



BRIDGING THE GAP TO CULTURALLY SPECIFIC PRACTICES IN WISe:

A Guide for WISe Practitioners Supporting Black, Indigenous, People of Color Youth and Families in Washington State



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WISe Website



Culturally Specific Guide Toolkit





The purpose of this guide is to bring focus to the unique needs and barriers of Black, Indigenous, and People of Color (BIPOC) youth and families participating in WISe to receiving effective culturally appropriate support and services. We focus this guide around the Culturally Relevant principle of WISe in order to further bridge the gap that is traditional mental health practices to those more relevant and effective to serve the BIPOC community.

AUTOBIOGRAPHY

As an African American woman and mother, I was excited to be offered the opportunity to help create this culturally relevant guide for BIPOC youth and families participating in the WISe program. Luckily, I was introduced to the field of behavioral health some 20 years ago and thus began my education and understanding of the impact of trauma that dictated my every move in the form of racism, discrimination, childhood adversities and bias directly or indirectly experienced. Everyday living was more likely than not wrought with racial microaggressions which expressed itself in hypervigilance and exacerbated anxiety, that was not ok.

Having lived these and other toxic experiences, I discovered my strengths, my voice, my self-empowerment, and ability to bounce back!

I took these skills with me into my role and career advocating for all youth and families, as one thing became glaringly obvious. Right along with the great strides that the mental health field was experiencing, there was also this gap and lack of culturally relevant practices being utilized for all youth and families as well as very little discussion to even begin learning about the unique difficulties and barriers that people of color particularly experience.

When I began the process of seeking support for my own family, the lack of representation, or providers that looked like me, let alone that could relate to me led to an increased wariness in initiating or continuing services. But I was determined and we were desperate for help!

This led me down a path of questioning when we discuss cultural relevancy in

WISe and mental health, were we? Are we actually being culturally relevant and effective for the BIPOC youth and families that we served? Were the evidence-based practices, evidenced based for the BIPOC youth and families as well?

I discovered via research in college while pursuing my Human Service degree, and while serving on the King County Behavioral Health Advisory Board that often these communities are not participants of such research so the likelihood of reaching stated outcomes utilizing the EBP, often depended on the extra measures individual practitioners took on as agency support frequently was not there. That took awareness, a willingness to practice from a cultural humility stance, being other centered with a willingness to learn.

So I've committed for myself, my family and those I serve to continue this work of effective cultural relevancy and by advocating for real inclusivity, looking further and deeper for the culturally relevant supports and services that I needed for myself, my children and families that identified as belonging to the BIPOC communities I served in WISe.

*Krystal Livingston
CPC, Trainer, Mentor, Coach*

INTENTION OF THIS GUIDE



OUR GOAL and hope is that this guide will serve as a tool to assist WISE practitioners, community mental health leaders and agencies acquire a deeper awareness of what it means to be culturally relevant in practice, while ultimately increasing BIPOC youth and family's trust, understanding, engagement and participation in WISE and other community mental health supports and services. We acknowledge that the focus of this guide is on the BIPOC community, we also honor that there are many other diverse, minority cultures and subcultures that participate in the WISE program.

This reference guide is a work in progress. Its intent and purpose by no means can capture, to the full extent, the wealth of shared stories, local and national data, ideas, strategies, and tools available. Instead, we intend to shed light on the strengths, successes, and areas of growth needed in WISE to truly become culturally relevant in serving BIPOC communities. We will also highlight alternative mental health supports, practices, and strategies to supplement the WISE phases and principles, primarily created by and for BIPOC communities.

In addition to this guide utilizing the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care as well as the BIPOC specific toolkit were created that contains additional information to allow for a deeper dive in cultural specific resources, supports, strategies, policies & procedures to assist WISE practitioners, and mental health providers:

[Culturally Specific Guide Toolkit](#) ✕

SYSTEMIC IMPACTS ON MENTAL HEALTH DISPARITIES FOR BIPOC COMMUNITIES



According to the 2018 Social & Economic Sciences Research Center (SESRC) survey of children and youth, and their caregivers, who are participating in the program known as Wraparound with Intensive Services (WISe), youth and caregivers were asked to evaluate the cultural sensitivity of the staff at their behavioral health agency. Most of the youth and caregivers, 90% or higher, indicated that the staff were respectful and culturally sensitive (Table 27).

Unfortunately, specific data found did not showcase the percentage of BIPOC youth and families that may have participated in the survey. Therefore, we are unaware if these reported successes have taken into consideration BIPOC youth and families enrolled in the WISe program.

According to NWI Culture based wraparound, collecting quantitative data that measures fidelity to culture-based services, the wraparound process, and treatment outcomes are important, this

information is sometimes difficult to interpret due to the lack of normative data on specific population groups. Furthermore, many cultural groups' internal values are not easily captured quantitatively. The Principles of Wraparound findings are necessary steps to ensuring that cultural needs are being met. It is also of consequence to operationally define what is meant by culturally relevant and culture-based processes, so that the project can assess

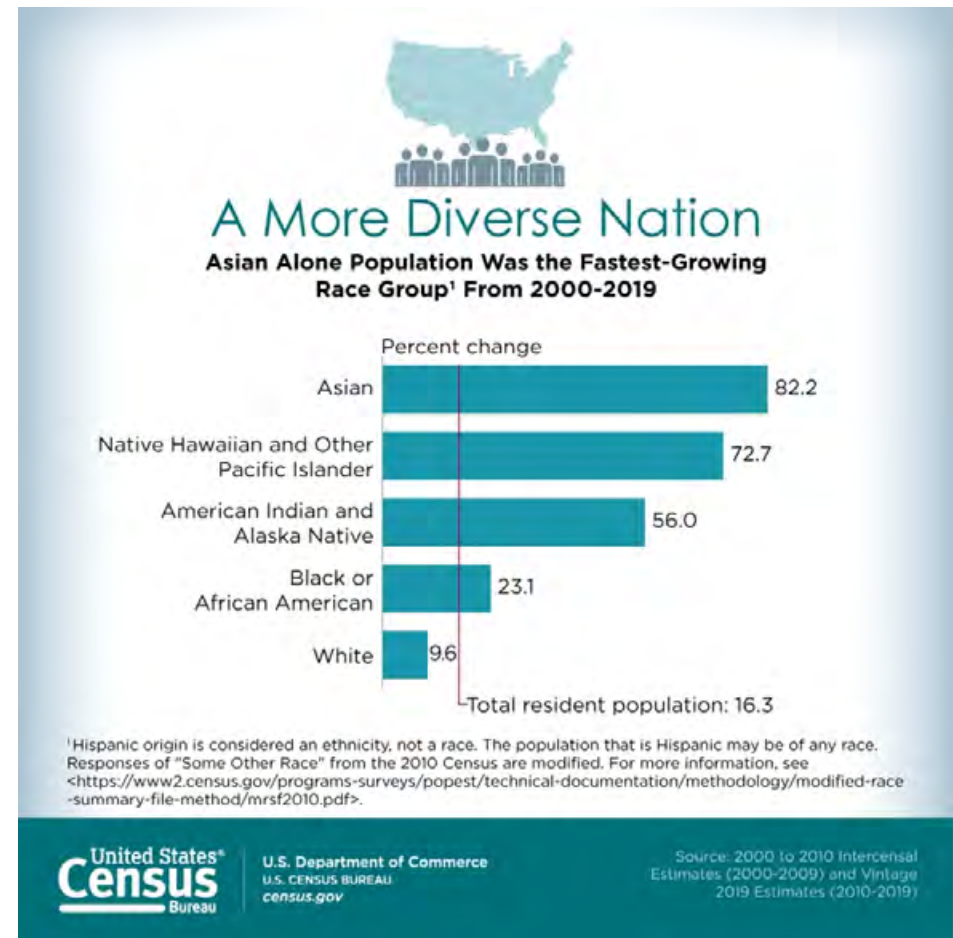
for these elements within the context of continuous quality improvement ([Palmer-2.6-culture-based-wrap.pdf](#)).

