

The SOURCE Health Equity Initiative

Health equity means that everyone gets a fair opportunity to have their physical and mental health needs met. Organizations and agencies ensure health equity by 1) providing effective, equitable, understandable, and respectful quality care and services; and 2) being responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. The SOURCE System of Care is working to improve health equity across the community through cultural and linguistic competency.

Cultural and linguistic competency (CLC) is a value of systems of care because of the enormous impact that culture has on beliefs and behavior related to mental health. Behavioral health outcomes improve when treatment is done in a way that is responsive to those beliefs and behaviors. This is important, because treatment cannot be fully effective if it is provided in a language that is not understood.

In Spring 2018, The SOURCE hired a Cultural and Linguistic Competency Coordinator to work with partners and agencies throughout Elkhart County, to support training around these competencies, and expand partnerships to ensure that children throughout Elkhart County have equitable access to support their mental health needs.

Risk Factors for Health Inequity among Elkhart County Youth

56,794

Children 0-17 live in Elkhart County

28% of the total county population

15%

of Elkhart County children live below the federal poverty level

8%

of Elkhart County children are born outside the U.S.

34%

of Elkhart County children identify as non-White

6%

of Indiana children are uninsured

8%

of Elkhart County children experience physical abuse

Health equity is being developed in three main ways through The SOURCE System of Care:



By educating and training leaders and the workforce in culturally and linguistically appropriate practices on an ongoing basis.



By providing easy-to-understand materials and signage in the languages commonly used throughout Elkhart County.



By partnering with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

Cultural and Linguistic Competency Committee Work

Development

- Conducted a CLC organizational self-assessment among The SOURCE partners
- Created Behavioral Health Disparities Impact Statement
- Created Community Cultural and Linguistic Plan
- Formalized a CLC Policy

Training

- Supports new hires at Oaklawn being trained in Cultural and Linguistic Competency
- Cultural Sensitivity training for Juvenile Probation Mentors
- Culturally and Linguistically Appropriate Standards training

Expansion

- Spanish speaking mental health promotion program for immigrant and Hispanic youth
- Notre Dame students assisting with community cultural audit
- New partnerships with faith community

Increasing Cultural and Linguistic Competency of Providers

The National Culturally and Linguistically Appropriate Standards (CLAS) are meant to promote health equity, improve quality of care, and help to eliminate health inequities by providing a blueprint for health care providers.



Organizations indicated they needed the most support in:

1. Developing measurable outcome goals regarding cultural and linguistic competence.
2. Creating a process for testing literacy level of printed patient/client/student materials and signage in languages commonly used by populations in our community.
3. Strategic plan that incorporates culturally and linguistically appropriate goals, policies, and activities.

In response, CLC training was developed with a focus on health disparities, the importance of culture when treating clients, structural racism, structural inequality, and health inequality. To date, 108 people have had cultural competency training, and 16 providers have had training specific to CLAS standards.

Early Childhood

Data collected by the U.S. Office of Civil Rights shows that across the country, 42% of preschoolers enrolled in publicly funded programs were suspended for at least one day during the 2011-2012 school year. Boys experience suspensions at a much higher rate than girls throughout the country. While Black and Latino children experience higher preschool suspension and expulsion rates, they receive less mental health care than White children.

The lack of access to quality preschools disproportionately impacts Black, Latino, and low income families. To address some of the challenges families face, The SOURCE:

Hired two Early Childhood Mental Health Consultants, who work with children and families, with the goal of reducing disproportionate removal from classrooms

Provided training and ongoing learning in Conscious Discipline, an evidence-based practice rooted in relationship-building and connection

Worked with families and teachers to create individual behavioral plans for children that allow for successful participation in the classroom

Early Intervention

One in five children and adolescents in the United States experiences a mental health problem during their school years. It is estimated that 60% of students do not receive the treatment they need due to stigma and lack of access to services. This disproportionately affects youth of color and children who struggle with poverty.

Nationwide, girls receive less mental health care than boys. Black and Latino children experience similar rates of mental health problems as White children, but they make fewer visits to mental health care professionals than their White counterparts.

Untreated mental health issues in children are linked to academic failure, classroom behavior problems, dropping out of school, and juvenile delinquency.

To help provide access to needed services, The SOURCE:

- ✓ Supports the Partnership for Children, which links families to community services and supports
- ✓ Hosts Children's Mental Health Awareness Day to build recognition of social emotional health and reduce mental health stigmas
- ✓ Helps to support the IDEA classroom at Goshen Community Schools
- ✓ Has partnered with Oaklawn and Baugo Community Schools to provide a school-based mental health social worker

Juvenile Justice

Nationwide, Black children face higher rates of suspension, expulsion, arrest, and police detainment. The exclusionary discipline and exclusionary justice faced by these children perpetuates the "School to Prison Pipeline," wherein children of color are criminalized more often and more harshly than White children.



In an effort to disrupt the Pipeline, The SOURCE has partnered with the Juvenile Court System and the Juvenile Detention Alternative Initiative (JDAI) to expand access to mental health supports and services, and to divert children with mental health challenges away from the juvenile justice system while maintaining child and community safety.

The SOURCE staff conduct mental health assessments with youth whose intake screenings indicate potential mental health concerns. Based on assessment results, staff connect youth to appropriate community-based services, and schedule follow-up assessments for juveniles to track services received and overall progress.



The SOURCE staff are launching a family survey to understand the experiences of families, particularly families of color, within the Juvenile Justice system.

The SOURCE is committed to developing deeper connections with partners within the community to cultivate relationships with those who have historically experienced health inequities. For more information on Cultural and Linguistic Competence training and related programs in Elkhart County, please contact:

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And remember- It's Okay to Ask! To learn more, visit: <https://thesourceelkhartcounty.org>

References

Risk Factors

1. KidsCount Data Center: <https://www.datacenter.kidscount.org/data/tables>
2. U.S. Census: <https://www.census.gov/quickfacts/fact/table/elkhartcountyindiana,US/PST045216>

Early Childhood

1. Office of Civil Rights: <https://www2.ed.gov/about/offices/list/ocr/docs/crdc-early-learning-snapshot.pdf>

Early Intervention

1. National Association of School Psychologists: <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/mental-health/school-psychology-and-mental-health/school-based-mental-health-services>
2. Lyndonna Marrast, M.D., M.P.H., David U. Himmelstein, M.D., and Steffie Woolhandler, M.D., M.P.H. Racial and Ethnic Disparities in Mental Health Care for Children and Young Adults: A National Study. International Journal of Health Services, August 2016.

Juvenile Justice

1. American Bar Association: www.americanbar.org/groups/gpsolo/publications/gpsolo_ereport/2014/june_2014/the_emergence_of_the_school-to-prison_pipeline/