

Bridging the Gap: The National CLAS Standards in Behavioral Health

Marilyn L. Sampilo, PhD, MPH

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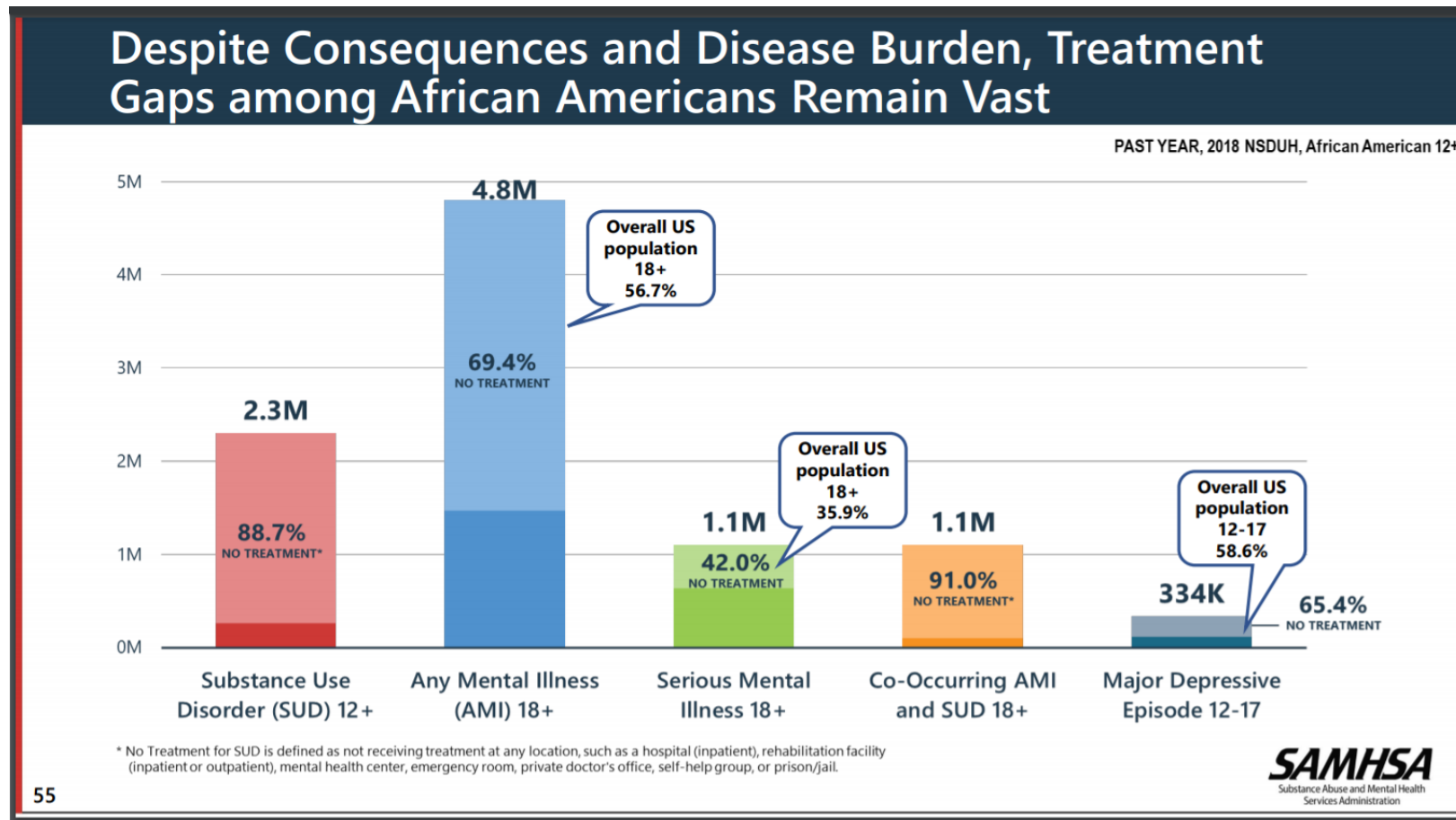
Objectives

- Discuss health disparities among select communities
- Explain key concepts related to equity
- Outline the importance of the National CLAS Standards in promoting equity
- Discuss tools for considering and implementing the National CLAS Standards

