

MAUREEN And thanks everyone for joining our webinar. Cindy, how's my volume?

FITZGERALD:

CINDY CHRISTY: I think it's fine. I can hear you perfectly.

MAUREEN Great. Well, our webinar today is an introduction to the national CLAS standards. Our

FITZGERALD: presenter is Harold Gates from the Midwest Center for Cultural Competence. Thanks, Cindy. And our organization hosting the event is the Great Lakes ATTC.

We are one of 10, US-based, regional ATTC's, joined by six international HIV focused ATTC's. All of the ATTC's are funded by SAMHSA the Substance Abuse and Mental Health Services Administration. Great Lakes ATTC represents the great state of Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin.

And the ATTC network, we've just launched a new tagline that we think explains what we do. As you see on the screen, we help people and organizations incorporate effective practices into substance use disorder treatment and recovery services.

A little bit more about the webinar today. Our audio is broadcast through your computer, so please make sure that your speakers are turned on and up. You can download the presentation slides at any time. As you'll see in the right corner of your screen, we've got some resources that you can download.

You can just click the file pod and click on the presentation slide link to browse to the file. You can ask questions throughout the webinar, using the chat feature that I see a lot of you are already using. Thank you. And we will have and Q&A session after the presentation. This webinar will be recorded and available for viewing at a later date. You'll be able to download it from the Great Lakes ATTC website.

And I wanted to tell you a little bit about our presenter, Harold Gates. He's the co-founder and owner of the Midwest Center for Cultural Competence, established in 2003, to offer consultation, training, and education to corporations, non-profits, health care providers, and educational institutions.

Mr. Gates is also a former associate director of cultural competence for the Wisconsin initiative to promote healthy lifestyle, which was a statewide project funded by SAMHSA. In addition to

that activity, he's also served on the Census Bureau National Advisory Committee on racial, ethnic, and other populations.

He also founded three community-based groups here in Dane County, the Dane County Multiracial Alliance, the Multiracial Alliance of Wisconsin, and the Interracial Families Network. So Mr. Gates holds a master's degree in social work from the University of Wisconsin Madison and master's degree in Chinese studies from Washington University in St. Louis, Missouri, as well as an undergraduate degree in Asian studies.

With that, I'd like to turn it over to our presenter.

HAROLD GATES: Thank you, Maureen, and hello, everybody. Welcome to the first webinar in the series. And so I was just wondering, maybe posing some questions to you all to begin, what brings you here today, for example, and what's your interest in cultural competence or competence and CLAS, what knowledge do you have, are you looking to gain from the webinar today, and the series that will be happening over the next couple of months, and what do you hope to learn about yourself today, because you're part of the equation.

And just a quick check in, hopefully you had a chance to access the cultural competence self test and take a look at the national standards for culturally and linguistically appropriate services that was put together as well and you've sort of gotten that, been able to access that when you registered.

So with that, Cindy, could you put up the first poll for us please?

CINDY CHRISTY: Certainly. There's actually three separate polls on this slide. So we'll leave this screen open for a few minutes and let you go ahead and get your answers in, and we'd love to hear more about how you felt about the self assessment.

HAROLD GATES: So yes, we were just wondering what your role was in your organization. So a number of times, people chime in, but it's always good to get a sense of who we're talking to, because I know some of you are probably familiar with this topic, and others of you might be just becoming aware of it. So it's a chance for us to see what's on the call, substance abuse, or behavioral health treatment providers recovery services providers, primary health care, human and social services, health care administrators and consumers.

I'm always wanting to check in with consumers, as well. I've done a lot of work in behavioral

health in the past and more recently, a substance use disorder. But it's good to know who we're tuning into and where you're coming from as well. The other question I had was are you familiar with the national CLAS standards. You could check yes. You're actually doing started to implement this within your organization, but you still haven't quite put together a formal plan for implementation, which is OK as well. And then you're not familiar with it at all.

And lastly, this is opening the question the self test kind of looked at-- well, looked at three different areas, physical environment, materials, and resources, because I know myself when I go into a place, I'm always kind of looking to see is there anything there that I can relate to, so that's something that we should be paying attention to, communication styles.

It doesn't matter who the person is, how are we getting our methods across, and in values and attitudes. So you know, looking at that, if you had a chance to complete it, what did you think, what came out as your results, and if you didn't, this is something to take into consideration, that there are two things, at least, that you could do that came to your attention as you went through the assessment that would help you not only just talk about it, but do something about it and take it away with you today.

