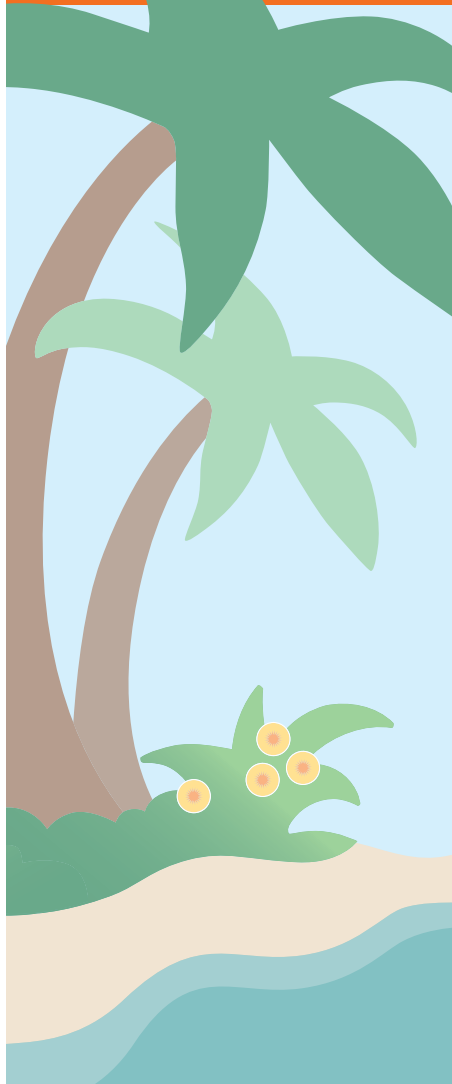


Services for African American Children and Families

SUMMARY OF THE SPECIAL FORUM HELD AT THE
2006 GEORGETOWN UNIVERSITY TRAINING INSTITUTES

ORLANDO, FLORIDA • JULY 2006

PREPARED BY: BETH A. STROUL, M.ED.



Introduction

A series of Special Forums were held at the Georgetown University Training Institutes in July 2006 to provide opportunities for dialogue about critical issues in order to contribute to the development of future policy and technical assistance. The Special Forums were designed as interactive discussions about communities and populations with unique service needs, requiring specialized planning and service delivery approaches within systems of care. Specifically, the goals of the Special Forums were to:

- Summarize issues and challenges related to each topic
- Identify effective service delivery strategies for local systems of care
- Develop recommendations for policy and technical assistance that will support communities in implementing these effective service delivery strategies

Each Special Forum began with brief framing presentations summarizing issues and challenges related to the topic and offering examples of effective service delivery strategies. The remainder of the forum consisted of facilitated discussion among forum participants focusing on recommendations for services, financing, policy, advocacy, information development and dissemination, and training and technical assistance. The Special Forums were tape recorded and transcribed, and additional input was collected from participants through worksheets completed at the conclusion of each forum. These materials were used to prepare a paper summarizing the issues and recommendations resulting from each Special Forum.

This paper presents the issues and recommendations from the Special Forum on Services for African American Children and Families. Presenters included:

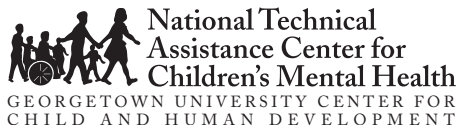
- Regenia Hicks, Ph.D., *Moderator, Project Director, Technical Assistance Partnership for Child and Family Mental Health, American Institutes for Research, Washington, DC*
- Cynthia Billups, *Family Involvement Team Coordinator, Children's System of Care, San Francisco, CA*
- Russell Jones, Ph.D., *Professor, Department of Psychology, Virginia Tech University, Blacksburg, VA*

Issues and Strategies

Cultural Competence Framework for Crisis Response

Regenia Hicks explained that the focus of the forum was on services to African-American children and families, with an emphasis on the needs of families in crisis. Dr. Russell Jones, a professor at Virginia Tech, recently worked with the State of Louisiana around the traumas experienced by youth

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and their families touched by Hurricane Katrina. He emphasized that any work done with children, particularly children of color, requires a cultural competence framework. In crisis situations, people typically will respond to anything or anybody. In the immediate crisis in Baton Rouge, New Orleans, and the Gulf Coast area, everybody was helping everybody, which is a testament to the resolve, the resilience, and the desire of individuals to help one another. However, after a crisis situation, once the Red Cross and the fire trucks were gone, people then became more selective in terms of the numbers and types of people that they allowed to assist them. It is during the recovery effort that the role of cultural competence comes in. During the recovery process, a strong cultural competence component is needed in whatever screening, assessment, or intervention strategies are engaged.