As studies have shown that "most mental health models don't consider the breadth of cultural and sexual identity and expression, and

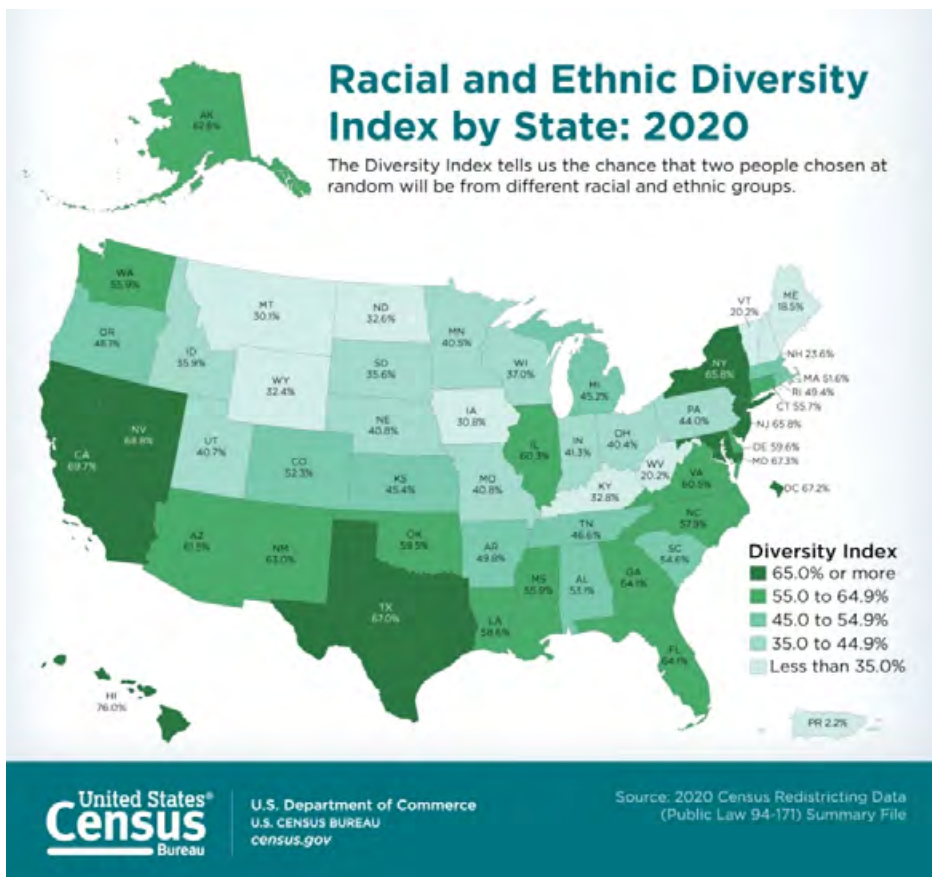
it's yet another space where BIPOC youth and families, leaders and agencies get the implicit message that they don't belong." Unfortunately, due to this lack of consideration we often see BIPOC youth and families that do seek support,

“Mental health conditions don't discriminate, and neither should our mental health system. We are calling for systematic change and improved access to culturally competent care, so no one feels alone in their journey.”

**Daniel H. Gillison, Jr.,
CEO of NAMI National**



SYSTEMIC IMPACTS ON MENTAL HEALTH DISPARITIES FOR BIPOC COMMUNITIES



will often prematurely terminate services because their experiences were not believed, nor validated and assumptions were made about them due to aspects of their identity (Locklear, SELF).

We know that similarly to national and local health equity data, disparities do exist within WISE, and evidence indicates that healthcare professionals exhibit the same levels of implicit bias, discrimination, microaggressions,

gaslighting behaviors as the wider population whether intentional or not.

expertise of who they are and what they need to participate in the WISE

One way to determine whether WISE delivery is equitable is to compare outcomes from different groups receiving those services. The Child and Adolescent Needs and Strengths (CANS) tool allows us to quantify those outcomes and is collected in our online reporting system known as the Behavioral Health Analysis Solution (BHAS). Starting in October of 2021, we plan to increase the demographic questions collected and entered into BHAS and include race, ethnicity, sexual orientation, and gender identity. This will allow us to identify inequities in how WISE works based on those factors and make training or program adjustments to reduce and eliminate those disparities.

“ There are many issues within the black community that affect their desire to seek mental health services, including: the stigma of mental health issues within the black community, the historical practice of going to the pastor for family and personal issues that may be related to mental health needs, fear of involving outsiders in family business, and ongoing racism and microaggressions faced by black families seeking services through non-black provider agencies.

Castele Williams & Associates


program and utilizing data collecting tools such as the CANS assessment. They are investing needed time, energy and have created a PowerPoint where it demonstrates how to effectively incorporate what’s important within their unique cultural norms, in their own language.

Finally, having a tool to utilize within WISE that individualizes the collection of data is a step in a positive direction as census data has been showing us that the population is becoming increasingly diverse. In Washington state the Diversity Index went up more than


SYSTEMIC IMPACTS ON MENTAL HEALTH DISPARITIES FOR BIPOC COMMUNITIES



10%, from 45.5% in 2010 to 55.9% in 2020 (*census.gov*). As a result, the number of adults, youth, and families in need of social and health services is also increasing, which makes it even more imperative that we address and focus on ethnic and racial disparities impacting the youth and families we serve. Despite wide knowledge of such trends, goals to achieve benchmarks for increasing culturally responsive services and reducing racial disparities in social and health services continue to fall short despite an increase in efforts to address them. The lack of attention to the mental and behavioral health needs of racial and ethnic communities and the inadequate provision of culturally and linguistically appropriate mental health care demonstrates a clear need for encouraging collaboration and finding ways to close the gap in care (*apa.org*).