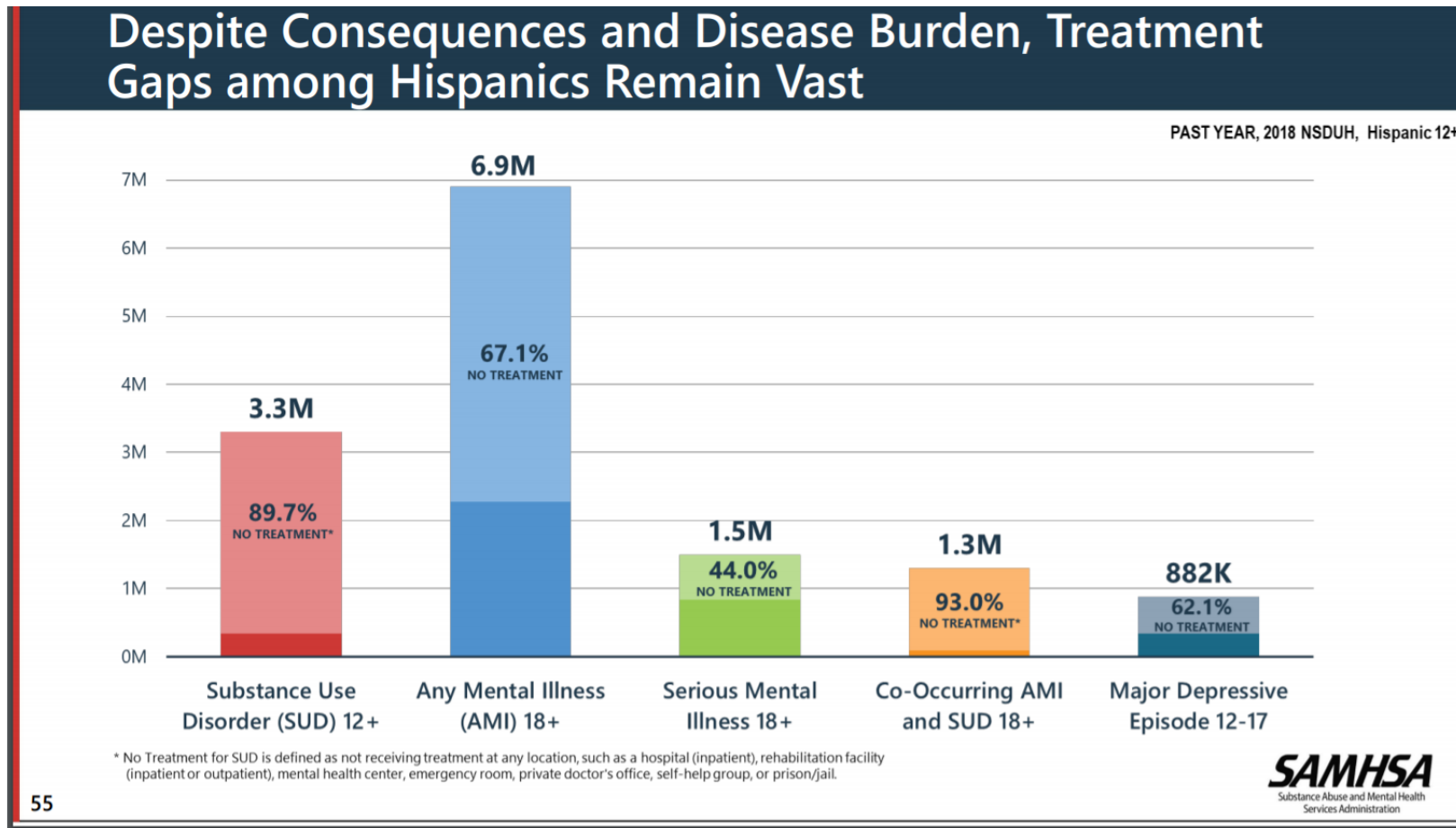
Behavioral Health Disparities

- **Behavioral health disparity:** Differences in substance use or mental health treatment access and outcomes between segments of the population based on sociodemographic characteristics
- Can be based on race, ethnicity, income/sex, age, gender, sexual orientation, disability status, language, geographic location, etc...

Gaps in Treatment



Gaps in Treatment



Mental Health Disparities: SES

- Low SES over time is strongly related to higher rates of mental health problems
- Socioeconomically disadvantaged youth are 2-3x more likely to develop mental health problems



Mental Health Disparities: Rural Communities

- Compared to urban/metro residents, rural residents have seen higher rates of depression and higher rates of suicide
- Despite higher and more rapidly increasing rates of mental health concerns, rural communities lack access to adequate screening, identification, intervention and treatment



Behavioral Health Disparities: Rural Communities

- Rural communities have high rates of opioid prescriptions, diversion, misuse, and high incidence of nonlethal and lethal overdose from prescription opioids
- Despite high rates of addiction, rural communities lack access to substance abuse treatment, and even access to lifesaving interventions (e.g., Naloxone)



Factors Contributing to Gaps

- Structural barriers
- Cost/insurance
- Background, previous experience
- Low perceived need, helpfulness
- Prejudice/discrimination
- Language accessibility
- Stigma related to behavioral and mental health
- Cultural and linguistic competence of services



Particular Challenges for Rural Americans

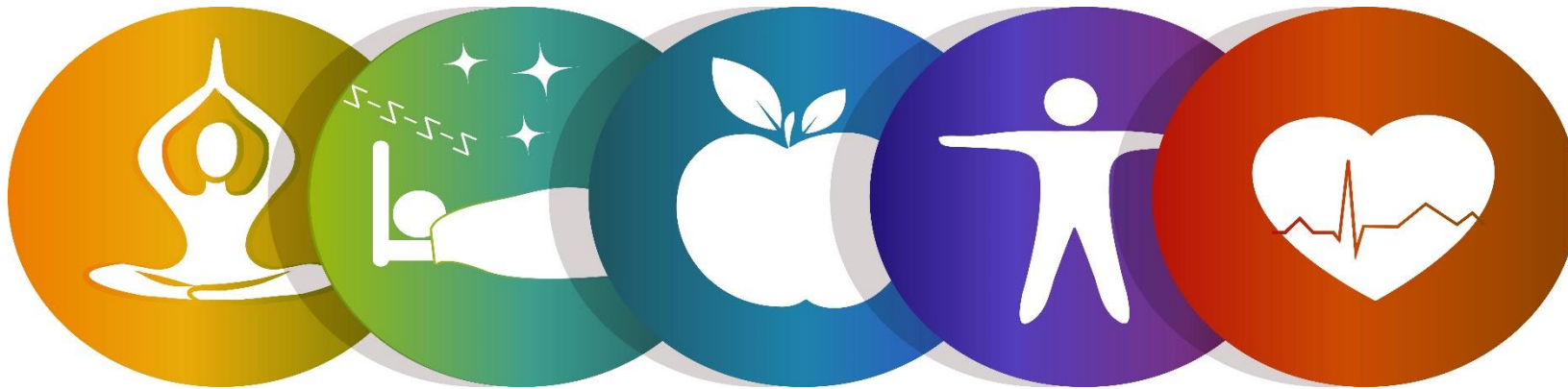
- Accessibility
- Availability
- Affordability
- Acceptability





Health Equity

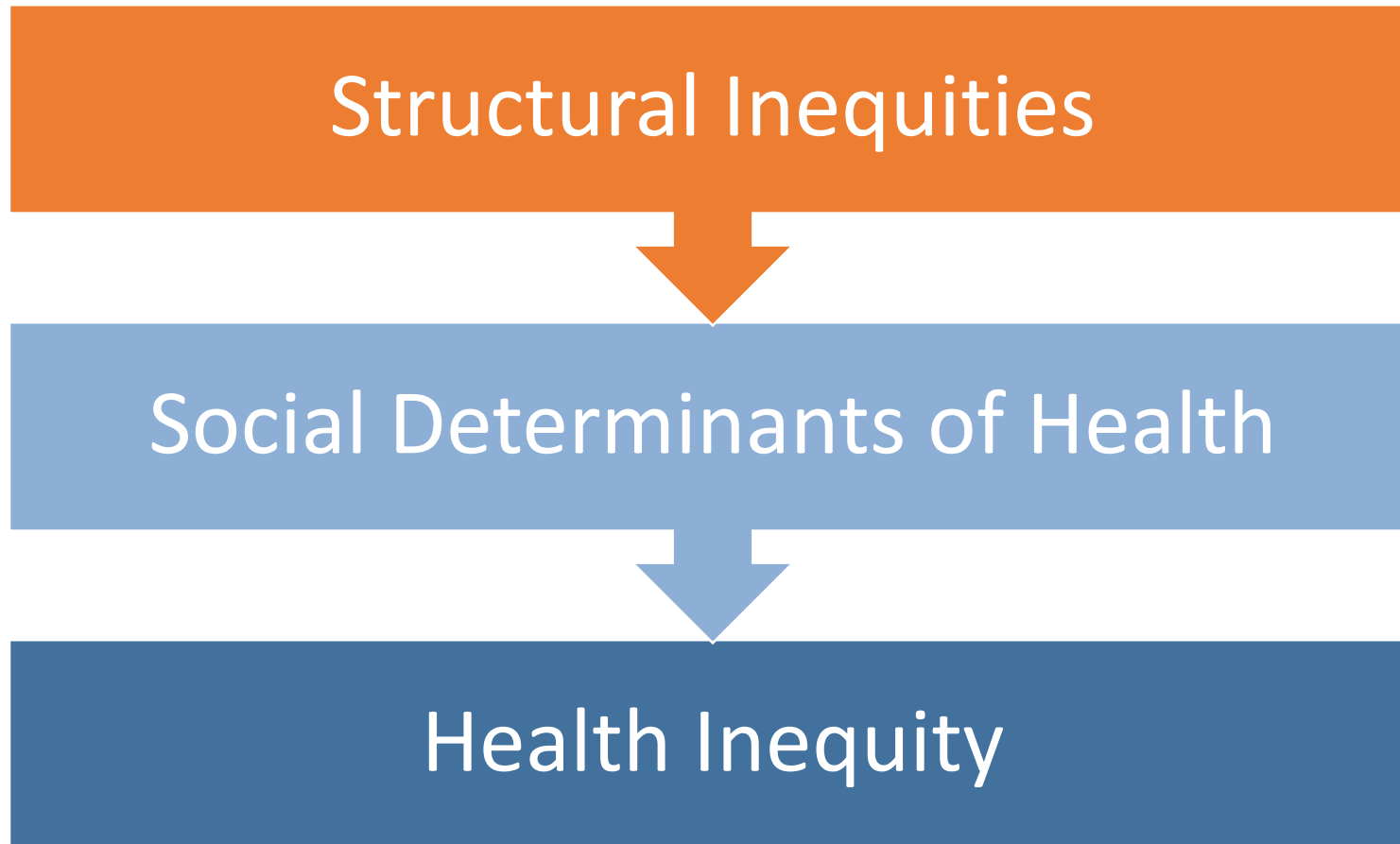
- **Health equity:** Everyone has the opportunity to be as healthy as possible.