CINDY CHRISTY: And this is Cindy. I just want to remind everyone that once we go back to the main screen, you can go ahead and download the self-assessment in the file pod. I see that a lot of you didn't get to complete it. It was sent along with a confirmation, but we totally understand if you didn't see that link there. But yeah, you can still use it as a tool. And I'll ask Harold if we want to leave this open for a minute, or are we ready to go back and start the presentation?

HAROLD GATES: We can go for maybe another minute. I appreciate that a lot of people aren't able to do it, but now, you have it. So after the webinar, you can check in with it either immediately after it or prior to the next webinar, which will be in July. But I think it's helpful in helping us focus on things, because a lot of things might pop into our minds, but are they concrete and focused, so that we can actually assess or read and how we're growing and learning. That's the point of this, not to make anyone feel bad that you didn't do it, but it's-- now that you have something to use, how do we use it effectively and stay focused.

CINDY CHRISTY: And we do have some positive comments about it, so thank you everyone. We appreciate your participation. All right, I think we'll head back now.

HAROLD GATES: OK, sounds good.

CINDY CHRISTY: Great. Thanks, everyone.

HAROLD GATES: So what are we going to learn today? You know, I usually say, you know, this is kind of an appetizer, because you can only do so much in the time frame that we have. So hopefully we'll continue to learn and grow after this, and some of this, we'll be picking up on and the subsequent webinars as well, but to understand and define cultural competence, because there is a term, and there is a record and precedent for this, and we'll touch base on that. There's a continuum, too, because not everybody's at the same place. And what does that mean organizationally and what does it mean for us as an individual practitioner?

And the importance of the CLAS standards, which were created back in 1999, 2000 originally, and then revised in 2013, and we'll touch base on that. And lastly, what is all this about anyway? I mean, health equity, health disparities and substance use disorder is one-- those are some of the main things are in the news and that are part of the work that you do and part of the work that all of us are involved in, and it would be nice if most people had access to similar kinds of health care access for substance use disorder, but for other health care needs as well.

So why are we discussing cultural competence in CLAS? I know in Wisconsin, and I'm just using that example, because all the other states should have this, too. There's a Healthy Wisconsin 2020 plan that was put together about 10 years ago. We're coming up now, getting ready to look at Healthy Wisconsin, Healthy Illinois, Minnesota, Indiana, et cetera, in the next year or so.

So I would encourage you to touch base on that, to get a sense of what kind of health equity issues and things your state is working on, because that will help inform the work as you do, and you know, how you can be more connected to current trends and things happening in your state. And that's coming out of the National Department of Health and Human Services.

Last year, the Surgeon General came out with a great report on looking at substance use disorder as a chronic brain disease, as opposed to somebody's moral failings and other kinds of things that people have come up with in the past and if you haven't looked at that, I would encourage you to do so, because it's very useful and has a number of just good information that's current or more up to date, as well as tools and resources that you can tap into.

Just in case you didn't know it, the country is changing dramatically, and within each of our states, depending on the majority populations, numbers, it's still changing, and that's

something to pay attention to, because one of the things that's a challenge is to know the demographics of your clients and consumers that you're working with, and then if we look at, say the opioid epidemic, you know, there are disparities in that, because certain groups of people didn't necessarily have the same issues around opioid use, prescription drugs, that kind of thing, and who are they? And how do we know who they are, and who's coming through our doors, and what policies and procedures do we need to adhere to, or at least come up with that would address the disparities that exist in people getting treatment?

And as you know, one of the critical things is that even when people have a need, is treatment available for them, and that's one of the challenges that we have. If we take a quick look at the map, that's here this is from the Pew Charitable Trust, that at least 21 states by 2015, I'm predicting, even sooner will be the majority of anybody in those states, you see that Southern tier of states, as well as some of New England and Alaska, Hawaii, they were already a majority in those states recently.

So that's something that we should pay attention to, and that will also impact on service delivery, policies and procedures, that kind of thing. I always am thinking, too, part of our jobs and our worth, we have to think about things from an ethical perspective.

Most major professions have codes of ethics and standards, and I know social work, for example, has standards around cultural competence, too. And they more recently came out with standards for how to use technology and social media. So these things evolve over time, but what's really the foundation of the work we do, because a lot of times, I think we get caught up in our work and forget to have empathy for people, you know, our ability to tap into their feelings and to kind of understand what the situation is and compassion, which to me, comes out of empathy, is not only do we understand what they feel, but we want to relieve their suffering and help them do something about it.

The other part, I think, that's sometimes helpful, because this is kind of-- this work can be stressful and unnerving from time to time, it's how about a little self compassion and taking care of ourselves, while we're trying to take care of others, because obviously, it won't work if we're not doing that, and then mindfulness. I think that's another concept that I know some of you are familiar with, but it might be worth tapping into.