When it comes to attitudes toward seeking **MENTAL HEALTH** services, more than

80% 

of **Black Americans** are very concerned about the **STIGMA** associated with mental illness, and this concern often discourages the seeking of treatment.

— *Nursing Research*, 2013

#BlackHealthFacts

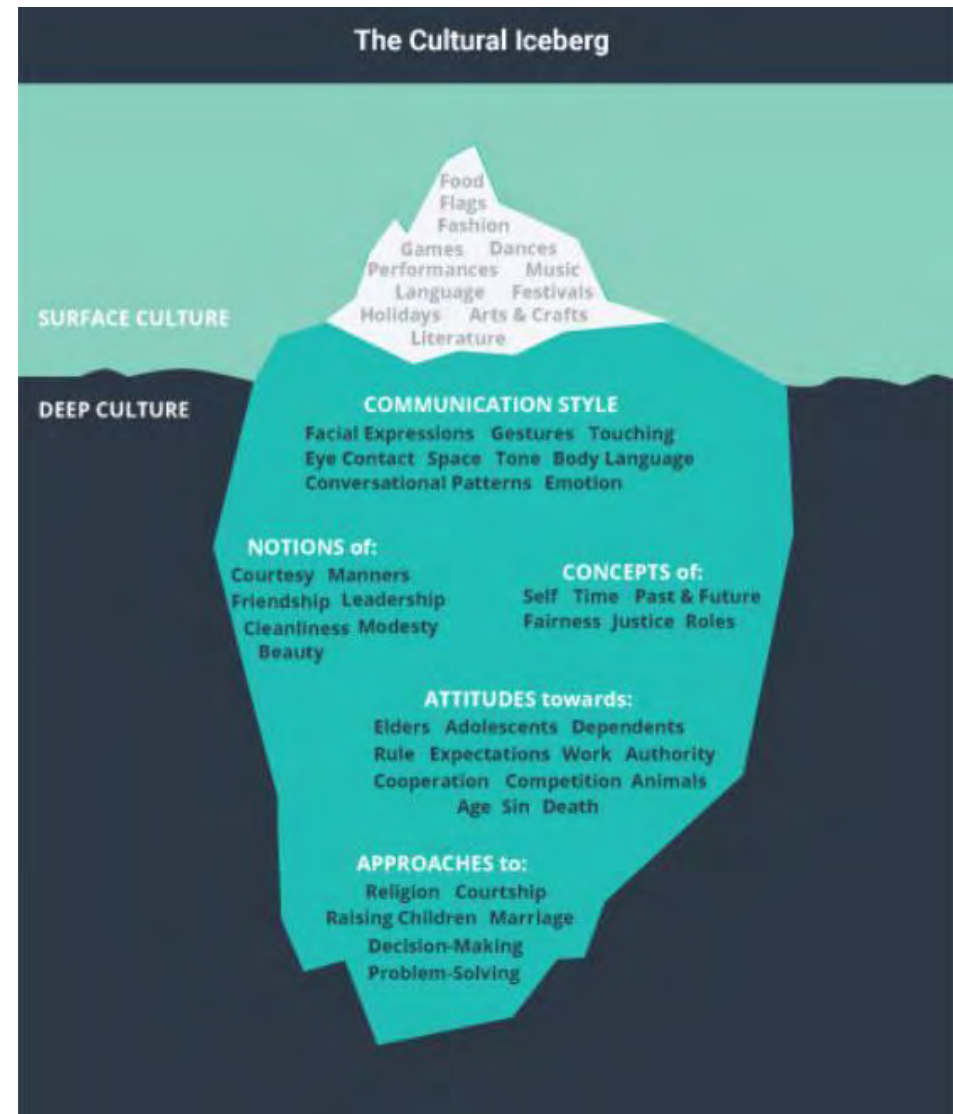
OVERVIEW OF CULTURALLY RELEVANT DEFINITIONS AND TERMS



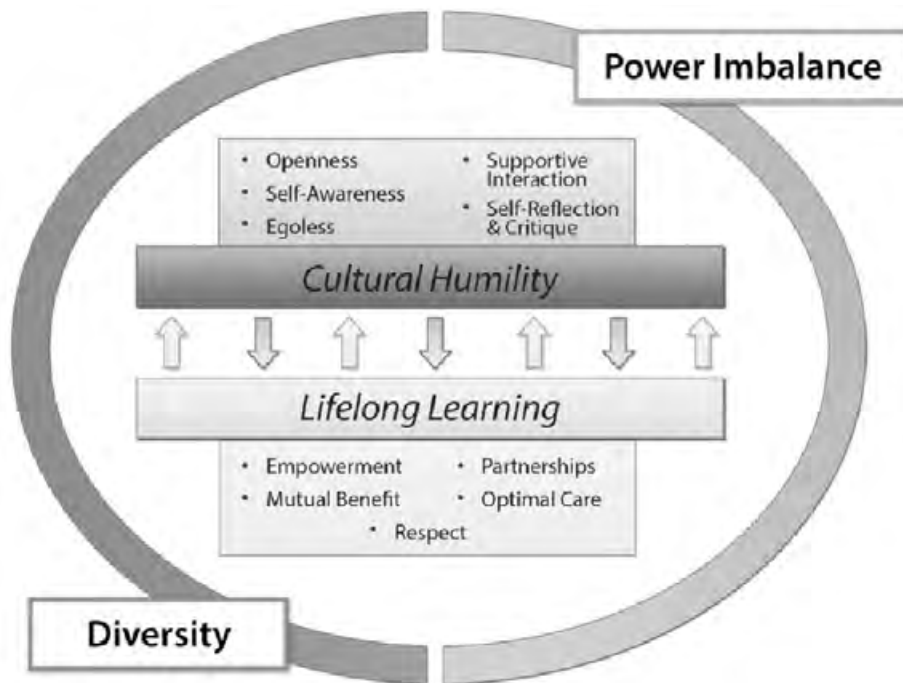
By bringing the focus specifically on expanding our understanding of the culturally relevant principle, we hope to do just that. First, let's start with a shared definition and understanding of culture, cultural humility, and culturally relevant:

WHAT IS CULTURE?

- Culture is defined by a community or society.
- It structures the way people view the world.
- It involves a particular set of beliefs, norms, and values concerning the nature of relationships, the way people live their lives, and the way people organize their environments.
- A common heritage and history that is passed from one generation to the next.
 - Shared values, beliefs, customs, behaviors, traditions, institutions, arts, folklore, and lifestyle.
 - Similar relationship and socialization patterns.
 - A common pattern or style of communication or language.
 - Geographic location of residence (e.g., country; community; urban, suburban, or rural location).
 - Patterns of dress and diet (SAMHSA).