Behavioral Health Equity

- **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, geographical location and social conditions through prevention and treatment of mental health and substance use conditions and disorders

Root Causes of Health Inequity



Social Determinants of Health

- “Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as “place.” In addition to the more material attributes of “place,” the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes.”

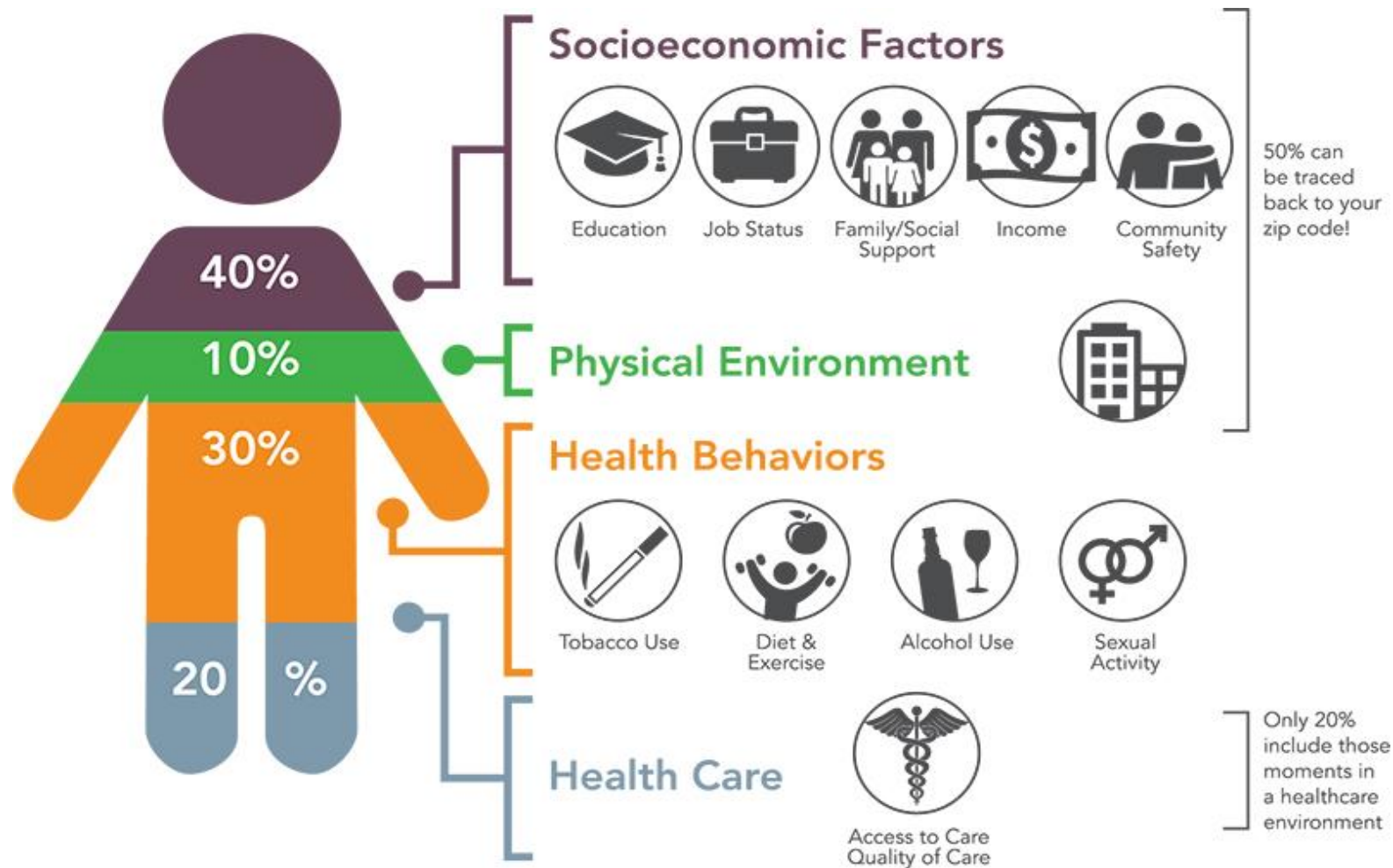


ACHIEVING HEALTH & MENTAL HEALTH
EQUITY AT EVERY LEVEL

Transforming the conditions in which people are
BORN, GROW, LIVE, WORK and AGE
for optimal health, mental health & well-being.



