



ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

CLAS Matters! A Better Understanding Culturally and Linguistically Appropriate Services (CLAS)



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Mid-America (HHS Region 7)

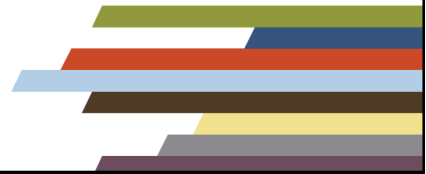
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Mid-America Addiction Technology Transfer Center

The purpose of the Technology Transfer Centers (TTC) program is to ***develop and strengthen*** the ***specialized behavioral healthcare and primary healthcare workforce*** that provides substance use disorder (SUD) and mental health prevention, treatment, and recovery support services.

Help people and organizations incorporate ***effective practices*** into substance use and mental health disorder prevention, treatment and recovery services.

3

Goal

Inform on the National Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards as a structured set of guidelines that can be implemented within various organizational levels to increase equitable and inclusive services for racial and ethnic communities.

Let's Gain A Better Understanding...

About Culturally and Linguistically Appropriate Services

OVERVIEW

- Define health disparity and discuss risk factors that perpetuate/continue the cycle
- General overview about CLAS and the 15 standards
- Introduce culture and identify how it contributes to unequal access and differential care

5

Cause and Effect

The Cause

**Social Determinants of Health
(SDOH)**

The Effect

Health Disparities

CDC/Health Disparities: <https://www.cdc.gov/healthyyouth/disparities/index.htm>

6

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment Income Expenses Debt Medical Bills Support	Housing Transportation Safety Parks Playgrounds Walkability Zip Code/ Geography	Early Childhood Education Vocational Training Higher Education	Hunger Access to Healthy Options	Social Integration Support Systems Community Engagement Discrimination Stress	Health Coverage Provider Availability Provide Linguistic and Cultural Competency Quality of Care

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

7

Kaiser Family Foundation, KFF, Beyond Health Care: The Role of [Social Determinants in Promoting Health](#) and Health Equity, May 10, 2018,

Health Disparities in the U.S.

What is a health disparity?

- preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations
- inequitable opportunities directly related to the historical and current unequal distribution of social, political, economic, and environmental resources

CDC/Health Disparities: <https://www.cdc.gov/healthyyouth/disparities/index.htm>,

8

Factors that contribute to health disparities

Structural inequities and social determinants of health including:

- Inadequate access to care and educational opportunities
- Poor quality of care, poverty
- Community features, environmental threats
- Individual behavior contribute to health disparities

NCSL, [National Conference of State Legislatures, Health Disparities Overview](#), November 19, 2015,
HHS [Action Plan to Reduce Racial and Ethnic health Disparities](#), A Nation Free of Disparities in Health and Health Care

9

Communities Historically Impacted

Communities historically impacted:

- Racial and ethnic populations
- People with limited English proficiency (LEP) and low health literacy
- LGBTQ+ communities
- People with disabilities
- Deaf and Hard of Hearing communities

10

Health Equity and Behavioral Health Equity

Health Equity:

- fair and just opportunity to be as healthy as possible
- reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups

Behavioral Health Equity:

- the right to access quality health care for all populations regardless of the individual's race, ethnicity, gender, socioeconomic status, sexual orientation, or geographical location