Part of how we might see it from this perspective is just holding painful experiences that our clients have in perspective, our awareness, and not over identifying with them in some way,

obsessively thinking about it, but helping them to-- not trying to help them fix things, but being tuned into where they're coming from and aware of that in a mindful way.

Another concept that I've been looking at, too, is it's part of us getting to know ourselves better is emotional intelligence, and at some point, that's worth a discussion as well. And then, lastly, cultural competence, basically the ability of individuals in a number of personal, professional, or organizational, it helps us relate in a way that helps on a personal, professional, organizational way to deal with cross-cultural situations.

So let's define cultural competence, because that is the concept, and it started back again in 1989. Georgetown University-- they have a National Center for Cultural Competence-- had some people put this together, because they were seeing different results for different groups of people, especially underrepresented clients and people of color. So defining cultural competence as a way of looking at it in terms of attitudes and policies, practices, and skills, and the structures that organizations and systems have to help them be able to tune into our clients and consumers are coming from and work more effectively across cultural situations.

That monograph came out in 1989, and they put together two subsequent ones as well, and those can be accessed, I think, through Georgetown. So let's look more about cultural competence. So what is culture, for example, what is competence, and I know a lot of times there is some concern about, OK, well, why are we talking about competence? I'm already competent in what I do.

And my thought is that all of us are competent, yeah, but how competent are we around this topic and people who represent difference that we maybe haven't even encountered or that we're encountering, but we're having some difficulty getting compliance or whatever in what we do. So that's some practical definitions of relevance.

And there's also linguistic competence that do we have access to interpreters, do we put our signage and information into a format that people who are not able to see, or people who are hard of hearing, and low literacy rates, that kind of thing. So culture is looking at people's backgrounds. It's what kind of informs all of us in our day to day life, how we relate to other people, the institutions that we have, how we communicate.

Competence is looking to how we are able to tap in to as an individual provider our consumers and their belief systems and behaviors and meet their needs. And as an organization, are we able to do that? Those are questions that we should be constantly asking ourselves. The

relevance of cultural competence, there's a couple things I wanted to mention briefly.

Again, back to demographic changes, longstanding disparities among groups of people based on their socioeconomic status or other ethnic backgrounds, how to improve on the quality of service outcomes, because that's-- we want people to get better, but are we really measuring that? Legislative regulatory accreditation mandates, there's only about five states that actually have some, either mandates or laws or guidelines for people to use around cultural competence.

New Jersey is about the most concise with that. They actually have physicians go through training around cultural competence of the states. It's sort of hit and miss, and so that's worth tuning in to and seeing what's going on in your state around that particular concept.

Competitive edge in a marketplace, and you know, with the Affordable Care Act and other things happening in the insurance industry, as well as organizations, people pay attention to how they've been served, and you know, what the environment is like in our various organizations and agencies.

And people have to-- well, that's still the mandate for having to buy insurance, I think was struck down recently, but there's still things in place that help people decide where they want to be, and are you addressing their needs, and are they staying with you, are they voting with their feet, and going other places. That's something to pay attention to.

And last but not least is malpractice, so liability. A lot of times with language differences, that happens easily, and then we're liable for things, because consumers are pretty savvy, or can be. And I had mentioned linguistic competence. What is your organization, and how do you relate to the things that you need to-- in terms of helping people who speak another language or who have difficulty understanding the language that we do speak.

So with that, let's do some self reflection. Cindy, could you put up the next poll for us please? So the question-- couple of questions to contemplate are, do you work with clients from diverse backgrounds, yes or no. It looks like a number of you do. And if you're not currently, but you may in the future, let us know that. And then the second one is your organization provides services to clients from the following populations, to give us a sense of what the numbers are. And I see those are coming in pretty quickly now and look pretty widely distributed.

We'll just give you another couple seconds or so to chime in, and then we'll go to the

continuum of cultural competence. And you might also be thinking about OK, well what brings these particular demographics to our organization, agency, health care center, is that the predominant population around, or what brings people to service, what some of the motivations are, who's out there that's being served or not being served might also be questions to ask.

Just to tune in, I see that someone mentioned that people talking about things like cultural sensitivity, and I know cultural humility is another term, and I think of those as subsets of cultural competence, because some of them, in particular, cultural humility do emphasize more of the social justice realm of the work that we do, because we might want to be thinking about that, like who's underrepresented and underserved and why, what are some of the social determinants that impact people getting services or even knowing about them, or having the wherewithal to pay for the services they want.

So that's my thoughts. And that's a topic that can also go on for a lot longer than time permits at this point.