California Department of
Public Health, 2015

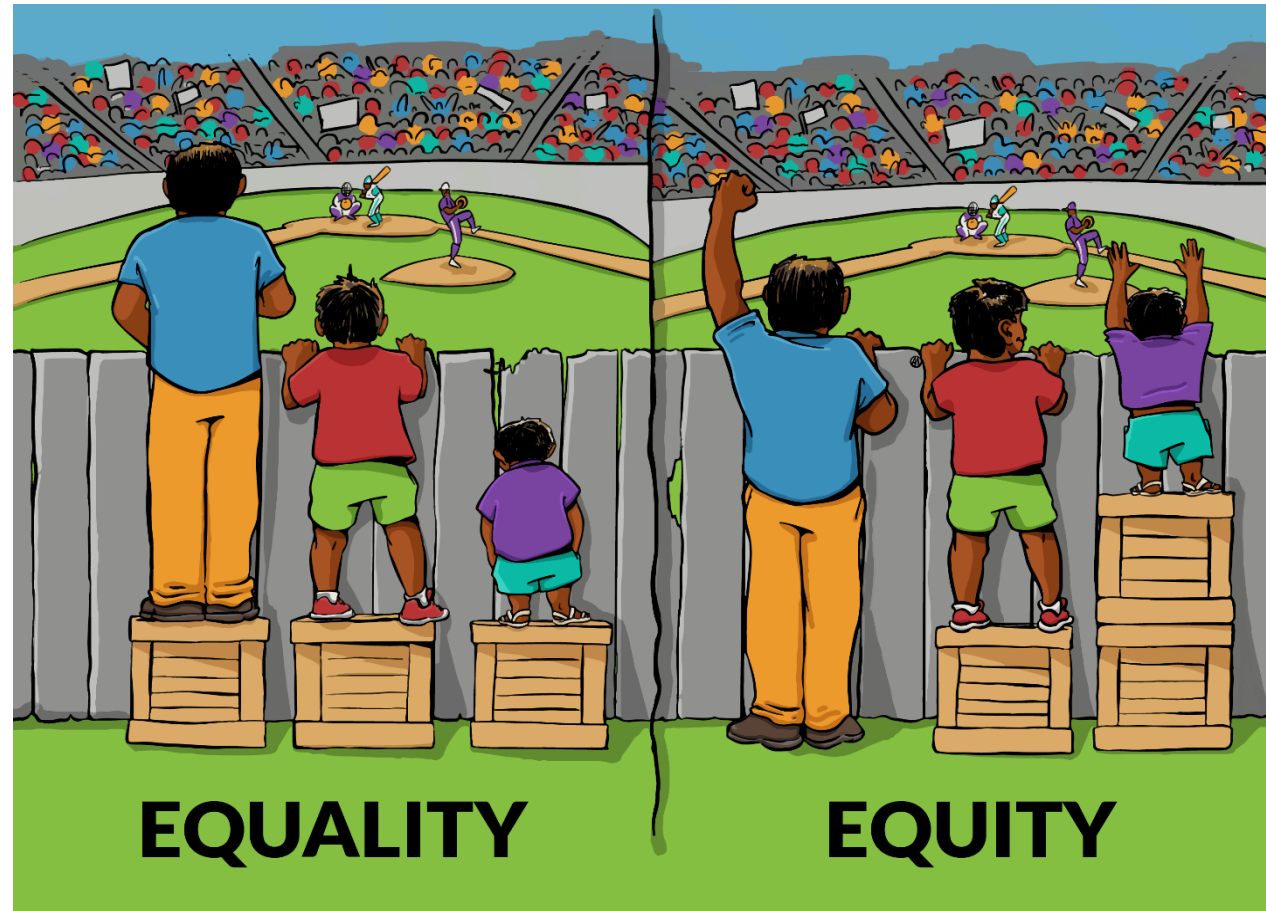


Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

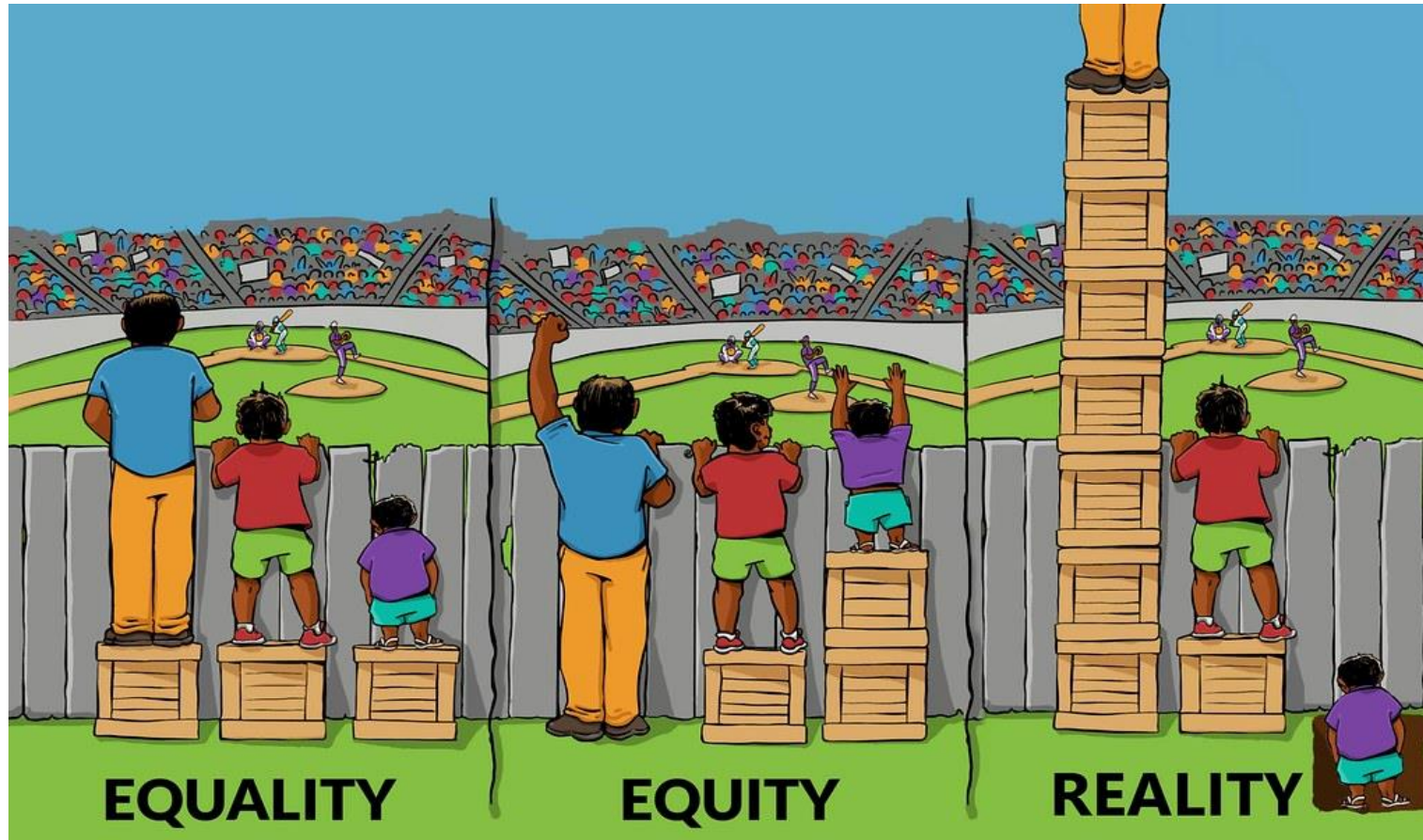
Equality, equity, justice... Which one?