OVERVIEW OF CULTURALLY RELEVANT DEFINITIONS AND TERMS



WHAT IS CULTURAL HUMILITY? (Tervalon & Murray-Garcia, 1998)

- A lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture, but one starts with an examination of her/his own beliefs and cultural identities.
- Beliefs about race, ethnicity, class, religion, immigration status, gender roles, age, linguistic capability, and sexual orientation are explored.
- Having awareness and sensitivity to cultural differences that exist between you and others.
- Being flexible and humble enough to acknowledge when you do not know and searching for and accessing resources to enhance your ability to care for diverse individuals.
- Working to address and reset the power imbalance between the practitioner and client.
- Developing mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations.
- Accepting institutional accountability.

OVERVIEW OF CULTURALLY RELEVANT DEFINITIONS AND TERMS

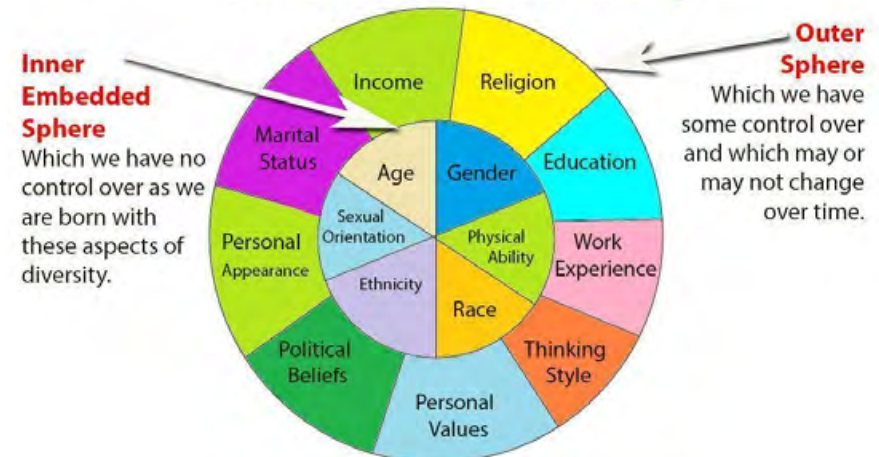


WHAT DOES BEING CULTURALLY RELEVANT LOOK LIKE IN WISE?

- Applicability of mental health practices or programs to one's own ethnicity, social status, gender, religion, home, community environment, and/or personal experiences and resources that reflect the culture, values, customs, and beliefs of clients.
- Cultural relevance is the ability to relate effectively to individuals from various groups and backgrounds.
- Cultural relevance within the behavioral health system must be a guiding principle, so that services are culturally sensitive and provide culturally appropriate prevention, outreach, assessment, and intervention.
- Cultural relevance recognizes the broad scope of the dimensions that influence an individual's personal identity. WISE practitioners and service providers should be familiar with how these areas interact within, between and among individuals. These dimensions include:
 - race
 - ethnicity
 - language
 - sexual orientation
 - gender
 - age
 - ability
 - class/socioeconomic status
 - education
 - religious/spiritual orientation (*Temple U.*)



Dimensions of Diversity



HOW WE CAN STRENGTHEN CULTURAL RELEVANCE IN WISE TO SERVE BIPOC COMMUNITIES



The WISE Practice Model Washington State's Wraparound with Intensive Services (WISE) began implementation in 2014 as a result of the [T.R. et al. v. Kevin Quigley and Dorothy Teeter Settlement Agreement](#). WISE is designed to provide intensive support and services to assist youth and families in achieving wellness and safety, and to strengthen communities. WISE uses a team-based approach to providing services and is available to youth under age 21 who are eligible for Medicaid. The goal of WISE is for eligible youth to live and thrive in their homes and communities, as well as to avoid or reduce costly and disruptive out-of-home placements. WISE is now statewide as of June 30, 2018. The purpose of this program is to assist in maintaining consistency across Washington State's service-delivery system for providing intensive mental health services, in home and community settings, to Medicaid eligible youth ([wisewc.com](#)).

One of many strengths of WISE is that practitioners are taught the System of Care (SOC) values designed to provide comprehensive behavioral health services and support to Medicaid eligible individuals who are twenty years of age or younger, with complex

behavioral health needs and their families. We are taught to be intentional in maintaining the integrity of the WISE practice model by understanding and adhering to the six phases and ten principles. These SOC values are meant to be family driven and youth guided, community based and culturally and linguistically appropriate. They are what WISE is based upon, these phases and principles intended to serve as guide to practitioners who also utilize their own expertise from their prospective roles. All to assist youth and families that voluntarily participate in the program to live, thrive, and remain in their communities while attaining their stated wellness goals.

With the SOC values and Washington State Children's Behavioral Health Principles guides the implementation of WISE providing the foundation for the practice model and clinical delivery of intensive services. The ten principles are: Family and Youth Voice and Choice, Team Based, Natural Supports, Collaboration, Home and Community-based, Culturally Relevant, Individualized, Strength Based, Outcome-based, and Unconditional (*WISE Manual*).



The WISE Manual explains the principle of Culturally Relevant as, "Services are culturally relevant and provided with respect for the values, preferences, beliefs, culture, and identity of the participant/youth and family and their community." However, It is necessary to broaden our understanding of this principle in order to address and reduce the disparities communities of color experience. Doing so will also improve access to services, reduce barriers, and improve quality of care. When we are not culturally relevant there can be negative health outcomes and potentially fatal consequences, including low referral rates, poor or misdiagnosis, inadequate service delivery, disparate treatment, etc.

Practicing cultural relevance, one must practice cultural humility. Cultural humility is other-oriented because it focuses on self-humility rather than being an other-directed "they/them" way of achieving a state of knowledge or awareness. It's a commitment for active awareness of one's own cultural worldview, attitude towards cultural differences, and development of cross-cultural knowledge and skills. How we were brought up and the culture in which we were raised impact our behaviors, attitudes, and values. In turn, our own thoughts and beliefs affect how we understand and communicate with others. With a foundation in cultural humility, we must develop our own awareness of what we bring to our interactions and our work with diverse individuals in order to better serve the communities we work with.

We as WISE practitioners should be intentional in our understanding of the effects of systemic racism, discrimination, stigma and bias that have led to and sustained health disparities for BIPOC youth and families, as well as the effects of racial and historical trauma, fears and mistrust they may have in the mental health system. We hope to empower BIPOC

HOW WE CAN STRENGTHEN CULTURAL RELEVANCE IN WISe TO SERVE BIPOC COMMUNITIES



youth and families during their time in WISe to better take control of their health outcomes and be the leaders/writers of their own path of recovery.

“Destigmatizing mental illness is a goal throughout the healthcare industry, but especially in minority communities where it may carry the extra stigma of people believing treatment isn’t available. There’s this myth that mental health treatment isn’t available or isn’t accessible to BIPOC communities, which essentially has been the reality. We also have to recognize the inherent racism that has been embedded in the mental health system. When we look at the founding fathers (of mental health) all of these people are predominantly white male or white female and we’re using their evidence-based practices to treat people of color. So, clinicians like myself have to really get creative and apply these principles that were not made for people of color, but we’re expected to treat people of color. So that’s where the stigma lies and then and the black

community there’s the stigma, you know, just go to church just pray about it, things like that. So, we have to really tackle all of these different things at a community and a cultural level” (*Ashley McGirt, author, Mental Health Therapist*).