CINDY CHRISTY: Would you like to go back to your presentation, Harold?

HAROLD GATES: Yes, we're ready.

CINDY CHRISTY: Ready.

HAROLD GATES: Thank you. So there is a continuum of cultural competence from destructiveness to cultural proficiency and cultural proficiency, I think of like, perfection. We'll obviously never be perfect, but we can strive to be better than we are. So proficiency is the end point, and destruction at the other end of the continuum. So what does that mean?

Well, in fact, historically, as well as currently, we've had things happen in our country that treat people differently based on culture, and that is not really wanting to engage with people, and that actually wants to destroy their culture. So some examples of that, in the past, have been-- and currently not letting people access their natural healers or helpers, removing children from their families based on culture, risking the well-being of people, underrepresented by using them in social experiments and medical experiments.

Yes, that's happened in this country, and it's happened in a number of places, are advocating laws that actually harm people based on their identity, and you can think about past practices,

as well as what's currently going on in the country around immigration, for example, and adoption issues and those kinds of things.

So that's the extreme end of the continuum, cultural incapacity is like we just have an inability to help people from different cultures and have a paternalistic attitude towards people or groups that we consider less than. And some of those examples might be passively maintaining stereotypes, discriminatory hiring practices, and inability to match our services with authentic needs.

The third point of the continuum is cultural denial or cultural blindness, and some of us who can remember back to the '60s and earlier times, that was a thing called being colorblind, and that was a nice term, but it really didn't accurately reflect what was going on in our society and in our communities. People that are at this stage tend to think of themselves as being unbiased and that they already addressed people's cultural needs. They'll see the benefit for valuing differences among groups.

Some examples might be I treat everybody the same. The playing field is even. Differences and results are all about merit. And we're so beyond race and CLAS and gender, that kind of thing. So that's cultural denial. Cultural pre-competence, we know that there are some things that we could be doing better to serve diverse populations in our area, that we tend to do a few things, but not quite sure if they're making a difference, for example, engaging diverse cultures in staff and leadership positions are doing basic cultural competency training. We hire one or more workers from a racial or ethnic group and think that that's enough. We hold potlucks, and that's good, because I like to check out different cuisines, and I watch the Travel Channel and that kind of thing, but is that enough to really help us understand and appreciate cultures, or is that just one means to helping us appreciate the--

Cultural competence, so what is it? It's valuing differences, and we define success in terms of equity and access, quality, and outcomes. We are reflective about our processes and outcomes related to cultural competence. Some examples might be we're always continuing to assess ourselves and to look at our organizations and how we effectively address the needs of the demographics of clients and consumers that we serve, ongoing QI efforts, PDSA cycles, all the kinds of things that help us measure what we're doing and what's working or not working, hiring or trying to hire unbiased employees or people that are tuned into cultural competence. Those are some examples.

And we support staff members' comfort level when we're working in cross-cultural situations, because you and I both know sometimes, these can be pretty stressful and unnerving. So do we have an environment or a place that can help us process those kinds of things? That's all part of being culturally competent.

Lastly, cultural proficiency is that we just hold culture in high regard. Automatically, that's what we do, actively promote culturally responsive practices. Our leadership is committed to cultural and linguistic proficiency. We hire people and develop staff members that focus on culturally competent practices. We budget for this, because you know, you can't do anything without resources. Strategic planning and leadership commitment to cultural proficiency are all important components of having this work.

And you can check and see where your successes are, what the challenges are, and opportunities for growth. So that's kind of a quick overview of cultural competence and the continuum just to kind of click through these quickly. I've pretty much described them all. And so think back, now, to if you-- for those of you who did get a chance to do the cultural competence self test, and even if you didn't, I would encourage you to start thinking about and being aware and exploring your own cultural heritage. You know, you can always check into ancestry.com, or forget the other one.

There are a number of things that come out that can help us look at our roots and all that kind of stuff. But it's also like, who came up with that particular concept and idea? Well, a lot of times our culture is what informs us around those kinds of things. And be more mindful of your values and assumptions and biases. You know, what is it that I do well with clients and consumers, and what is that that's a challenge for me, and how am I going to work on that, and you know what, our cultures and beliefs-- our cultures and values shape our perceptions.

And perceptions are pretty powerful. Sometimes, I consider them as powerful as what reality is. A lot of times it's what drives us to do certain things, and let's look at what normal and abnormality is within the counseling process. What does that look like from my perspective, but my client a consumer might not be thinking about from the same. What is theirs? What is mine? How do we come to some kind of mutual agreement, or how do we agree to disagree and still get services provided to people that need them?