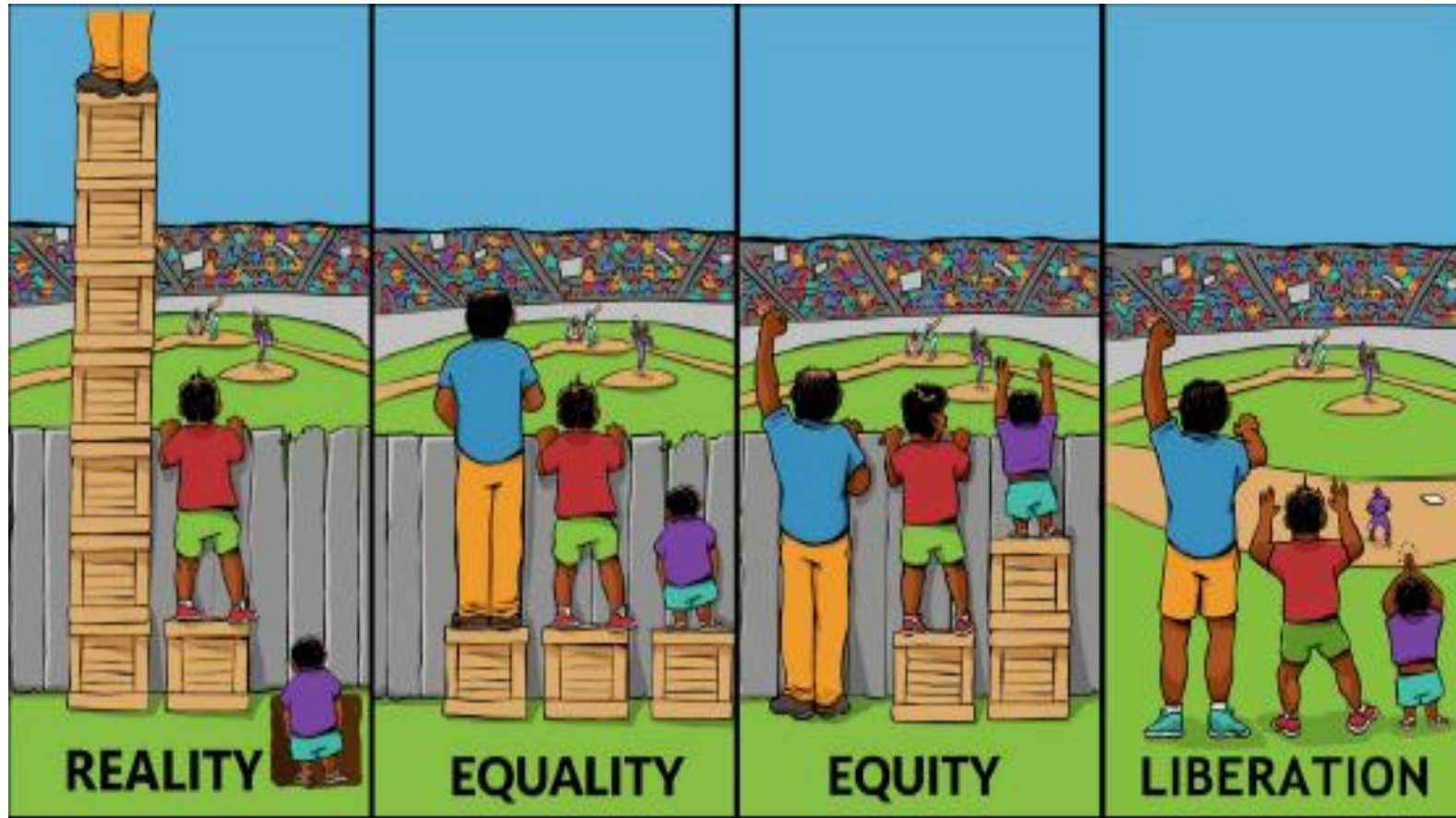
What Do You See?



What Do You See?



What Do You See?



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- Stigma related to behavioral and mental health
- ***Cultural and linguistic competence of services***

