were undertaken to determine whether the responses differed by the site, or by the race/ethnicity, age, and gender of the respondent. Only statistically significant differences at the (p=.05) level will be reported. In relation to the six items regarding the information presented about the statewide survey on cultural competency training, only a few differences were identified. It is important to note that some of the numbers used in the analysis were very small, which might mask existing differences.

In relation to differences by site, one finding was significant at the p=.020 level. The item was number 3, about the presentation increasing knowledge about disproportionality. In
further examining the data, there were five participants from Evansville which indicated “disagree” or “strongly disagree” with this item: these respondents were the only survey respondents who disagreed with this item.

In relation to differences in race/ethnicity of the respondents, there were two items on which there were statistically significant differences. The first item was about the importance of the issue of disproportionality. At the p=.025 level, Caucasian respondents seemed more likely to indicate “neither agree nor disagree” rather than “agree” or “strongly agree” on this item. The second item was about the survey being consistent with the respondent’s experience. At the p=.035 level, there were multiple differences between and among person’s identified with specific races/ethnicities.

In relation to differences in age, there were identified differences at the p=.015 level between and among age groups as to whether the presentation increased their knowledge on disproportionality, with no clear pattern discernable. There were also differences, this time at the p=.024 level, as to whether the presentation would be useful to agencies in providing cultural competency training. On this item, older respondents seemed less likely to agree.

In relation to differences in gender, there were multiple, statistically significant differences on items. On the item identifying the importance of the issue, males were more likely to disagree at the p=.010 level. This is particularly noteworthy, given the fact that this item had the highest mean of all items in the survey, indicating strong general agreement among the total group of survey respondents. On the item regarding the presentation providing a clear snapshot of the current state of training, male respondents were again more likely to disagree, this time at the p=.030 level. On the item about increased knowledge from the presentation, males were again more likely to disagree, with a p=.005 level of significance. On the item regarding the presentation providing a need for training, males again were more likely to disagree, with a p=.000 level of significance.

Although differences between and among the races and ages might be predictable given the topic and the historical racism that older people of color have likely experienced across their
lifetimes, the most statistically significant differences occurred between genders. These gender differences may need to be taken into consideration when strategizing about changing policy regarding cultural competency training as well as in planning the content.
Appendices
Indiana Disproportionality Committee
Cultural Assessment Survey Cover Letter

Date

Agency/Organization

To Whom It May Concern:

On behalf of the Indiana Disproportionality Committee, we are requesting that you complete the enclosed survey to assist us in identifying quantitative and qualitative data about current cultural competency trainings and practices in Indiana.

As you may already be aware, Indiana, like other states, has documented that children of color are overrepresented and are often disproportionately represented in the child welfare and juvenile justice systems. Consequently, the Indiana Commission on Abused and Neglected Children recommended that a committee be established focusing on solutions to address the issue statewide. In November 2004, interested professionals from the state’s public and private child welfare and juvenile justice systems came together to work collaboratively in addressing the issue through the Indiana Disproportionality Committee (IDC). Since the committee’s beginning, other disciplines that touch the lives of Indiana’s children have joined IDC. Although we have several goals, a priority focus of the committee is studying the problem and recommending actions to eliminate disparities.

While researching the issue, IDC found the following alarming facts:
- Nationwide study supports that Black and Latino youth are treated more severely than white teenagers who have committed the same crime at every step of the juvenile justice system;
- Children of color enter foster care at a higher rate;
- African Americans and Hispanics were also found to be overrepresented in out of school suspensions and expulsions at all school levels;
- Disparities in health exist for many reasons, however racial bias appears to contribute significantly to differences in health care. Several studies have reported that Black patients are less likely than White patients to undergo certain life-saving procedures.
- Indiana data reveal similar trends as those reported nationally.

In addition to the data, our research also found promising practices to help solve the problem, which included cultural competency training for staff. This short survey is our effort to determine a baseline of cultural competency training currently provided to staff working with youth in Indiana. The survey will only take a few minutes of your time, and we appreciate your cooperation and due diligence in completing it. For further information about IDC visit our website, or to obtain a copy of the findings at the end of the research period, you may contact me, Calvin Roberson, at 317-920-4920 or via email at croberson@imhc.org.