There's a link at the bottom of the slide that you can check that's a much more in-depth look at the assessment for looking at how you relate to folks and your values of belief, communication

styles, et cetera, that you can go to. And Georgetown has put that together.

So let's look at organizationally. We kind of looked at personally professional, but organizationally how CLAS informs all this. So these are just a number of areas that you should take a look at. I'll just highlight a few things within the context of those, like for organizational values, a task that should be happening is reviewing and updating your vision, mission, and values statement. And that should be what drives our work, anyway. It's not like we should be flying by the seat of our pants and coming with answers to things without any kind of systematic approach.

Address cultural competence in the strategic planning process. In low context cultures, it's the thought that if it's not written down, it doesn't exist. So if you don't have it written in your planning process, you're going to be asking, well, why didn't that happen the following year, and that's maybe not what you want to be doing.

Governance tasks, so if a senior manager or someone that is very critical in the organization should be tapped to help look at this on an organizational level and develop culturally responsive practices and services. And I would encourage folks to have a cultural competence committee, because stuff comes up all the time, but is there a group of people that are committed to this, that can meet at least quarterly, at the least, and monthly at the most, to process all these things that come up.

Some planning tasks might be engaging your clients, staff, and community in the planning and development of your culturally competent services, and have a plan develop so that you can always look back on it on a regular basis, I would say yearly at the minimum, and quarterly, and then occasionally even more frequently, depending on what you're doing.

Evaluation and monitoring. Create some demographic profiles of the communities that you serve, the clients, the staff, and your board room. Who's out there? Who are we actually talking about and working with? And then conduct that organizational self-assessment, because there are tools that help you do that. And I'll refer to that a little later towards the end here.

Language service task. This is one of the more challenging areas a lot of times, because a number of the things around language are federally mandated, like you shouldn't be providing interpreting services help for people with low literacy, that kind of thing, and how do you have some practice and guidelines established for that? Does everybody know how to use the

language line, for example? Do you have interpreters and translators in the community that you know are credible, certified, et cetera, that can actually help you do that work?

Workforce and staff development issues, how to recruit, retain, and promote the different backgrounds of people that you want to be in your organization, that can help you serve your diverse clientele, looking at training plans and creating curriculum for cultural competence. There are some ways that can help you do that. And then lastly, the infrastructure. Is there money, funding for long term physical planning to promote cultural competence, and creating an environment that your organization serves, what outreach strategies are you tuned into.

So that's kind of a quick overview again of just how your organization might start to be more tuned into cultural competence and CLAS standards as well. So what are they? And basically, this was established, like I said, 1999, 2000, to look at how to provide appropriate health care in a broad range to different clientele by being respectful and responsive to their cultural and linguistic needs. So that's the essence of it.

I always like this quote from Martin Luther King, and I think it relates to the CLAS standards as well. "Of all the forms of injustice inequality in health care is the most shocking and inhumane." What else can we say? I mean, it's the world we live in, and it's also how do we help make a difference. And I think cultural competence and CLAS can help you work on this particular thing.

CINDY CHRISTY: Sorry. I'm not sure what's happening there. Our screens are switching.

HAROLD GATES: Yeah, I saw that. The other person that helped confirm this is she was on the watch when the Affordable Care was coming on, and then some things happened that helped her not be on the scene anymore, but the quote I think is appropriate. "Minorities and low income Americans are more likely to be sick and less likely to get the care they need."

And she was Secretary of Health and Human Services from about 2009 to 2014, I think. But you get the point. It's like these standards were set up to help us deal with some of those things. So in 2012, '13, the CLAS standards were revised or enhanced, and they expanded the definition of health, looked at more inclusive audiences, beyond just health and health care, because I think the framework can also be used in non-profit and corporate settings. They might have different terms, but the concepts and processes are pretty similar.

And then moving beyond individuals and groups of patients and consumers, these were areas,

and if you take a look at a handout that was mentioned at the beginning that looks at the CLAS standards, it gives you a little bit more in-depth information about these particular areas and enhancements that were made.

So what is health equity? I mean, this is, I think, the foundation of why these two particular concepts are important, and how they intertwine with each other, and the Department of Public Health out of Massachusetts has come up with at least these major concepts that help us relate to health equity, so ensuring that everybody has an opportunity to attain their full health potential, and looking at both process and outcome.

So OK, people come in the door. But then what happens when they leave? Do they get what they need and they go on and live healthy lives? Or do they have problems and become complex care patients that are repeatedly seen over and over again and expending funds and you're trying to figure out how to help them?

