Community Alliance for CLAS Overview

- A project of ONTRACK Program Resources (est. 1997)
- Providing statewide CLAS Standards/cultural competence specific training and consultation to the substance use disorder/behavioral health field since 2011
- Over 150 consultants throughout the state, including numerous licensed behavioral health specialists
- Currently funded through the California Dept. of Health Care Services, (DHCS); formerly Dept. of Alcohol and Drug Programs (ADP)

Sacramento Mental Health Action Plan: Strategy 8

8. Ensure all services meet standards for cultural and language competencies.
   b. Review existing Culturally and Linguistically Appropriate Services (CLAS) and other culturally relevant standards and determine whether areas of implementation could be strengthened or enhanced.
**Nat’l CLAS Standards Basics**

- CLAS = culturally and linguistically appropriate services
- National CLAS Standards = set of guidelines/best practices/blueprint for health and health care organizations to provide CLAS to diverse populations
  - First published in 2000 (14 Standards)
  - Enhanced CLAS Standards released in 2013 (15 Standards)
- Under Office of Minority Health (OMH), U.S. Dept. of Human and Health Services (HHS)

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**Culturally and Linguistically Appropriate Services: Purpose**

- Correct inequities in health services
- Make services more responsive to diverse clients and families
- Ultimately, eliminate health disparities

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**What are Culturally and Linguistically Appropriate Services?**

Services that are respectful of, responsive to, [and effective with] clients’ cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs and **employed by all members** of an organization (regardless of size) at every point of contact.

*Respectful  *  Responsive  *  Effective*

Source: Think Cultural Health, OMH, HHS
Why Are Culturally and Linguistically Appropriate Services Necessary?

• “...of all the forms of injustice, inequality in healthcare is the most shocking and inhumane.”
  – Dr. Martin Luther King, Jr.

• “Minorities and low income Americans are more likely to be sick and less likely to get the care they need.”
  – Kathleen Sebelius, HHS Secretary

Why Are Culturally and Linguistically Appropriate Services Necessary in Mental Health Services?

Historically, racial/ethnic minorities:

- Bear a greater burden for unmet mental health needs and thus suffer a greater loss to their overall health and productivity
- Are less likely than whites to use services and receive poorer quality mental health care
- Have disproportionately high unmet mental health needs
- Are significantly under-represented in mental health research


Enhanced National CLAS Standards:
National CLAS Standards Comparison: 2000 vs. 2013

<table>
<thead>
<tr>
<th>2000 Standards</th>
<th>2013 Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal: to decrease health care disparities and make practices more culturally and linguistically appropriate</td>
<td>Goal: to advance health equity, improve quality and help eliminate health and health care disparities.</td>
</tr>
<tr>
<td>&quot;Culture&quot;: racial, ethnic and linguistic groups</td>
<td>&quot;Culture&quot;: racial and ethnic groups, as well as geographical, religious and spiritual, biological and sociological characteristics</td>
</tr>
<tr>
<td>Audience: health care organizations</td>
<td>Audience: Health and Health care organizations</td>
</tr>
<tr>
<td>Implicit definition of health</td>
<td>Explicit definition of health to include physical, mental, social and spiritual well-being</td>
</tr>
<tr>
<td>Recipients: patients and consumers</td>
<td>Recipients: individuals and groups</td>
</tr>
<tr>
<td><strong>Behavioral health made more explicit</strong></td>
<td></td>
</tr>
</tbody>
</table>

Source: Think Cultural Health, OMH, HHS

Enhanced National CLAS Standards: What is Culture?

*The enhanced National CLAS standards are grounded in a broad definition of culture – one in which health is recognized as being influenced by factors ranging from race and ethnicity to language, spirituality, disability status, sexual orientation, gender identity, geography, and sociology (including age).*

Source: Think Cultural Health, OMH, HHS

National CLAS Standards Basics, cont.

- **Enhanced National CLAS Standards are guidelines.** OMH cannot regulate or legislate that the CLAS Standards be implemented, but if legislators choose to do so, they can and have (as will be seen in next slide).
- **Complementary legislation under other statutes declare that organizations receiving federal funds must take reasonable steps:**
  - to provide meaningful access to programs with individuals with limited English proficiency (LEP), Title VI of the Civil Rights Act of 1964, Executive Order 13166, 2000
  - that "no qualified individual with a disability in the US shall be excluded from, denied the benefits of, or be subjected to discrimination.” (Section 504, the Rehabilitation Act of 1973-40A)
- **There are provisions in the Affordable Care Act (ACA) that reinforce the CLAS Standards concerning health navigators and insurance company disclosures.**
State Level Cultural Competency Training Legislation in Health Care

- Denotes legislation requiring (WA, CA, CT, NJ, NM) or strongly recommending (MD) cultural competence training that was signed into law.
- Denotes legislation that was referred to committee and/or is currently under consideration.
- Denotes legislation that died in committee or was vetoed.

Source: Think Cultural Health, CNMH, HHS

15 Enhanced National CLAS Standards

SYNOPSIS

Synopsis: Principle Standard
1) Provide:
   • effective
   • equitable
   • respectful
   • responsive
   quality care and services to diverse populations
Synopsis: Governance, Leadership and Workforce Standards

2) Organizational Governance & Leadership
   (NEW STANDARD, 2013)

3) Recruit, retain & promote diverse staff & leadership

4) Ongoing staff education and training

Synopsis: Communication and Language Assistance Standards

5) Provision of language assistance

6) Notice of language assistance

7) Language assistance competence

8) Patient-related materials & signage

**Threshold Language** means a language that has been identified as the primary language for 3,000 people or five (5) percent of the population, whichever is lower, in an identified geographic area.

Sacramento: Cantonese, Hmong, Russian, Spanish, and Vietnamese

Synopsis: Accountability & Continuous Improvement Standards

9) Strategic planning

10) Self-assessment & evaluation

11) Cultural data collection

14) Conflict & grievance resolution processes
Synopsis: Community Engagement Standards

12) Cultural/demographic profile and needs assessment of community
13) Collaborative partnerships with communities
15) Publicize progress and innovations in implementing CLAS standards

CLAS Blueprint:
191 pp. document provides extensive explanations of each National CLAS Standard, including implementation strategies

Final Thoughts
• National CLAS Standards vis à vis behavioral health: work in progress.
• California Dept. of Mental Health pioneered requiring county MH cultural competence strategic plans (1997).
• Just “knowing” the CLAS Standards is not a magic wand!
• Essential:
  – Cultural competence requires strategic planning, implementation, (preferably data-driven) assessment, commitment and leadership.
  – Understanding cultural competence is an ongoing process.
Additional Resources

- Think Cultural Health, OMH, HHS: www.thinkculturalhealth.hhs.gov
- National Network to Eliminate Disparities (NNED) in Behavioral Health: www.nned.net/

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