Sincerely,

Calvin Roberson, Chair Training Sub-Committee

Clara Anderson, MSW, LCSW Chair
Indiana Disproportionality Committee
Cultural Competency Training Questionnaire

The Indiana Disproportionality Committee would like you to complete this survey. The purpose of this survey is to gather information on available cultural competency training and policies of agencies currently providing direct services to families and children. Participating in the survey is voluntary. All responses will be confidential. Please respond as completely and accurately as possible. THANK YOU!

Agency Name: 

Position of Agency Representative: 

Type of Agency:  
☐ Child Welfare Agency  
☐ Criminal/Juvenile Justice Agency  
☐ Educational Institution/School Corporation  
☐ Mental Health Agency  
☐ Other (Please specify: ______________________)  

Category of Agency:  
☐ Private, For-Profit  
☐ Private, Not-For-Profit  
☐ Government/Public Agency  
☐ Other (Please specify: ______________________)  

1) Does your agency provide services to families and children?  
☐ Yes  
☐ No (Skip to question #3)  
☐ I do not know  

2) If yes to #1, what type of services does your agency provide? (Please mark ONE service type that is most applicable to your agency)  
☐ Advocacy  
☐ Direct Services  
☐ Evaluation and Monitoring  
☐ Management  
☐ Policy Development  
☐ Training  

3) Does your agency currently offer cultural competency training to staff and organizational officers?  
☐ Yes  
☐ No (Skip to question #5)  
☐ I do not know
4) If yes to question #3, what staff or officers participate in the cultural competency training? *(Please mark all that apply)*
   - All staff
   - Board members
   - Contracted staff/Consultants
   - Foster Parents
   - Managers/Supervisors
   - New hires
   - Volunteers (Including Mentors)
   - Other (Please specify: _________________________________)

5) Does your agency use a curriculum when providing cultural competency training?
   - Yes
   - No
   - I do not know

6) If yes to question #5, what is the name of the curriculum? _________________________

7) Does this curriculum provide information on one or more of the areas mentioned below? *(Please mark all that apply)*
   - Awareness and acceptance of differences
   - Awareness of own cultural values
   - Understanding the “dynamics of difference”
   - Development of cultural knowledge
   - Ability to adapt practice to fit the cultural context of the family

8) Approximately, what is the length of time of the cultural competency training?
   - 1-2 hours
   - 2-3 hours
   - 4-5 hours
   - 6-7 hours
   - 8 or more hours

9) How often is the cultural competency training provided by your agency?
   - Monthly
   - Quarterly
   - Semi-Annually
   - Annually
   - Other (Please specify: _________________________________)
   - Not provided regularly

10) Is the training offered to staff voluntary or required?
    - Required
    - Voluntary
    - I do not know
11) If the training is required, is staff required additional cultural competency training?
   □ Yes
   □ No
   □ I do not know

12) How often is the additional cultural competency training offered by your agency?
   □ Monthly
   □ Quarterly
   □ Semi-Annually
   □ Annually
   □ Other (Please specify:__________________________)
   □ Not provided regularly

13) Who provides the cultural competency training and what are their credentials? (*Please list all trainers and their credentials*)

14) Are you willing to share your curriculum with the Indiana Disproportionality Committee?
   □ Yes
   □ No
   □ Maybe, need authorization

15) Does your agency have cultural competency policies in place?
   □ Yes
   □ No  (*Skip to question #17*)
   □ I do not know  (*Skip to question #17*)

16) If yes to question 15, are you willing to share your policies with the Indiana Disproportionality Committee?
   □ Yes
   □ No
   □ Maybe, need authorization

17) What is the approximate number of staff that your agency uses to provide direct services to families and children? __________
Culture and Systems of Care

(Indiana Minority Health Coalition, Indianapolis, IN) – The Indiana Minority Health Coalition is partnering with the Indiana Disproportionality Committee to host the town hall meeting on Culture and Systems of Care. This town hall meeting will show the result of the cultural assessment and training project and seeks community input. The project looks at the cultural training practices of agencies in the child welfare, education, juvenile justice, and mental health system. Recommendations have been developed to guide agencies on what to include in the cultural training of staff, board, and volunteers. It is believed that the information gathered from the community will provide further insight to develop new and/or enhance existing policies, training, and services to better meet the need of minorities of Indiana.