We will never reach a complete understanding of another’s culture. Rather, we must continually strive to learn, acknowledge, and be responsive to the youth and family’s culture. Although these important conversations can be uncomfortable for some, as WISe practitioners we need to get comfortable with being uncomfortable. It is our responsibility to educate ourselves and be aware of the effects of systemic racism, discrimination, microaggressions, colorism, bias, historical trauma, fears, and health disparities in our community mental health system. We must ask how we can advocate and seek change and understand how these influences affect the practitioner-youth and family interaction.



INTEGRATING CULTURALLY RELEVANT PRINCIPLE INTO WISe PHASES



The six phases of WISe are Engagement, Assessing, Teaming, Service Planning and Implementation, Monitoring and Adapting, and Transition. The following discusses each of the WISe phases and an enhanced focus on highlighting the need for cultural responsiveness via the context of culture and implementing culturally relevant practices at each phase for BIPOC youth and families.

-  **ENGAGEMENT PG. 12**
-  **ASSESSING PG. 14**
-  **TEAMING PG. 15**
-  **SERVICE PLANNING AND IMPLEMENTATION PG. 17**
-  **MONITORING AND ADAPTING PG. 19**
-  **TRANSITION PG. 20**

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ENGAGEMENT

Engagement is the process that lays the groundwork for building trusting relationships and a shared vision among members of the Child and Family Team that includes the family, natural supports and individuals representing formal support systems in which the youth is involved. Team members, including the family, are oriented to the WISE process. Discussions about the youth's and the youth and family's strengths and needs set the stage for collaborative teamwork within the

Washington State Children's Behavioral Health principles (*WISE manual*).

It is critical to understanding the importance of family history in engagement. According to Professor Burgess, he states that whatever its biological inheritance from its parents and other ancestors, the child receives also from

“When receiving services in 2014 for depression and suicidal thoughts, I ended up in a crisis center speaking with a counselor in Tri-Cities. Some issues that I had were: I was not being taken seriously as a youth, my story was not being heard by the counselor, and it was hard to find a counselor who was the same ethnicity as me, or being able to relate to someone that looked like me with a similar experience.

María Nuñez, Youth Peer, SPARK Executive Director

them a heritage of attitudes, sentiments, and ideals which may be termed the family tradition, or the family culture.

Sometimes, family traditions are associated with practices and beliefs which are handed over from one generation to the next, and during this process of transmission they acquire an aura of spirituality. Transmission of any set of such family traditions, acquiring spiritual significance, is largely an intuitive phenomenon, and the flow of family traditions continue without any intention, and the same continue to move on from one generation to another. Family traditions for most families remain largely confined to family members, but sometimes, outsiders may also be associated with a particular family's family traditions (Ernest W. Burgess, Professor of Sociology at the University of Chicago).



Each youth and family engaging in WISE has its unique culture, traditions, habits, practices, and values. It's who the family is. It's critical that we take extra steps to ask the right questions to gain the necessary information needed to support them. As research and shared stories of individuals engaging in services revealed that BIPOC youth and families compared to their counterparts often are not taken as seriously when it comes to their mental health and the struggles that they are experiencing. For BIPOC communities there is a lot of intersectionality, so we are often experiencing compound mental health concerns and challenges. Unfortunately, recent reports on the effectiveness of WISE does not explicitly break down the BIPOC youth and families' areas of needs and that's a cause for concern (*Mental Health America*).

The reality is that once clients are in contact with a treatment program, they stand on the far side of a yet-to-be-established therapeutic relationship. It is up to counselors and other staff members to bridge the gap. Handshakes, facial expressions, greetings,

INTEGRATING CULTURALLY RELEVANT PRINCIPLE INTO WIS_e PHASES

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and small talk are simple gestures that establish a first impression and begin building the therapeutic relationship. Involving one's whole being in a greeting—thought, body, attitude, and spirit—is most engaging. As fifty percent of racially and ethnically diverse clients end treatment or counseling after one visit with a mental health practitioner (Sue and Sue 2013e). At the outset of treatment, clients can feel scared, vulnerable, and uncertain about whether treatment will really help. The initial meeting is often the first encounter clients have with the treatment system, so it is vital that they leave feeling hopeful and understood. Paniagua (1998) describes



how, if a counselor lacks sensitivity and jumps to premature conclusions, the first visit can become the last (*Engage Clients*).

Research by NCBI revealed that disorder, disease, and healing may manifest differently in different cultures (Kleinman, Eisenberg, & Good, 2006). The decision to use medications (Snowden & Yamada, 2004) and help-

seeking behaviors (Snowden & Yamada, 2004) are partly driven by culture. We also know that some children can be misdiagnosed because screening instruments and diagnostic criteria are often developed by (and for) the majority culture; that is, the culture of the majority of providers and health systems, not necessarily of the majority of the population in many communities (Dressler & Badger, 1985; Huang, Chung, Kroenke, Delucchi, & Spitzer, 2006; Vega & Rumbaut, 1991). These facts suggest that cultural differences may play a critical role in the individual's recognition of mental illness and the provider's detection of the mental illness including the perception and intensity of stigma associated with mental health help-seeking behavior and the understanding of what might be considered mental health disorder requiring appropriate mental health services (<https://www.ncbi.nlm.nih.gov/books/NBK248423/>).

As WIS_e practitioners we must be aware that multicultural groups are diverse not only in their beliefs and expectations, but also in their assumptions about what the clinician can do for them (Katz & Alegria, 2009). Individuals seeking help may possess diverse views of what matters most to them as compared to the provider, which may result in a lack of shared problem definition between the individual and the provider (Suurmond & Seeleman, 2006), increasing the potential for misaligned treatment approaches" ([ncbi.nlm.nih.gov](https://www.ncbi.nlm.nih.gov)).

It is also important to understand the history and context of social service organizations, roots in systemic oppression and racism, built to assimilate communities of color to white standards. The evidence of this can be seen in the disproportionate rates children of color have been removed from their homes and taken to foster care. In 2017, Nationwide American Indian/Alaska Native children were overrepresented in foster care at 2.7 times more than their proportion in the general population. Whereas white children were underrepresented at a rate of 0.8 times lower (National Indian Child Welfare Association, *Disproportionality Table*).

CULTURALLY SPECIFIC STRATEGIES TO CONSIDER FOR ENGAGEMENT

1. Understand that Culture has an impact on symptom presentation
2. Paying attention to diverse cultural health beliefs and practices
3. Preferred languages Interpreters and translated materials will be used for non-English speaking clients as well as those who speak English but prefer materials in their primary language.
4. Health literacy and other communication needs of all sub-populations identified

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ASSESSING

Information gathering and assessing needs is the practice of gathering and evaluating information about the youth and family, which includes gathering and assessing strengths as well as assessing the underlying needs. Assessing also includes determining the capability, willingness, and availability of resources for achieving safety, permanence, and well-being of youth (*WISe manual*).