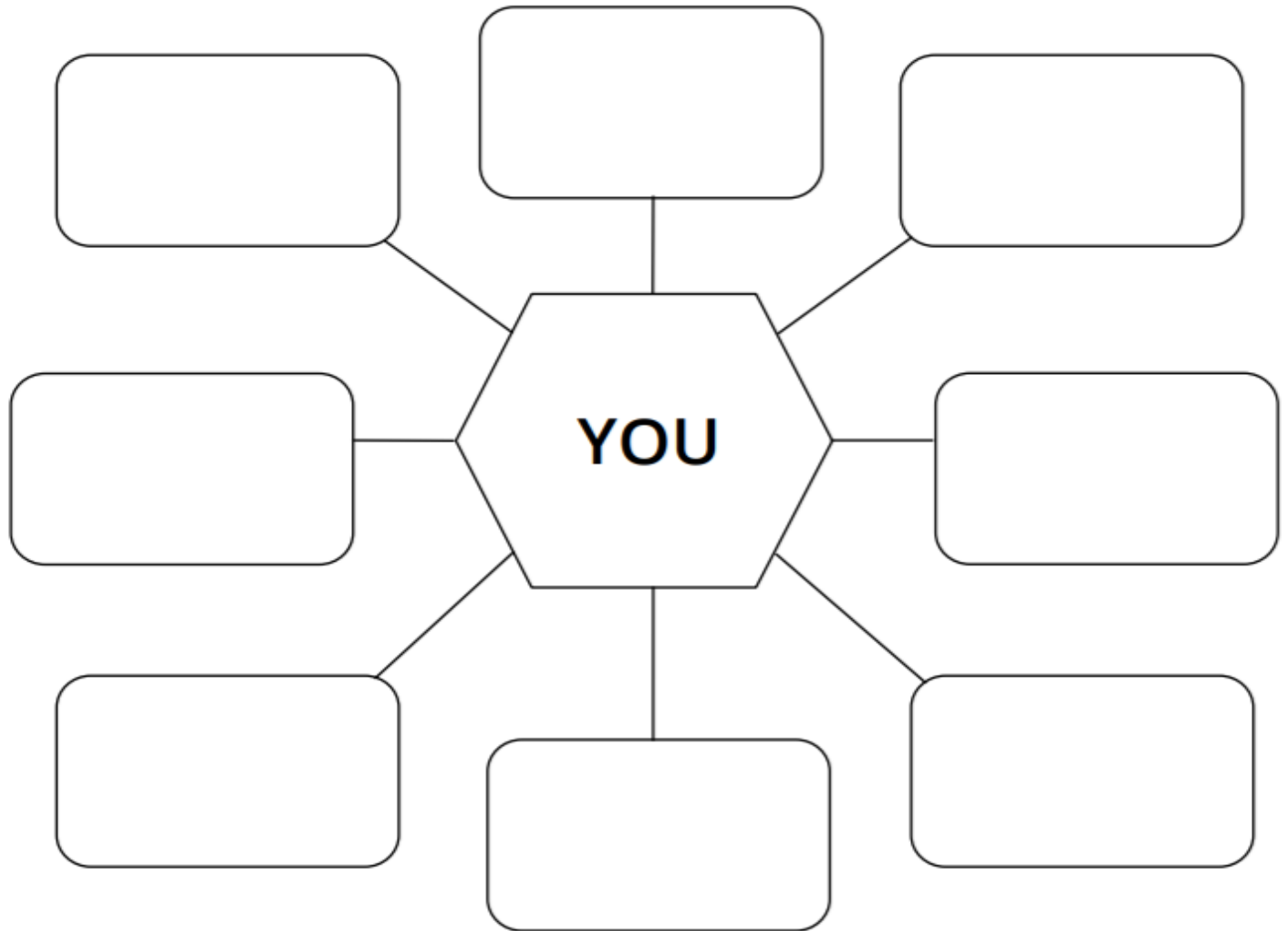


What is Culture?

- Characteristics shared by a group of people
- We are socialized into culture, that is we learn the norms of our cultures

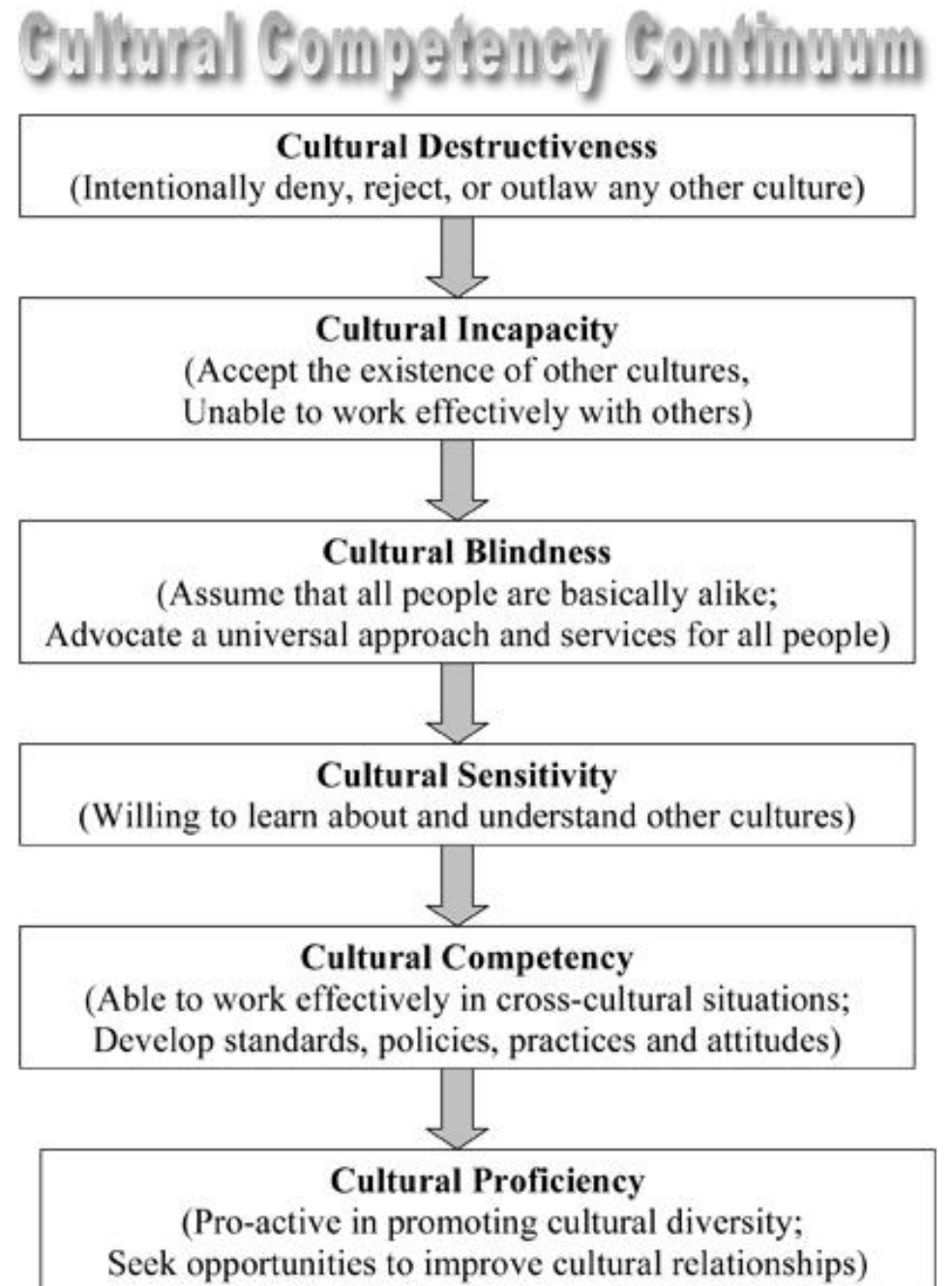
Circles of My Multicultural Self:

Directions: Take a few minutes to complete this diagram. In as many circles as you can, write a word you feel describes you, is a significant part of who you are, or a way you choose to identify yourself to others (e.g. sister, student, African-American, Christian, Democrat, partner, etc.).



*Adapted from Campus Contact
Minnesota*

Cultural Competence Continuum



Cultural Proficiency

the knowledge, skills, attitudes, and beliefs that enable people to work well, respond effectively to, and be supportive of people in cross-cultural settings.

Cultural Humility



Cultural Humility: A Life-long Process

Cultural humility is:

- “a life-long process of self-reflection and self-critique to understand personal biases and to develop and maintain mutually respectful partnerships based on mutual trust...”
- “the ability to maintain an interpersonal stance that is other-oriented in relation to aspects of cultural identity that are most important to the person...”

Cultural Humility is:

Focused on individuals;
Focused attention given to other aspects/
components of culture (e.g., gender, class,
geographic location, country of origin, sexual
orientation)

Continuous, ongoing process;
Life-long learning

Focused on achieving flexibility/humility

*“To be culturally
humble means
that I am willing
to learn,”*

- Joe Gallagher

Why Cultural Humility?