The Culture and Systems of Care town hall meeting will take place in five communities throughout the State that have the highest minority population. These include Fort Wayne, Gary, Indianapolis, South Bend, and Evansville. Come and be a voice for reaching cultural understanding. Refreshments will be provided and there is free parking.

The Culture and Systems of Care town hall meetings will be held in the listed cities on the following dates from 6:00 – 8:00 P. M.:

- **Gary, Indiana (April 29, 2009)**
  Ivy Tech Community College
  1440 East 35th Avenue
  Gary, IN 46409-1499
  (219) 981-1111

- **Indianapolis, Indiana (May 5, 2009)**
  The English Foundation
  615 N. Alabama Street
  Conference Rooms 6 & 7
  Indianapolis, IN 46204
  (317) 920-4920

- **Fort Wayne, Indiana (May 6, 2009)**
  Fort Wayne Urban League
  2135 S. Hanna Street
  Fort Wayne, IN 46803
  (260) 745-1600

- **Evansville, Indiana (May 7, 2009)**
  University of Evansville
  Office of Diversity Initiatives
  Schroeder Family School of Business Administration Building
  Evansville, IN 47722
  (812) 746-7704

- **South Bend, Indiana (May 12, 2009)**
  Charles Martin Youth Center
  802 Lincoln Way West
  South Bend, Indiana 46616
  (574) 232-4234
Indiana Disproportionality Committee
Cultural Competency Training Questionnaire

The Indiana Disproportionality Committee would like you to complete this survey. The purpose of this survey is to gather information on cultural competency training and policies of agencies currently providing direct services to families and children. We have provided you information about our efforts to survey workers in Indiana’s education, child welfare, mental health and juvenile/criminal justice systems. We have also developed training standards that might be used to develop and implement high-quality cultural and linguistic competency training to workers in these systems. Please let us know YOUR thoughts about the survey and the CLAT standards that were presented to you here, either at the Town Hall meeting, in the IDC meeting or emailed to you. Participating in the survey is voluntary. All responses will be confidential. Please respond as completely and accurately as possible.

Please answer the questions below about the presentation on the Cultural Competence Survey:

1. The issue of disproportionality in children, youth, and family services is an important issue for people concerned with the well-being of Indiana’s children, youth, and families.
   
   Strongly agree    Agree    Neither agree or disagree    Disagree    Strongly disagree

2. The presentation provided a clear snapshot of what is occurring in Indiana in regards to cultural competency training for children and youth workers.

   Strongly agree    Agree    Neither agree or disagree    Disagree    Strongly disagree

3. The information from the presentation increased my knowledge on the issue of disproportionality in children, youth, and family services in Indiana

   Strongly agree    Agree    Neither agree or disagree    Disagree    Strongly disagree

4. The presentation results are consistent with my experiences in receiving cultural competency training.

   Strongly agree    Agree    Neither agree or disagree    Disagree    Strongly disagree

5. The presentation provides an adequate representation of the need for further cultural competency training in Indiana.

   Strongly agree    Agree    Neither agree or disagree    Disagree    Strongly disagree
6. I will use the information from this presentation to support efforts to enhance or develop cultural competency training in my agency.

   Strongly agree  Agree  Neither agree or disagree  Disagree  Strongly disagree

7. How are these survey results similar to your experiences?

8. How are these survey results different from your experiences?

Please answer the questions below about the presentation on the CLAT standards:

1- The presentation of the CLAT standards provide a comprehensive framework for developing cultural competency training for Indiana children and youth workers.

   Strongly agree  Agree  Neither agree or disagree  Disagree  Strongly disagree

2- The CLAT standards would be an excellent tool to evaluate the existing cultural competency training for my agency.

   Strongly agree  Agree  Neither agree or disagree  Disagree  Strongly disagree

3- The CLAT standards are clear and understandable to a broad range of workers across the systems of education, child welfare, mental health and juvenile/criminal justice.