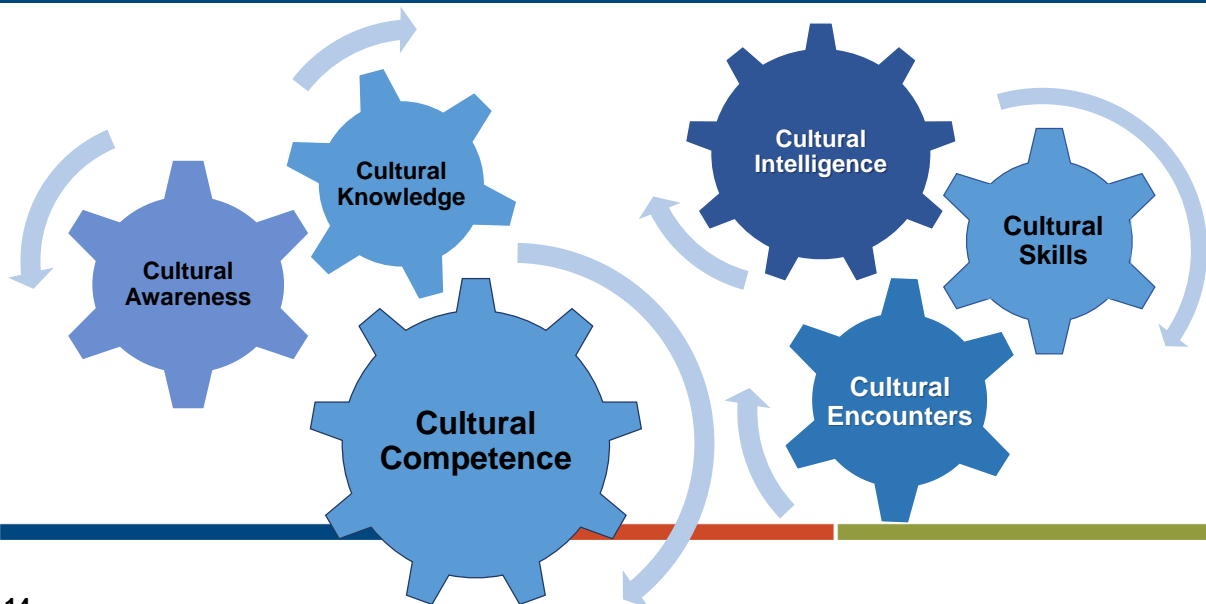
Culture

Integrated patterns of human behavior that includes thoughts, communications, languages, practices, beliefs, values, customs, courtesies, rituals, manners of interacting, roles, relationships and expected behaviors of a racial, ethnic, religious or social group

13

National Center on Cultural Competence, (NCCC) Bridging the cultural Divide in Health Care Settings
https://nccc.georgetown.edu/culturalbroker/8_Definitions/index.html

Cultural Terms



14

Cultural Awareness Core Elements

Awareness

Differences of culture and one's own



Value diversity

Attitude

Aware of own biases, values, and belief systems



Acknowledgement and respect for cultural differences

Knowledge

Inherent cultural trends of population



Current research on effective practice

Skills

Use of appropriate name or pronouns



Culturally conducive engagement approaches

Addiction Counseling Competencies, The Knowledge, Skills, and Attitudes Of Professional Practice, TAP 21, <https://store.samhsa.gov/sites/default/files/d7/priv/sma12-4171.pdf>

15

History of CLAS

History:

- 2000-Office of Minority Health (OMH)
- National Standards for Culturally and Linguistically Appropriate Services in Health and Healthcare
- Health disparities in America
- Updated standards 2013

16

2013 and 2020 CLAS Standards: A Side-by-Side Comparison

Topic	2013 Enhanced CLAS Standards	2020 CLAS Standards
Culturally competent care and services	<ul style="list-style-type: none"> Effective, equitable, understandable, respectful Responsive to cultural health beliefs and practices In preferred languages, health literacy levels, other communication needs 	<ul style="list-style-type: none"> Effective, understandable, respectful Responsive to cultural health beliefs and practices In preferred languages
Governance, leadership and workforce	<ul style="list-style-type: none"> Recruit, promote and support Diverse governance, leadership and workforce reflect the service area Governance and leadership promotes health equity through policy, practices and resources Educate and train governance, leadership and workforce 	<ul style="list-style-type: none"> Recruit, retain and promote at all levels Staff and leadership reflect demographic characteristics of population served Ongoing education and training on CLAS delivery
Language assistance services (LAS) and communication	<ul style="list-style-type: none"> Timely, no cost to client Inform of available LAS clearly and in preferred language Individuals with limited English proficiency and other communication needs Ensure LAS provider competence Avoid use of untrained individuals/ services Easy-to-understand print and multimedia materials and signage in languages commonly used 	<ul style="list-style-type: none"> Timely, no cost to client Notice of available LAS Patient/consumer with limited English proficiency (LEP) Train bilingual staff/interpreters Don't use family/friends to interpret (unless patient request) Signage informing of LAS in key languages of service area Easily understood printed materials and signage in primary languages
Planning, assessment, accountability	<ul style="list-style-type: none"> Establish CLAS goals, policies, and management accountability and include in planning and operations Ongoing assessments Integrate CLAS measures into measurement and quality improvement 	<ul style="list-style-type: none"> Implement and promote CLAS plans (goals, policies, operational plans, management accountability) Ongoing assessments Integrate CLAS measures into audits, performance improvement, surveys, evaluations
Data Collection	<ul style="list-style-type: none"> Accurate, reliable demographic data Use data to monitor and evaluate impact of CLAS on health equity and outcomes Regular assessments of community health assets to plan and implement services that respond to cultural and linguistic diversity of area 	<ul style="list-style-type: none"> Race, ethnicity and language (REL) data Current demographic, cultural and cyclo-opsocial community profile and community needs assessments to plan and implement services that respond to culture and linguistic characteristics of service area
Community Partnerships	<ul style="list-style-type: none"> Partners to design, implement and evaluate policies, practices for services Communicate progress to stakeholders, constituents, public 	<ul style="list-style-type: none"> Participatory, collaborative partnerships Facilitate community and patient involvement in designing CLAS activities Public notices of progress