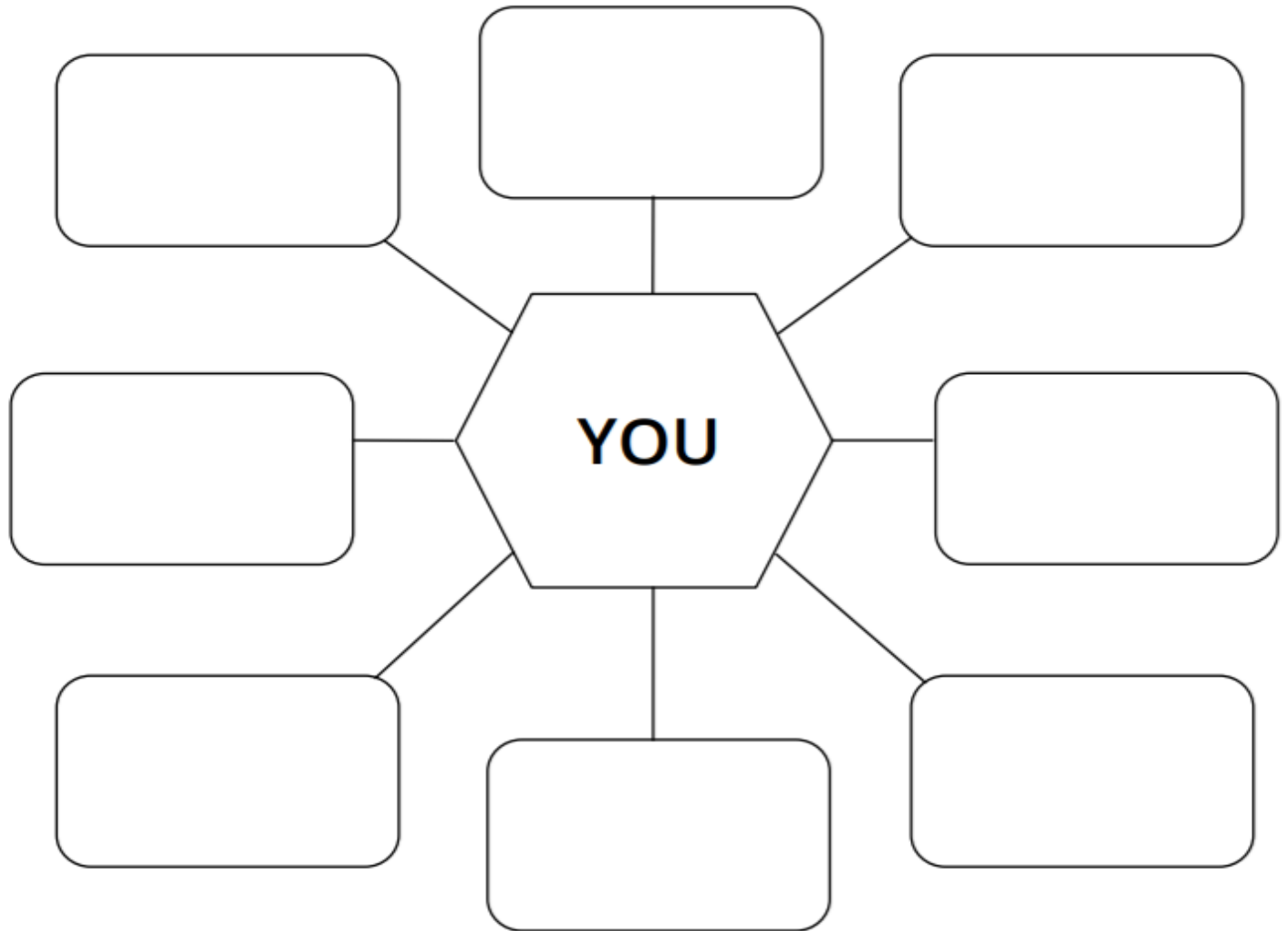


Be H.U.M.B.L.E.

- H: Hold yourself accountable re: biases & assumptions
- U: Understand your own culture & background
- M: Maintain a commitment to life-long learning
- B: Break down power imbalances, be ok with not being the expert
- L: Learn about others' backgrounds, cultures, and lived experiences
- E: Emphasize empathy and respect

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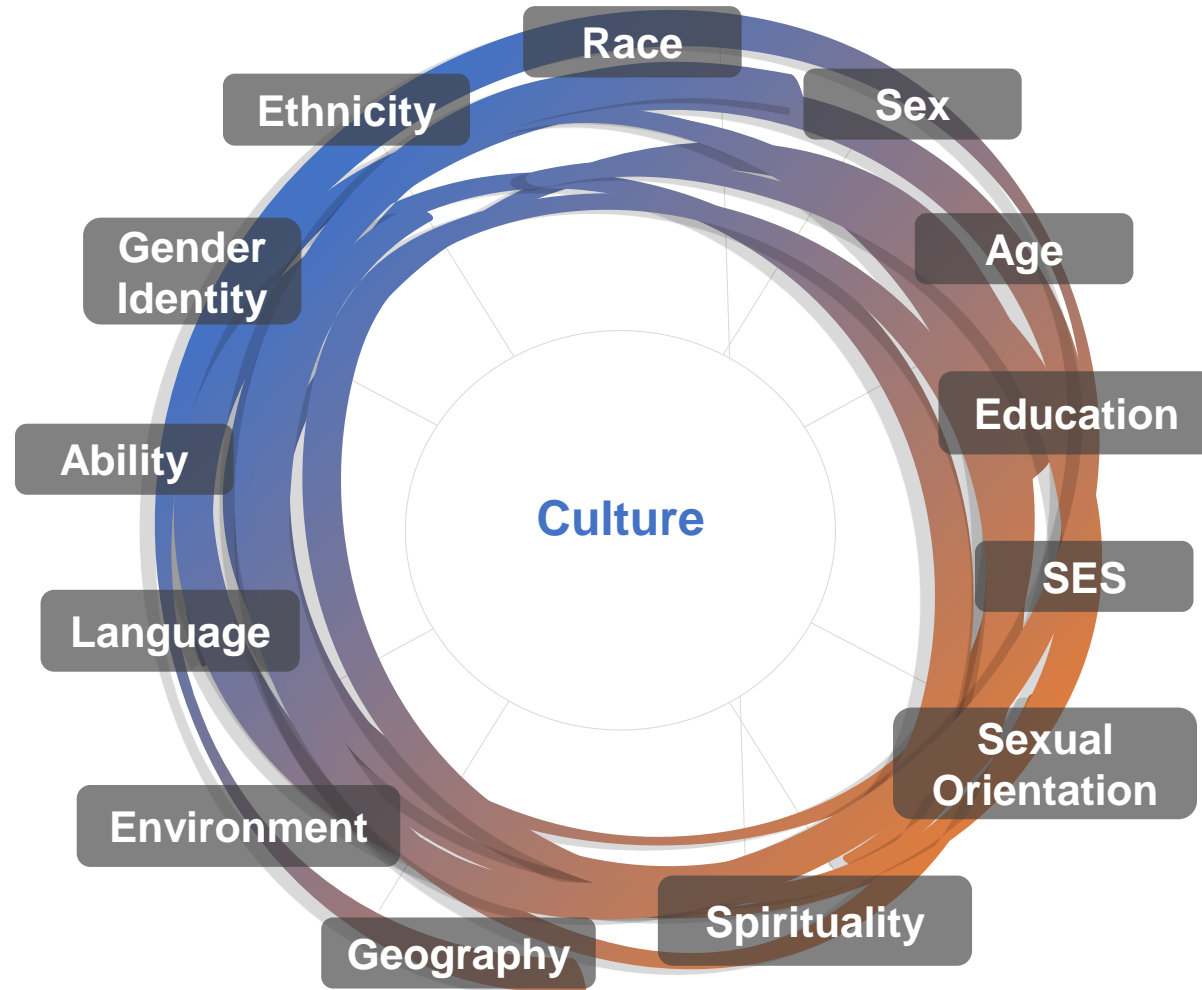
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Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