   Strongly agree  Agree  Neither agree or disagree  Disagree  Strongly disagree

4- If my agency provided training that followed the CLAT standards, I believe that the services provided by my agency would be better for the people we serve.

   Strongly agree  Agree  Neither agree or disagree  Disagree  Strongly disagree
5- Challenges would be encountered in implementing the CLAT Standards into cultural competency training at my agency.

Strongly agree  Agree  Neither agree or disagree  Disagree  Strongly disagree

6- What challenges would you foresee in implementing the CLAT standards into cultural competency training at your agency?

7- What are some of the changes that you would like to be done in the cultural competency training offered at your agency?

8- What are the barriers to implementing policy recommendations provided through the CLAT standards?

Please tell us a little about yourself. What is your role in children, youth, and family services? Check all that apply!

_____ A frontline worker in CW  _____ A manager/administrator in CW
_____ A frontline worker in MH  _____ A manager/administrator in MH
_____ A frontline worker in ED  _____ A manager/administrator in ED
_____ A frontline worker in JJ/CJ  _____ A manager/administrator in JJ/CJ
_____ A frontline worker in many areas above
_____ A manager/administrator in some or all of the areas above
_____ A person whose child or family has received services
_____ A participant in the Indiana Disproportionality Committee
_____ A member of the Indiana Commission on Disproportionality
What is your county of residence? ___________________

What is your age? _____ Race? ________ Gender M F

Where/how did you receive this survey?
   _____ At a Town Hall Meeting (Location? _________________________)
   _____ In an email to members of the Indiana Disproportionality Committee
   _____ In an email to the IN Commission on Disproportionality in Youth Services

Thank you for your feedback!!!
Indiana Disproportionality Committee

Results from the Cultural Assessment and Training Project
Indiana Minority Health Coalition
April, 2009
Purpose:

- Present the Cultural Assessment and Training Project
- Obtain community feedback on the project
- Receive input on what steps Indiana should take in addressing disproportionality through training
Definition

- **Disproportionality** – refers to a situation where a particular racial and/or ethnic group is represented within a social system (i.e. child welfare, juvenile justice, mental health, etc.) at a rate that is **not proportionate** to their representation in the general population.
Description of the Indiana Disproportionality Committee

- The Indiana Disproportionality Committee (IDC) was formed in 2005 to address issues of disproportionate minority contact (DMC) in Indiana.

- The IDC is a cross system collaboration of organizations representing juvenile justice, mental health, child welfare, education, health care, and government.

- Its mission is to "create equality within the Indiana child welfare, juvenile justice, education, and mental health systems and equalize the proportion of children of color in the child welfare, juvenile justice, education and mental health systems with their percentage of the overall population."
A cross system collaboration approach to reduce and eliminate disproportional minority contact.

Seeks to increase cultural competency of individuals providing services to families and children.
Description of the Cultural Assessment and Training Project

- The goals are to
  - assess current cultural competency training practices in the juvenile justice, mental health, child welfare, and education systems;
  - recommend training standards for use in each system; and
  - identify and develop curricula that best meet the standards recommended.

- It is believed that a culturally competent workforce will improve service provision leading to less DMC through better engagement of youth and their families.
The Cultural Assessment Survey

By

Dr. Lisa McGuire
Statewide Survey on Training for Cultural Competence

Administered between February 2007 and December 2008

Administered via email using SurveyMonkey

Sent to over 1000 individuals identified through lists obtained through members of the IDC training committee
Demographic Results of the Survey

196 responses (n=196) for a response rate of 21%

<table>
<thead>
<tr>
<th>Type of Agency</th>
<th># of Respondents</th>
<th>% of Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Welfare</td>
<td>27</td>
<td>13.7%</td>
</tr>
<tr>
<td>Crim/Juv. Justice</td>
<td>52</td>
<td>26.5%</td>
</tr>
<tr>
<td>Education</td>
<td>54</td>
<td>27.5%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>28</td>
<td>14.3%</td>
</tr>
<tr>
<td>Other</td>
<td>40</td>
<td>20%</td>
</tr>
</tbody>
</table>
Key Findings – #1

Two-thirds (64.3%) of youth-serving agencies in Indiana provide some form of cultural competency training to staff and most (88%) expect all staff to participate in this training.