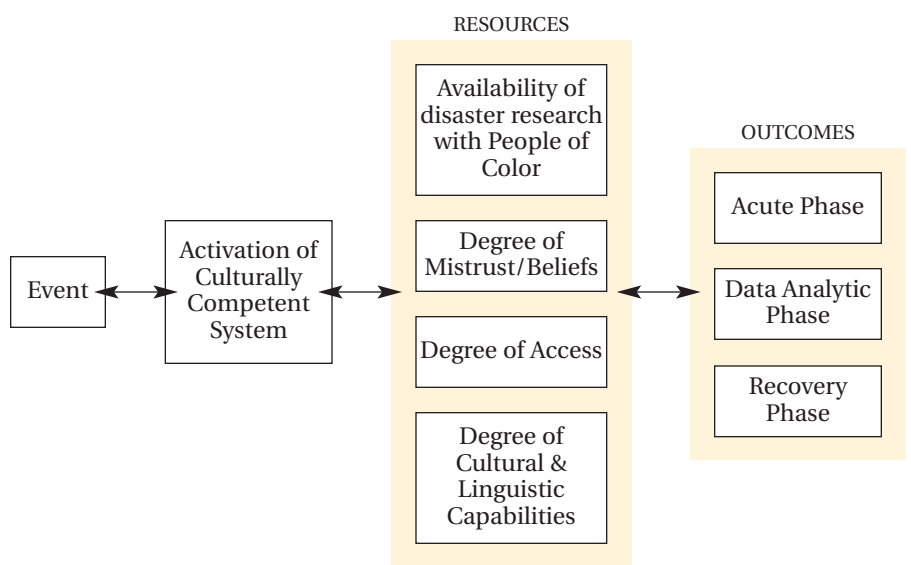
Jones went to the Gulf Coast on several occasions, and went to the site of the eye of the storm—Pearlington, Mississippi—where some 700,000 homes were destroyed and very few homes survived the storm. Children saw the destruction of communities, workplaces, churches and synagogues, and experienced the loss and death of pets. Often, the first death experienced by children is the death of a pet, a loss that has a huge impact. With Katrina, children lost their pets, and that alone can be quite traumatizing. A young girl lost her home, her school, and many of her playmates. “What comprises a child’s life other than home, school and friends? Losing these things is a lot of devastation.” A teacher said, “I’ve got a hole in my roof, but a greater hole in my heart because no one is looking out for the kids.”

Jones noted that just because you don’t see a child in a corner in a fetal position following a traumatic event,

it doesn’t mean that the child isn’t, in fact, traumatized. One of the estimates of the number of children traumatized due to Katrina stated that over 100,000 children would be impacted by the storm one year later. It was predicted that many of those children would reach the criteria for post-traumatic stress disorder, as well as a number of anxiety disorders or other severe symptoms including: depression, panic disorder, traumatic grief, and functional impairments. The reason that cultural competence is so important with Katrina is because 67% of the individuals affected are African-American. The degree to which screening, assessment, or treatment is culturally competent will enhance the likelihood of people of color becoming involved and being helped. Yet, a focus group of approximately 90 workers in New Orleans revealed that many did not think that they were culturally competent. Becoming culturally competent requires training. A curriculum is being developed to teach individuals to become more culturally competent. Figure 1 shows a cultural competence model for intervening in crisis or disaster situations.

FIGURE 1

Cultural Competence Model for Accessing Minority and Marginalized Communities Impacted by Disaster



Jones explained that people of color are not coming to mental health clinics. There is a greater number of African-Americans who will not come to mental health clinics, attributable in part to mistrust and beliefs about mental health services. Strategies for addressing this mistrust include:

- Assess and discuss levels of mistrust.
- Find community gatekeepers and request their involvement.
- Interact with leaders and members of target community.

- Build rapport by establishing bonds with members of the community.
- Include representatives from the target groups as part of the system.
- Use people of color and individuals from marginalized communities as role models.

