



Cultural and Linguistic  
Competence,  
The Elimination of  
Disparities and  
Disproportionality:  
From Values and Principles to  
Action and Implementation

**Assembling the Pieces:  
Strategies for  
Implementing and Sustaining  
Systems of Care**

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*Towards a Culturally Competent System of Care: A  
Monograph on Effective Services for  
Minority Children Who Are Severely Emotionally  
Disturbed*

Today we celebrate the 20th anniversary of this landmark monograph that transformed health, behavioral health, and other related fields. This document emphasized the need to consider cultural and linguistic factors when implementing services and supports for children, youth, and their families. Much has been written about the need and value of cultural and linguistic competence in systems of care. Yet, there have been struggles to infuse, implement, operationalize, and sustain it.

Twenty years later, it is time to move from rhetoric to action. In 2009, as a new generation of professionals, family members, and youth continue this important work, we need to focus on infusing cultural and linguistic competence to (a) eliminate disparities and disproportionality—the original intent of the Monograph—in our systems and (b) improve behavioral health care access, availability, quality, and outcomes for families and communities of color and other underserved populations. This action is rooted in valuable efforts to infuse cultural competency in systems of care, including the following:

**Cultural Competence Volumes 2 (1991) and 3 (1999)**

**National Network to Eliminate Disparities in Behavioral Health (NNED)**

**National Center for Cultural Competence, Georgetown University Center for Child and Human Development**

**Technical Assistance Partnership for Child and Family Mental Health, Cultural and Linguistic Competence Community of Practice**

**Eliminating Mental Health Disparities (EMHD), Center for Mental Health Services (CMHS)**

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## A Vision for the Future

**The Monograph authors—Terry Cross, Barbara Bazron, Karl Dennis, and Mareasa Isaacs—issued a “call for action” 20 years ago. Today they are challenging us to advance the movement to infuse and institutionalize culturally and linguistically competent systems of care across the country to effectively address the mental health needs of all children, youth and their families. Are you ready to take the challenge?**

*“The challenge before us is to preserve the value and integrity of our unique cultures amidst the growing diversity of our society and the potential resistance to the inevitable changes that will come. Our hope is the “melting pot” does not become a pressure cooker but rather can be cast aside to make way for a salad bowl. Our job, in this context, is to make sure that children’s mental health keeps pace and grows ever more responsive to the needs of all children, youth, and families.”*



Terry L. Cross, M.S.W.



*Culturally competent care is quality care. Our challenge is to design and deliver services that are congruent with each individual’s world view and cultural context. We must move beyond the provision of language and translation services to a re-conceptualization of practice that incorporates practice-based evidence and traditional ways in the assessment, treatment planning, and delivery of mental health services.*

Barbara J. Bazron, Ph.D.

*“Cultural competence is like a rope; only as strong as the individual threads that when woven together form a whole. The threads may be many hues, but they must all be braided equally or the strength of the rope will falter.”*

Karl W. Dennis



*Cultural competence should be viewed as a tool for building authentic relationships and respectful interactions between organizations/systems and culturally-specific communities. Like most lasting structures, cultural competence requires a strong foundation to thrive and this will not happen without creating real co-production with communities, recognizing their uniqueness and that one size will never come close to fitting all. The five elements of cultural competence must always be applied based on the unique contexts that culturally-specific communities bring to the table.*

Mareasa R. Isaacs, Ph.D.