Social determinants of health is becoming a real crucial piece of this work as well, because it's not only what people are struggling with. It's where do they live, do they have access to healthy food, do they have the funding to live a healthy life, what's available in their communities, those kinds of things, and then lastly, but not least, social justice.

Are we doing our best to help everybody have the things they need in life to make it a decent way of being in our society and in our communities? So the standards themselves look to advance health equity, improve quality, help eliminate health care disparities, and help us look at our nation's future health care.

That's a lot of advances now being made in the medical area around immunotherapies and other kinds of things that are helping people with cancer and other diseases, and there's medical assisted treatment as far as substance use disorders. So these are future trend kinds of things. How much are we tuned into them? How much do we not know about them, and what can we do about tuning into things?

Just to take a look at some of the areas that I touched on by the CLAS standards. If we looked at behavioral health workforce, for example, demographics in terms of ethnicity, we see disparities in terms of direct care staff, as well as clinical directors. And so you could see the numbers there. The challenge is how do we get those numbers up, and we can't make assumptions about anybody, because one of the things I have learned over the years of our cultural competence, it's not what you look like. It's how much you've actually put into the

efforts of becoming skilled and aware around the concepts and utilizing it in your day to day work and in your personal life.

So you see the disparities that exist. So how do we continue to increase ethnic and diverse participations in both the workforce and in people that manage and supervise. I was referring to earlier a place where you could actually take a look at a blueprint, as well as a number of webinars and other good resources. And this is the Department of Health and Human Services Office of Minority Health website that you can tap in to, thinkculturalhealth.gov. But I would actually, if you haven't already had a chance to look at it, take a look at it, because those resources are there for you.

They have just different tools that help you from access to looking at how to evaluate your outcomes on this particular website, and I think it's very useful. They tend to update it frequently, and things change as well, but it's definitely a good resource. There are other resources, but this is the one at the CLAS standards came out of. You can set up your own email and your own entry into the website. So I would encourage you to check it out.

So again, why do we need the CLAS standards? We need to increase the diversity in management of health care and underrepresented minority representation is weak in those areas, and so, as we know, our clientele is becoming more diverse, how do we also diversify our workforce, and these are some of the things that the CLAS standards address and also help you address with some practical application.

So just some more things that come out of the CLAS standards. Creating a welcoming environment, one of the organizations that I'm currently working with took it upon themselves to even look at their signage and things that help people and enter into their organization, into their workplace, that's important to a lot of people, because if you're a huge organization, how do people actually know where to go to get what they need and to not get lost in the process.

Infusing multicultural perspectives, Harvard Business Review, other reputable business applications around diversity and inclusion, talk about the fact that creativity comes of having more people around the table that represent different perspectives, and that is an asset, rather than something that would cause-- well, it might cause some confusion initially if you're not used to it, but it can also help bring about good options and solutions for people, because you get different perspectives, in expanding and creating more resources to help you with these efforts.

Again, I'm talking about a blueprint. The blueprint what breaks down the CLAS standards into implementation areas like governance, leadership, and workforce. That's one area.

Communication and language assistance is another one. And again, I mentioned earlier, like a number of these things are federally mandated. So if you're not doing them, you might want to consider how to be in compliance or what's a challenge for you to be in compliance around those things.

And then lastly engagement, continuous improvement and accountability. How do we know we're doing what we said we're doing if we're not really looking at that and continuing to grow and learn and experience and have things that actually make a difference in our clientele's life. So that website I mentioned, Think Cultural Health has actually a blueprint that walks you through these kinds of things.

So again, just to kind of tune into this again, as we're moving more deeply into the CLAS standards, that whole thing about eliminating health disparities, how do we do this? How do we break it down? Building rapport and trust, personalized care, increase patient satisfaction, and improve adherence, because that's one of the challenges in this area is getting people to actually follow through on what might help make life better for them, and that's a challenge a lot of times.

So having CLAS and cultural competence provides you some guidelines for doing these things I think will help us have better outcomes all around. So again, these are the things around health inequities, the definition or the differences, rates of disease, access to health care, health outcomes, and then the causes, social, economic, and environmental factors, what are the barriers to getting health care.

And one of the things I've tuned into that comes up regularly around complex care patients is how do they even get there, what modes of transportation do people have, and is that considered in the way we provide services, also hours that we're open. Can people get there during the day, or do they have to work, and if they lose their job then they're going to be worse off than before, and that's going to help contribute to what they're struggling with already, and the differences in quality of care, health care.

The Institute of Medicine did a study back in 2000 that showed that particularly people of color, whether they have insurance or not have insurance, they still get different treatment compared to some most mainstream patients or clientele. That's something that was looked at a long

time ago that's still happening, or have we done better in that area? That's something to ask yourself and your organization.