In addition, barriers to accessing services include the lack of an understanding and appreciation of culture, religion, and background; different understandings of pathology labeling; and others. Strategies for addressing such barriers include:

- Understand current needs and realities of the target group.
- Recognize and respect differing cultural beliefs and practices.
- Find service sites proximate to communities/ convenient location.
- Use publicity campaigns directed at minorities.
- Develop convenient hours of operation.
- Provide/find transportation services to treatment sites or reimbursement for transportation costs.
- Provide financial assistance, fee waivers, and incentives.
- Develop, implement, and assess specific plans that outline goals, policies, and systems of accountability when engaging in culturally and linguistically appropriate services.
- Train all providers in culturally and linguistically appropriate service delivery methods.
- Appropriately translate materials and provide interpreter services when participants are not comfortable with the English language.

There has been little research looking at the impact of psychological or medical intervention with people of color. In most clinical trials in both psychology and medicine, there are few people of color involved, and little is attention devoted to racial and cultural factors. “But ‘culture counts,’ and the way to gain access to people following traumatic events is through relationships, preferably those established prior to traumatic events.”

Jones noted that to the extent available, systems of care should use evidence-based treatments or clinically informed treatment strategies. For some interventions, there is no data to support their effectiveness. For example, there is no evidence to support the effectiveness of debriefing, and yet hundreds of people are doing it. Although we cannot quantify everything that we do, to the extent that there are evidence-based treatments that we know are effective, these should be used in combination with faith and belief systems. Dr. Jones also emphasized the importance of screening as a strategy to determine which children are coping well and which are not coping well in response to a crisis, such as Hurricane Katrina. For children who meet certain criteria on screened measures, clinical assessments followed up with clinical interventions are needed. All of these must be implemented in a culturally competent fashion.

Crisis Intervention with Families in African American Communities

Cynthia Billups is a parent leader in a system of care in San Francisco. In keeping with the theme of working with African American families in crises, she described a program that addresses the needs of families who have experienced crisis through

community violence. The program is African-American specific and speaks to the culture, the needs and stressors, and the interventions that are used in San Francisco to serve African-American children and families. Although African Americans comprise 7% of the city’s population, they comprise approximately 75% to 80% percent of those involved in service systems, including mental health, child welfare, juvenile justice, and special education. There is a surge of violence in San Francisco, particularly in the community that is a major population center for African-American people.

Billups emphasized that the impact of violence on youth is profound—the fear that it produces in youth, the fact that they don’t expect to live, and the fact that the violence becomes their real world. Their response to it is business as usual: “I never thought I would live to see so many youngsters who can see a fallen soldier, one of their own, and get up the next day and go to school, go to the funeral, party after, and listen to whoever they are listening to today and almost celebrate it. Something is terribly wrong. Our children don’t have plans for the future, and the violence fills their hopes and dreams.” Parents also are stressed and have health problems. “When you live in a community that is under siege, when you hear gunshots throughout the night, when you never get a break, when you are afraid to have your children play outside, how can that be good for you? The helplessness is apparent; you cannot keep your child safe. Your child goes out the door, your child has to get to school, your child has to stand at the bus stop. You don’t have any assurance that your child will be safe between the front door and going to school and coming back home.”

Part of the work of the Family Involvement Team in San Francisco family involvement team is to re-instill in people a sense of community. Billups stated: “Like ‘cultural competency,’ the word ‘community’ means something different to different people, depending on our knowledge and our history. The Family Involvement Team seeks to re-instill or instill for the first time what community means and why it is important, and to give people a sense of ownership and to give them an incentive for living well. This whole conference is about family-driven and youth guided. How can people drive when they don’t even know that they should be in the driver’s seat? What are they driving? What are we teaching them, what are we showing them?”

Billups described a response team that was created in San Francisco under the Department of Public Health, the city agency that guides

the children’s system of care. Part of the team’s charge is to go to the scene of the crime or to the San Francisco General Trauma Center to offer solace, support, and hope to families—something for tomorrow, even if they can’t hear it today. The team provides crisis intervention for children involved in the crisis and for children in the community where, even if it’s not your blood relatives, you’re likely to know the people involved. “This approach utilizes the ones among us who can serve as leaders in the community. It is one by one that you change people’s hearts, that you uplift them, that you give them hope for tomorrow.”

Billups noted that one of the most powerful interventions from the families’ perspective is the support group, which offers peer support. Groups are offered for adults, for teenage men, and for teenage women. There is a group providing junior support for youth ages six to

twelve who are under a lot of pressure and who see the violence or the propensity toward violence; they are offered activities with support. Childcare is offered for children birth to five. The support groups are open to people in the city, whether or not they have a child in the system of care. Vans are available to pick people up and bring them home. It is a strategy to provide outreach and for building community. The groups start with a prayer and with sharing food. Every barrier to participation is removed. When people are suffering or are in crisis, this opportunity allows the whole family to come, receive support, and be part of providing solutions and input, getting beyond feeling helpless and hopeless. “The sooner that they are mobilized and have a reason to get up and do something, have something to look forward to, the better.” This has proven to be very useful in the system of care.