82% of those who provide training report that the training is required.
Key Finding #2

Of those providing cultural competence training, only about 1 in 10 (11%) receive 8 or more hours of cultural competence training.

This represents about 5% of the total sample.
Key Finding #3

The training provided is much more likely to be conceptual (general knowledge) than applied (practice knowledge).

98% of respondents who offer cultural competency training address “awareness and acceptance of difference”.

62% of respondents who offer cultural competency training address “ability to adapt practice to fit the cultural context of the family”
Key Finding #4

There is considerable variety as to what curriculum and who is providing the training on cultural competency, raising further questions about the quality of the current training provided.
Key Finding #5

There are statistically significant differences as to whether cultural competency training is provided, based upon the type of agency.

Workers in child welfare and mental health appear more likely to receive this training than those in education or criminal/juvenile justice.
Key Finding #6

Fewer than half (40%) of responding agencies have policies in place regarding cultural competency training for their staff.

Few agencies (5%) involve Board Members, who set the policy for the agency, in the training provided.
The Cultural Competency Training Standards Recommendations

By
Dr. Andrea Williams
CLAT Standards:
How were they developed?

- Existence of cultural competency training standards generally and specific to each system
- Existence of cultural competency standards generally and specific to each system
- Significance of the provision of cultural competency training
- Cost-benefits of cultural competency training being provided by service providers
- It also included anecdotal information from their experiences or those of a colleague. In addition, IDC Training Sub-Committee used data collected from the Cultural Training Assessment to ascertain information in crafting the standards.
CLAT Standards:
Who could benefit in using them?

- Are primarily directed at organizations providing services to children, youth, and families;

- Individual providers are also encouraged to use the standards to make their practices more cultural and linguistically accessible.

- It is our hope that these principles and activities of culturally and linguistically appropriate training should be mandated for all individuals providing direct services to children, youth, and families.
CLAT Standards: Goals

- To inform and guide organizational training by recommending best practices that are related to culturally and linguistically appropriate services.

- To assist in establishing a common understanding and definition of culturally competent and linguistically appropriate services in organizations.

- To provide a foundation to assist organizations in building an organizational and training structure that is cultural competent.

- To provide a framework of the essential elements of cultural competency training needed to address disproportionality across systems rendering services to children, youth, and families.

- To assist organizations and practitioners in monitoring and evaluating their cultural competency training practices.
CLAT Standards: Example

Standard 1:

- Organizations providing services to children, youth, and families shall provide cultural competency training to all staff members ensuring that the services delivered are effective, understandable, respectful and are provided in a manner compatible with their clients’ cultural beliefs, practices and preferred language.
Cultural Competency Curricula Assessment and Availability
Diversity Training Curriculum

- Cultural Competency Curriculum serves to address several issues:
  - They provide common understanding of cultures
  - They identify cultural biases
  - They also offer a practical framework for adjusting particular biases
Cultural Competency Curricula: Assessment and Availability

- There is not enough training curricula available to handle the needs of the people involved in our systems of interest.

- It was also determined that people who are trained, are not trained adequately enough to retard the biases that exist.

- Of the curricula listed in this report only two meet a minimum of addressing eight or more of the standards developed by the Indiana Disproportionality Committee.
# Curricula Key*

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<tr>
<td>A</td>
<td>Module 1: Understanding Culture and Cultural Responsiveness</td>
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<td>B</td>
<td>Project R.E.A.C.H. Ethnic Perspectives Series</td>
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<td>C</td>
<td>Bafa Bafa A Cross-Cultural Simulation</td>
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Curricula Assessment*

Not at all | Somewhat Address | Adequately Address | Strongly Address

A | B | C | D | E | F | G | H | I

0 | 10 | 20 | 30 | 40 | 50 | 60 | 70
Indiana Disproportionality Committee: Looking at the Future

By

Calvin Roberson
Indiana Disproportionality Committee: Looking to the Future

- Checklist Development
- Curricula Development
- Pilot Cultural Competency Training
- Policy Development
Questions and Answers

It's QUESTION TIME!!