So just to use an example I-- one of the main examples outside of the-- or organizations outside the Department of Health and Human Services nationally is the Massachusetts Department of Public Health. They have a really good model that takes a look at how they've implemented CLAS on a statewide level, and they've actually come up with-- they got a grant from the Department of Health and Human Services back in 2005, and then they looked at how they could start to address this statewide with organizations that would put in what they call RFRs, and we call them RFPs, agencies, organizations that wanted to do service with the state government and this particular office.

Are they even thinking about things like cultural competence or CLAS? So they added language to their contract renewals, and-- well, they added language to them in 2007, and then they added contract renewals to folks applying to do business with the state in 2012. And so they were able to connect us with their contract renewal system and let people know that they needed to start looking at this, but they were also going to be providing support and monitor vendors, CLAS implementations throughout their contract.

So this is something you can actually go online, again, and take a look at what they're doing, because they actually help you walk through some of these things and how they were able to work them into their operations. So they came up with questions around the CLAS standards. One of them is around standard 8, which looks at federal standards, Req 8 deliver effective and understandable and respectful care, that's related to people's self belief and their language.

So they wanted people to look at this one, for example. It was an example of how you could start to look at what are we doing, what strategy does our program have around delivering these services, and how do we actually implement those, and how do we know they're working or not.

So part of what they did was create an assessment tool around the CLAS standards, where you could look at the standards per se and then decide which ones you actually wanted to work on. And they would help you and assist you if you had difficulty coming up with how to implement it or to monitor or do PDSA cycles around what you were planning to do and see whether you worked or not and whether you were going to continue those or try some other

experiment, because that one didn't necessarily get the desired results that you were looking for.

So again, Massachusetts, are the really good-- they took the federal standards and applied it to their state and actually started to implement it in terms of contracts. So they could hold people accountable, but also assist them, because there obviously is a learning curve around this.

So next steps around cultural competence-- excuse me, CLAS standards, is looking at how to collaborate with each other, how to join forces and effectively start to put things in place that might help you implement these standards in your organization, how to establish some kind of accountability within your own organizational frameworks and communities, how to promote the CLAS standard. And the Georgetown document that you got at the beginning of the webinar looked at this, to some extent, and would help you take a look at how to promote them.

And on that website, there's even more detailed information about how to promote them. We're looking at things through a social justice lens again. The business case for doing this, looking at competition, liability, legislative standards that you might or might not have in your state.

So these are some things to start thinking about. Just briefly, and I know this may be difficult to see, but hopefully you can see it on the slide. This kind of breaks down how Massachusetts set up their sample contract, set up a contract for the agencies that wanted to do business with them.

We'll be looking at more in depth in the next couple webinars action plans, but what I would encourage you to do, again, is to do the self-assessment, look at the results you came up with, and pick at least two things that you want to work on between now and next month, for example. And that can help provide, as we move into the next webinars, we'll have a format for an action plan, but you can start to think about well, this is what I want to work on, but how would I start to do that? What would I need? Do I need any resources? Are there workshops I can attend? Are there people I can connect with that would help me actually move forward in this area?

Because the bottom line is that we want to do our best to be empathetic and have compassion for our clients and consumers. And if I'm not necessarily working on those areas that are

challenging to me, then am I ethically doing what I need to do to take care of business?

And consider what you have control over and what you don't. I know that a lot of times there are rules and regulations that we have to work within the confines of, but I also know that there's discretion that a lot of times we have, and how many times do we think about that as we talk about the issues around culture and other challenges.

The next webinar, we'll be looking more specifically at some of the things that come out of the tip, improving cultural competence, specifically geared to this topic, substance use disorder, and it's very useful. There will be some scenarios and things that we'll walk through. But if you haven't already, take a look at Tip 59. I think you'll find it very helpful.

You see here, the next webinars will be July 11. We'll be talking about how to implement cultural competence and the CLAS standards, more practical application, and then the last one, August 8, we'll be looking at how to sustain it as an individual and on the organizational level. So with that, Cindy, I think we're winding up here, and we'll see whether people have questions or not.

I see a number have been coming up all along, but we might entertain for a few questions, as time permits. Thanks.

CINDY CHRISTY: Absolutely, Harold. And thank you everyone. We do have a rich conversation going on over in the chat feature, and we appreciate that. We just want to remind you that it's not policed, and we can't actually verify any of the resources that are being put there, but please feel free to chat away, and I'll turn it over to Maureen. I think we have time for a couple of questions.