Recommendations

Service Delivery

- *Hire people who have experienced what youth have experienced*—A participant shared that he was a former gang member and now works in a system of care. Youth identify with him more easily than with some of the professionals in the system. Systems of care should hire people who have been through the things that the youth are going through, because youth in the African-American community often don’t trust just anybody.
- *Offer parent-to-parent mentoring and provide cell phones*—One of the things offered in a community in Georgia is a parent-to-parent mentoring program with cell phones provided. Families reach out to each other and mentor one another. The phones allow this to occur since many African-Americans in the community are working two or three jobs and have little time to come to support groups.
- *Offer family navigators*—In Kansas, a program called Family Navigators is provided. It is modeled after patient navigators who are part of the health care system to assist cancer patients. Family Navigators are people who guide families through the complexities of the systems with which they are involved. Caseworkers go to a home with a family navigator who talks the language and understands the culture of the family, thus enhancing the likelihood of engaging the family. There has been over \$200 million appropriated to support patient navigators in healthcare. Why don’t we do the same thing for children’s services? All child serving agencies would have the family navigators that could work within their system to help families that are currently receiving services or are at risk of children being taken out of their home.
- *Provide “family specialists”*—Family specialists who provide support and direct assistance to families

Recommendations

should be part of systems of care. There should be accredited training programs for family specialists at community college or university levels.

- *Provide youth support*—In a community in Pennsylvania, youth peer support is provided through Youth Helping Youth Out.

Financing

- *Fund prevention*—A portion of grant funds that come to states and communities should be allocated for prevention. We are always putting the fire out, but we never have enough money to address problems before the fire starts. Research focusing on prevention found that children who develop serious substance abuse problems are likely to have experienced serious trauma. Addressing trauma is, in effect, an act of prevention of more serious problems.
- *Revise Medicaid*—Revise the Medicaid program to include more family-based treatment approaches.

Policy and Advocacy

- *Mandate that every funded system of care community have a family group*—SAMHSA could require for its grants that each community have a family committee or family council from the outset of system development efforts.
- *Involve families in policy making*—Families should be at the table for policy making and should be compensated for their time just as consultants are paid.
- *Address disproportionality in child-serving systems*—There has been a great deal of attention to the overrepresentation of African American youth in the child welfare and juvenile justice systems. These youth are seen as just bad, rather than as having mental health concerns. There is a need for monitoring of child serving systems where there is an overrepresentation of the minority community. There currently are federal requirements right now, both in child welfare and in juvenile justice to look at that issue of disproportionality and to require states to come up with plans to address that.
- *Engage communities in discussions about race and culture*—Open a dialogue in communities on systemic biases and racism.

- *Implement workforce development strategies to increase diversity among staff*—Assist communities with outreach and other strategies to attract and retain professionals of color and offer incentives to attract diverse staff.

Information Development and Dissemination

- *Document the efficacy of interventions*—In order to gain access to funding for programs, it is important to have data to demonstrate effectiveness. Science must undergird our passions. For example, in North Tulsa, Oklahoma, a predominantly African-American community, there has been an explosion of gang violence. An African American woman whose daughter was randomly murdered started a program directed at prevention. The program is making a huge impact, but has been unable to get funding in the absence of documentation.

Training and Technical Assistance

- *Provide training and financial assistance to programs in data collection and documentation*—A lot of people and programs in the community are doing good things, but really do not have the knowledge or skills on how to collect and report data to document effectiveness. Technical assistance and financial resources should be provided to assist community-based programs to improve the documentation of their work.
- *Provide technical assistance to teachers and the education system on working with African Americans with mental health issues.*
- *Provide training and technical assistance to mental health providers on how to intervene in traumas*—Following 9/11, data showed that 64% of youth that were impacted by the terrorist attacks had already had a serious event that occurred that would meet post-traumatic stress criteria. Another study showed that about 30% of children in Head Start had experienced a traumatic event that could likely lead to symptoms, if not a diagnosis, of post-traumatic stress disorder. This must be part of the intervention strategy.
- *Provide increased training in cultural competence.*

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