As WISe practitioners it is vital that we understand that when BIPOC communities of color are intertwined and combined with the larger community as a whole, it does not acknowledge or speak to the specific trauma, discrimination, and bias that people of color experience. The right questions need to be asked in assessing to gather accurate data from youth and families living in BIPOC communities to gather real insight into what's working

“Our journey began in 1980 when my youngest son was 3 months old. His biological mother was a “speed baller”(heroin & cocaine mixed). He was born addicted & experienced withdrawals the first weeks of his life. He also experienced some neurological damage as well as damage basically to the transmitters & receptors in his brain. When he started exhibiting some challenging behaviors, he was given many labels ADHD, ODD, OCD, etc. and started prescribing pharmaceuticals not taking into consideration his biological mother’s drug addiction & poor prenatal care. The assumption was he was an African American/Caucasian/Native American child; therefore, the diagnosis and pharmaceuticals prescribed were sufficient.”

“Our early encounters with the mental health system were ok, yet I did not feel heard and felt the judgment from provider folks. So many assumptions were made about us because folks assumed because I was of mixed race & my son was as well, that I was on public assistance/welfare and/or into “street life.” When in fact I was gainfully employed, working two jobs to be precise. One challenge we experienced is being ‘judged’ for our decision-making process which cascaded into offending Tribal Elders, automatically assuming gang affiliation when my son spray painted his initials on a bathroom stall door, just as his older brother did.

Jeanette K Barnes, WA State Parent Peer Trainer



and not when seeking support for mental health challenges and concerns.

“To provide culturally responsive evaluation and treatment planning, counselors and programs must understand and incorporate relevant cultural factors into the process while avoiding a stereotypical or “one-size-fits-all” approach to treatment. Cultural responsiveness in planning and evaluation entails being open minded, asking the right questions, selecting appropriate screening and assessment instruments, and choosing effective

treatment providers and modalities for each client. Moreover, it involves identifying culturally relevant concerns and issues that should be addressed to improve the client’s recovery process (*NCBI*).

CULTURALLY SPECIFIC STRATEGIES TO CONSIDER:

1. Slow down.
2. Use plain, non-clinical language.
3. Consider showing or drawing pictures.
4. Limit the amount of information provided at one time.
5. Create a shame-free environment that encourages questions and participation” (*NCBI*).
6. Offers clinical staff guidance in providing and facilitating culturally responsive interviews, assessments, evaluations, and treatment planning” (<https://www.ncbi.nlm.nih.gov/books/NBK248423/>).

For additional tools see [Culturally Specific Guide Toolkit](#) ✕

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TEAMING

Teaming is a process that brings together individuals agreed upon by the youth and family who are committed to them through informal, formal and community support and service relationships. Where medically necessary and/or with cross system involvement, a formal Child and Family Team will be used (*WISe manual*).

Incorporating culturally relevant WISe practices, BIPOC families exercise choice over the services they receive, and may elect, for example, culture-based parent education, coping and social skills training for youth embedded in cultural activities, and counseling from culturally and linguistically matched staff members. They may also request the use of flex funds for healing ceremonies and other cultural activities, as well as access to peer support from members of their cultural group. Additionally, it is important to have a cultural competence coordinator and a cultural competence subcommittee of the governance body at each agency that offers WISe to ensure that these types of services and supports are available, and that they address the needs of participants.

“Something I experienced in the system actually really wasn't in the system since I had no choice, being in jail was mandatory. My story comes from working in the system afterwards, from one of many incidents at Juvenile Rehabilitation (JR) where a staff member first of all asked me the first time meeting with me, what gang I used to be in? The second time I was calling in to speak with a client from the WISe program and they told me that I don't work for the WISe program and hung up in my face! I believe that if I wasn't a person of color, that I wouldn't have been talked to that way. What I believe the system could've done to fix that is making an environment first of all in the hiring and interview process by letting them know that that will not be tolerated. Because of the confidence that was displayed, it just let me know that he thought that his organization, in his system would back him more than it would back me. Unfortunately, in a lot of incidents he would be correct.

Tyus Reed, Youth Peer



In WISe it's important that we seek out staff from the BIPOC communities to have people from all different backgrounds with various perspectives and voices to be a part of the workforce. This will not only diversify the team's knowledge, understanding, and experience. There will also be an increased probability of our youth and families having stronger connections with WISe practitioners that come from similar backgrounds and can relate to their cultural experiences. Although no two experiences are the same, there are many benefits to BIPOC youth and families.

One way communities are enhancing their teams and supports to particular cultural communities is to create Culturally Specific Organizations.

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WHAT IS A CULTURALLY SPECIFIC ORGANIZATION?

While there is not one clear definition of a culturally specific organization, states and communities seem to view such agencies by a defined set of standards that may include:

- The agency may have a founding mission statement that is aligned with a diverse community they served.
- The agency has intimate knowledge of the lived experience of the community being served.
- The majority of people served by the agency may be from a particular minority group.
- The agency environment is culturally focused and identified as such by those the agency provides services for.
- Prevalence of bicultural and/or bilingual staff in the agency reflects the community that it serves.
- The agency has been successful in community engagement and involvement within the community being served.
- The board, leadership and staff reflect the community being served.
- The community being served widely recognizes the agency as culturally-specific.

“The experiences I had with counselors at the crisis center were not positive experiences and it got to the point where I no longer wanted to be a part of them. It wasn’t until 2017 a lady from the DV came into my school to speak with me on a situation that was going on, who was Hispanic as well as had the same lived experience I had. That made it very easy for me to talk to her and I felt like I was being heard. She understood where I was coming from and we were able to relate to each other. In the beginning when receiving services, I wish I would’ve had the opportunity to meet with a counselor who I could relate to and understand where I was coming from as a Hispanic Youth, where I was able to be heard, taken seriously and who understood my culture.

Maria Nuñez, Youth Peer, SPARK Executive Director

BENEFITS OF CULTURALLY SPECIFIC ORGANIZATIONS:

- Lived experience and intimate knowledge of the community.
- Have multiple formal and informal channels for meaningful community engagement.
- Feedback and communication channels within the cultural norms, practices, values, and beliefs of the community.
- Reflect the positive cultural identity and resilience of the community.
- Increased cultural responsiveness and decreased bias and racism.
- Understanding of shared experiences and historical trauma.

Examples of culturally specific strategies and services available in Washington, as well as successful culturally relevant WISE programs can be found in our toolkit [Culturally Specific Guide Toolkit](#) for each phase.

CULTURALLY SPECIFIC STRATEGIES TO CONSIDER IN TEAMING:

1. Ensure representation by developing more WISE practitioners who hail from BIPOC communities, to bring their perspective to treatment.
2. Having congruence between the service provider and recipient on key demographic factors greatly facilitates implementation.
3. Training and hiring protocols implemented to support the culture, language, and literacy levels of all subpopulations.
4. Promote understanding amongst team members to fight stereotypes; get to know the cultures represented.