© Making CLAS Happen 2013 | Culturally and Linguistically Appropriate Services (CLAS) Standards

17

Purpose of CLAS

- Framework that provides equitable opportunities to/for all to receive effective treatment that is culturally and linguistically appropriate
 - Improving quality
 - Eliminating health disparities
 - advancing health equity
- CLAS is about RESPECT and RESPONSIVENESS

* handout: National CLAS Standards Fact Sheet

18

What are the CLAS Standards?

Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance services, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-read print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

For an overview of 2013 enhancements to the CLAS Standards, see: "What's New in the National CLAS Standards?" <http://www.youthful.com/watch?v=6w9W3y8fpgg>



19 Making CLAS Happen 2013 | Culturally and Linguistically Appropriate Services (CLAS) Standards

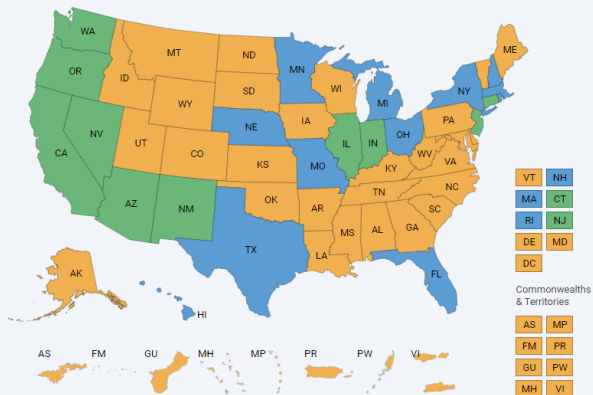
US Map of CLAS Legislation

TRACKING CLAS

This map tracks the progress of state- and territory-led initiatives for mandatory cultural competency training across the United States and territories.

Click on the states or territories in this map for more specific information.

- Requires mandatory cultural competency training
- Proposed, but does not have, mandatory cultural competency training
- Does not require cultural competency training



<https://thinkculturalhealth.hhs.gov/clas/clas-tracking-map>

Barriers to Culturally Appropriate Care

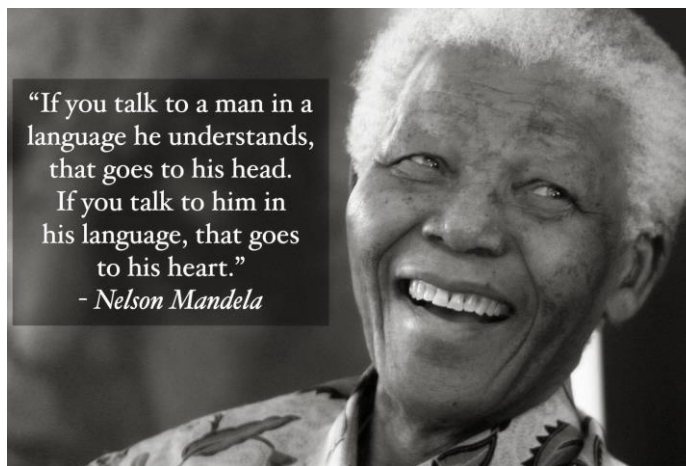
- Implicit bias
- Systems of care poorly designed for diverse populations
- Language barriers
- Poor cross-cultural communication between providers and patients
- Patient/client fears and distrust
- Stigma and discrimination
- Lack of diversity in behavioral health care leadership and workforce

...others?



21

Barriers and facilitators of care for diverse patients: Nurse leader perspectives and nurse manager implications, <https://www.uh.edu/socialwork/alumni/relations/institutional-racism-presentation-8.7.20.pdf>



22



Building Health Equity and Inclusion

ATTC Network, Building Health Equity and Inclusion, [Free Resources:](https://attcnetwork.org/centers/global-attc/clas-resources)
<https://attcnetwork.org/centers/global-attc/clas-resources>

Next steps

- **July 24th 10:00am – 11:30am CST: CLAS Matters-Unpacking the Standards:**
This session provides a greater understanding about the three major themes of the CLAS standards
- **Session 3- July 31st 9:00am – 10:30am CST: CLAS Matters-Moving Forward:**
Provides educational opportunities and resources to integrate, explore, and apply the standards to company practices and policies.

Survey

Please take a time to complete this survey



<https://ttc-gpra.org/P?s=250804>

25



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Thank you!

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