MAUREEN FITZGERALD: Yes, thanks, Cindy, and thanks, Harold. We do have a question that's come in from Keshia Carter. Her question is, "Our agency serves a diverse population, and we offer a variety of services. How do we keep on providing services when we do not really have a blueprint on how to be culturally competent?"

HAROLD GATES: That's a good question. So I would encourage you to talk with their upper level management about starting a committee, or having a committee of folks who are committed to doing this work. It could be two people, or it could be a lot more, but that would be your way to start, and then start using some of the information that we shared today, and even just having a conversation around, well, what does that mean, and how will we actually go about it, what resources do we have that we can tap into to actually make this meaningful.

So that would be the basics of what I would encourage, just the conversation and having people come together as a committee so that you can start to meet on a regular basis to make this happen.

MAUREEN FITZGERALD: Thanks, Harold. Then we have several questions related to providing linguistic services. How do you find qualified interpreters for other languages, as well as for people who are hard of hearing? And how can you--

HAROLD GATES: Go ahead.

MAUREEN FITZGERALD: And how can an agency provide linguistic services when maybe they only have one client that needs that support? What's the way to justify that service?

HAROLD GATES: Wow, there's a lot there. There is a national accrediting body for interpreters and translators, and I would do some research to find out if you have someone that represents that group in your community or in your state, and usually, there is, because it's a national network, or your local hospital, or other agencies that deal with more diverse clientele might be a source for that. I'm not remembering the precise name of that group, but I know there's a national accrediting body.

The other thing is to use language lines. There are a couple of language lines that are available, and a couple of them are pretty reputable, so that if you only have one client, for example that needs it, then that would be one way to do it. The other thing that's even more challenging is a lot of times, organizations have people on staff that speak the language, but I think rather than using those people's services without some kind of compensation, that that should be considered part of how we're moving ahead with cultural competence in our organization, that there should be some talk around how to provide resources and support people that actually can do that work without overburdening them with the work that they already have.

So those are just some quick suggestions, but I would start to do some research around what's available in the community. Literacy agencies or universities or organizations that offer language services, they might be a place to start.

MAUREEN FITZGERALD: Great. Thank you. I have a question that's come in from another participant. How can you expand your services to diverse populations?

HAROLD GATES: Good question. That's a complex one, too, because hopefully you've already started, or you have some connections to the communities. But I would start looking at the communities that you serve and what's the demographics of the clientele that come for services at your organization, and that's natural leaders, people that you hear about via the community grapevine, or whatever, and then there are people that might be already working in the field that could point you in that direction.

Georgetown has a good resource on their website. I think it's called Cultural Brokers. That might be worth accessing because it gives you a whole blueprint of how to tap into communities in a real systematic way. So I would go online and look at Georgetown's National Center for Cultural Competence, the Cultural Broker document or monograph, and that might help you look at some things.

I know Minnesota has Cultural Care Connections. And that's been changing more recently, but there's a lot of good information on their website as well that you can practically apply. So those are just two resources I can think of right off the top of my head.

MAUREEN Thanks, Harold. We'll see if we have some additional questions rolling in.

FITZGERALD:

CINDY CHRISTY: Oh, we're at the top of the hour now, Maureen, so--

MAUREEN All right.

FITZGERALD:

CINDY CHRISTY: I'm guessing that we can switch over, and I want to let folks know how they can access their CE certificates. So I'll be switching screens here, but really wanted to take a moment to thank our presenter, very rich conversation going on and a lot of thank you's. So we do hope all of you are registered for the next few so thank you very much, Harold, and let me go ahead and get to our wrap up page.

HAROLD GATES: Thank you.

CINDY CHRISTY: Thank you. So in hopefully less than one week you'll receive an email from me, Cindy Christy from the ATTC Network Coordinating office, and it will contain information on how to you can go to, view, download and print your CE certificate, your one hour NAADAC CE certificate. And again, we hope to see all of you on the next webinar. Do you have anything to add, Maureen?

MAUREEN No, I think we already covered that the PowerPoints are available right now for download in
FITZGERALD: the pod, and the recording will be posted on the Great Lakes ATTC website within the next week.

CINDY CHRISTY: Brilliant. OK, thanks, everyone. I'll tell you what, I'm going to leave this room open for a few more moments. I'll stop the audio, but anyone who did not have a chance to grab the PowerPoints can do so from the download slide, and there are some resources from some of our other participants. If you want to cut and copy anything in that chat room, chat feature, please feel free to do so. But for now, audio is over and out. Thanks, everyone.

MAUREEN Thanks, Cindy.

FITZGERALD:

HAROLD GATES: Thank you.