For additional tools see [Culturally Specific Guide Toolkit](#) ✕

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SERVICE PLANNING AND IMPLEMENTATION

Service planning is the practice of tailoring supports and services unique to each youth and family to address unmet needs. The plan specifies the goals, roles, strategies, resources, and timeframes for coordinated implementation of supports and services for the youth, family, and caregivers (*WISe manual*).

“How do counselors and organizations respond culturally to the diverse needs of clients in the treatment planning process? How effective are culturally adaptive treatment goals? (*For a review, see Bernal and Domenech Rodriguez 2012.*) Typically, programs that provide culturally responsive services approach treatment goals holistically, including objectives to improve physical health and spiritual strength (*Howard 2003*). Newer approaches stress implementation of strength-based strategies that fortify cultural heritage, identity, and resiliency.

When services are needed to reach goals, implementing culture-based WISe requires that families have voice and

choice in the option of culture-based services. If these services are not readily available, they need to be created.

SOME KEY ASPECTS TO BE MINDFUL OF:

- Ability to select culturally-matched family partners, facilitators, and clinicians for targeted cultural communities (e.g., Native American, Latino American, Hmong American, and African American);
- Mental health, family partner, and youth peer support, as well as WISe facilitation, are available in languages families understand (e.g., Hmong, Spanish, and English).
- Inclusion of cultural leaders within WISe teams.

Not everything that is faced can be changed; but nothing can be changed until it is faced.

JAMES BALDWIN



- Cultural-based parenting education groups (e.g., Positive Indian Parenting, Southeast Asian Parent Education, Los Niños Bien Educados, and Effective Black Parenting)
- Multicultural events that honor each culture through cultural performances and community convenings (the honor of one is the honor of all)
- Flex funds available for cultural and spiritual activities (e.g., shamans and healing ceremonies).
- Culturally based activities (e.g., weekly Native American youth drumming group).
- Multicultural youth program with youth staff hired from the local

cultural communities, where youth staff serve as mentors devising activities that honor the local cultures ([Palmer-2.6-culture-based-wrap.pdf](#)).

In sum, WISe clinicians need to incorporate culture-based goals and objectives into treatment plans and establish and support open client-counselor dialog to get feedback on the proposed plan's relevance. Doing so can improve client engagement in treatment services, compliance with treatment planning and recommendations, and treatment outcomes” (NCBI). <https://www.ncbi.nlm.nih.gov/books/NBK248423/>

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“ We incorporated drumming, dancing, talking circles, and a sweat lodge ceremony for me, then when Jason was of age, he began sweat ceremonies with young warriors in his age group led by Tribal Elders who taught them Lakota ways. We incorporated meaningful Powwow participation as well as finding/ connecting with Tribes in the Northwest whose ways, ceremonies and traditions were similar to our Lakota ways, etc. Everything was written in our plan in such a way it incorporated and honored our blended culture. One result came after we’d experienced 5 not so successful treatment avenues. We found success in a Tribal Treatment Program that addressed my son at his ancestral spiritual levels. He was successful and he stays connected to some of the staff he built relationships with.

*Jeanette K Barnes,
WA State Parent Peer Trainer*

CULTURALLY SPECIFIC STRATEGIES TO CONSIDER IN SERVICE PLANNING AND IMPLEMENTATION:



1. Utilizing culturally based practices: The youth and families, customs, behaviors, values, and beliefs passed down through generations that function as “informal systems of support.”
2. Having agreement between the service provider, youth, and family on specific demographic information to assist with implementation.
3. Having flexibility that allows WISE practitioners to adjust, customize and individualize supports and services to meet the needs of specific racial and ethnic groups while maintaining the integrity of WISE.
4. Location is an important consideration. CFT and other meetings are carried out in places where BIPOC youth and families feel safe and are most accessible to them.

For additional tools see [Culturally Specific Guide Toolkit](#) ✕

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MONITORING AND ADAPTING

Monitoring and adapting is the practice of evaluating the effectiveness of the plan, assessing circumstances and resources, and reworking the plan as needed. The team is responsible for reassessing the needs, applying knowledge gained through ongoing assessments, and adapting the plan in a timely manner (*WISe manual*).

As youth and families from the BIPOC community initiate engagement in the WISe program it's important that WISe practitioners take an other-centered stance view of culture. That is the ability to be aware of other people's cultures and be more mindful of the differences among others that we need to consider in all aspects of life.

“Destiny’s foster care case manager and ICWA caseworker were able to successfully enroll her in the new culturally specific school for AI/AN youth. Once Destiny began, she immediately began to get involved in all kinds of cultural programs and activities. She especially excelled in regalia dress making, traditional Native American art, and learning her Tribe’s language where she was partnered with AI/AN Elders that were her teachers. One of the dresses received an award where her teacher said “I’ve never seen so much talent in a teen. It usually takes years and years to get where she already is!”

(From A Culturally Relevant and Specific Wraparound Story)

Here the NCBI states treatment planning is a dynamic process that evolves along with an understanding of the clients' histories and treatment needs. Foremost, counselors should be mindful of each client's linguistic requirements and the availability of interpreters (*for more detail on interpreters, see Chapter 4*). Counselors should be flexible in designing treatment plans to meet client needs and, when

appropriate, should draw upon the institutions and resources of clients' cultural communities. Culturally responsive treatment planning is achieved through active listening and should consider client values, beliefs, and expectations. Client health beliefs and treatment preferences (e.g., purification ceremonies for Native American clients) should be incorporated in addressing specific presenting problems. Some people seek help for psychological concerns and substance abuse from alternative sources (e.g., clergy, elders, social supports). Others prefer treatment programs that use principles and approaches specific to their cultures. Counselors can suggest appropriate traditional treatment resources to supplement clinical treatment activities.” (NCBI <https://www.ncbi.nlm.nih.gov/books/NBK248423/>)

CULTURALLY SPECIFIC STRATEGIES TO CONSIDER IN MONITORING AND ADAPTING:

1. Having flexibility that allows WISe practitioners to adjust, customize and individualize supports and services to meet the needs of specific racial and ethnic groups while maintaining the integrity of WISe.
2. Address BIPOC youth and families varying challenges and barriers to participation and engagement.
3. Be open and teachable.
4. Being intentional that the Cross-System Collaboration WISe provider agencies required to collaborate come from the youth and families identified cultural background and community and as indicated by youth and family choice.

For additional tools see [Culturally Specific Guide Toolkit](#)

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TRANSITION

The successful transition away from formal supports can occur as informal supports are in place and providing needed support. Transition to activities and environments consistent with the principle of treatment at the least restrictive level and the system values of recovery and resilience (*WISe manual*).

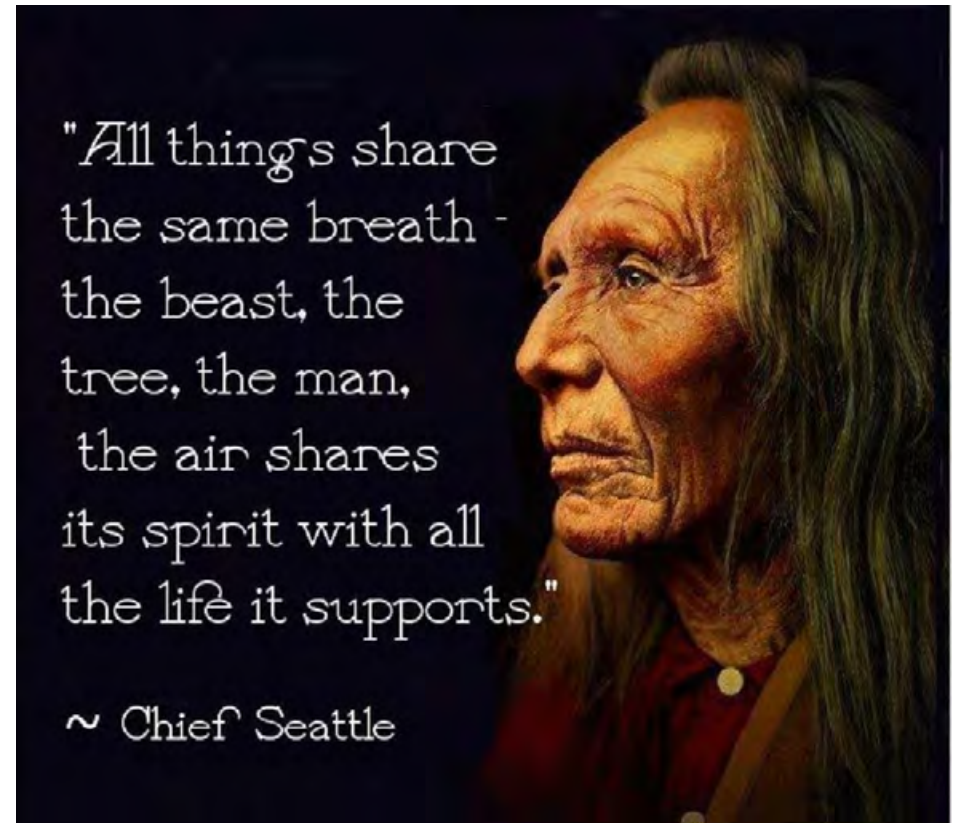
During this phase, plans are made for a purposeful transition from formal wraparound to a mix of formal and natural supports in the community (and, if appropriate, to services and supports in the adult system). It is important to note that the focus on

transition is continual across all phases of the WISe process in that preparation for transition is apparent even during the initial engagement activities (*Walker et al., 2004*), though it culminates in phase 6. Successful transition requires

“ I worked with first year and first-generation college students as a peer adviser and being the first year, and first-generation college students can be daunting. These students often find it difficult to access resources because they do not know how to go about how to access resources out of sight. WISe and its providers working with minority groups should employ measures that prepare peers and families to transition after recovery. These Phases found in WISe practice, if continued and improved upon within cultural relevance as a core approach in providing services for Peers and families, would drive recovery and maintenance after treatment.

Malachi Chukwu, Certified Peer Counselor, Graduate Research Assistant Washington State University.

a plan for the family to cope with compound stressors that may occur after the formal WISe process is no longer available. Though families have acquired problem-solving skills and learned how to work effectively as a team with their formal, informal, and natural supports, their skills may have not been put to the test. Often, the most challenging and difficult task for transitioning families is to sustain formal, informal and natural supports.



For BIPOC communities, culture-based WISe practices help in building and sustaining community supports. Culture-based WISe practices, support and services help BIPOC families create a community by providing opportunities for families to develop friendships

with other BIPOC families in their community (e.g., culturally-matched parenting groups, culture specific parent education programs, multicultural youth activities, and multicultural family activities). Youth and families continue to participate in these activities even

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after successful transition from WISE, which helps to maintain cultural connections ([Palmer-2.6-culture-based-wrap.pdf](#)).

CULTURALLY SPECIFIC STRATEGIES TO CONSIDER DURING TRANSITION:


1. The CFT creates cultural specific strategies within the CSCP for a purposeful exit out of WISE to a mix of possible formal and natural supports in the community (and, if appropriate, to services and supports in the adult system).
2. Be connected to ongoing culturally relevant supports and services throughout WISE and as they make adaptations to transition out within their own communities.
3. The WISE Practitioner(s) guide the CFT in creating a document that describes the strengths of the youth, family, and

team members, and lessons learned about strategies that worked well and those that did not work so well. The CFT prepares/reviews necessary final reports (e.g., to court or participating providers).

4. Include identified youth, family and extended family in celebration or graduation
5. The CFT is encouraged to create and/or participate in a culturally appropriate “commencement” celebration that is meaningful, to the youth, family, extended family and team, that recognizes their accomplishment

For additional tools see [Culturally Specific Guide Toolkit](#) ✕



This guide is a positive first step towards the commitment and needed continuation we as WISE practitioners must have beyond traditional health care when working alongside individuals within the BIPOC community. We've long since known that it is essential that all aspects of mental health systems be reflective of the diversity of the communities that they serve and that mental health agencies strive to become and remain culturally and linguistically competent. A culturally and linguistically competent mental health system incorporates skills, attitudes, and policies to ensure that it is effectively addressing the needs of consumers and families with diverse values, beliefs, in addition to backgrounds that vary by race, ethnicity, religion, and language. (Healthcare Disparities Among Black, Indigenous, And People Of Color-MHA) We are definitely on the road and are beginning to understand the commitment necessary to reach the destination, but we as WISE practitioners must become intentional about acting to support a culturally relevant approach to addressing the mental health needs of BIPOC individuals. Whether you as a practitioner identify as a member of these communities or see the need to be a stronger ally and advocate, this guide can assist you as it brings focus to the unique needs, barriers and strengths of BIPOC youth and families participating in WISE, along with the [Culturally Specific Guide Toolkit](#) .



We hope that as WISE practitioners we will walk away with a better sense of what it means to be culturally relevant, as we practice from a place of cultural humility with a willingness to learn how to effectively provide culturally specific supports, services, and resources.

IF YOU HAVE ANY QUESTIONS, IDEAS, OR SUGGESTIONS, PLEASE FEEL FREE TO CONTACT US AT



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2018 Social & Economic Sciences Research Center (SESRC) survey of children and youth, and their caregivers

[Locklear \(SELF\)](#)

[apa.org](#)

Mental Health America

Healthcare Disparities Among Black, Indigenous, And People Of Color

National Indian Child Welfare Association, Disproportionality Table

WISe Manual

Engage Clients (<https://www.ncbi.nlm.nih.gov/books/NBK248423/>)

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Ashley McGirt, author, Mental Health Therapist.

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