Services that are respectful of and responsive to individual 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



Question #1

What do you think is the biggest challenge to consistently addressing cultural and linguistic competency within your agency/organization/program?

- a. Lack of buy-in
- b. Lack of resources/support
- c. Lack of training/guidance
- d. Lack of accountability

Common Barriers to CLC Work

- Equity is a large-scale social problem
- Limited role definition CLC efforts
- Limited training/guidance
- Lack of support and resources



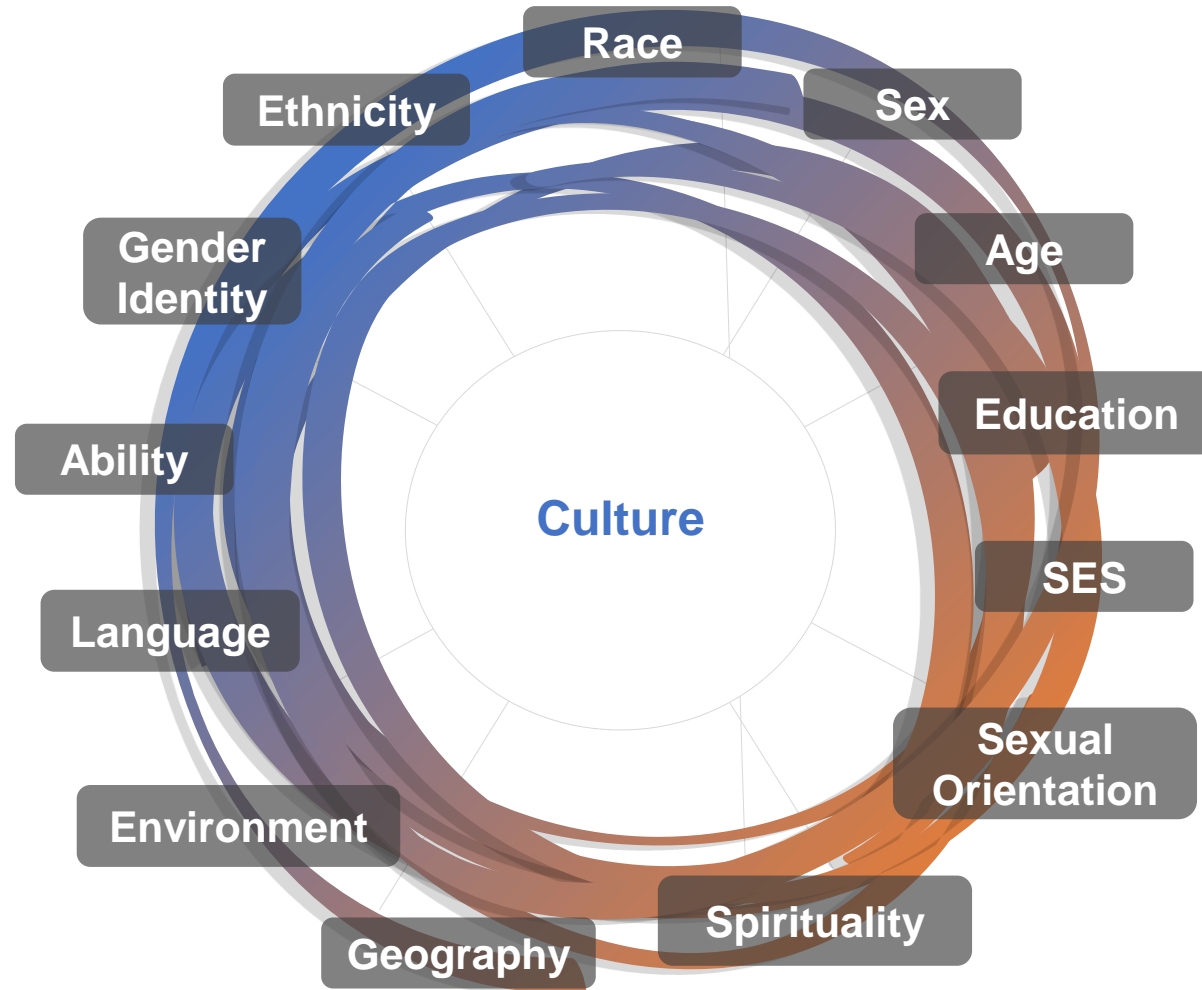
Common Barriers to CLC Work

- Lacking coordinated effort or coherent plan
- One-time strategy implementation
- Previous history of ineffectiveness



Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

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CLAS Standards

01

Be respectful of the whole individual

02 Be responsive to individual needs



Why CLAS Standards



CLAS Standards



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.

CLAS Standards



Governance, Leadership & Workforce (2)

- Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

Governance, Leadership & Workforce (3)

- Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.

Governance, Leadership & Workforce (4)

- Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Sample Implementation

Governance, Leadership & Workforce

- Clear, articulated commitment to CLAS
- Strategic plan for CLAS
- Establishing an active CLC/equity committee
- Review of departmental policies and procedures
- Review of R & R strategies
- Develop strategies for diverse workforce
- Training curriculum for staff and trainees

CLAS Standards



Communication & 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.

Communication & Language Assistance (6)

- Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

Communication & Language Assistance (7)

- Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

Communication & Language Assistance (8)

- Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Sample Implementation

Communication & Language Assistance

- Health literacy needs assessment, Community needs assessment
- Training providers and staff on working with interpreters
- Audit of current translation/interpretation services
- Strategy for improving translation/interpretation services
- Creating spaces that are welcoming and accepting of languages other than English
- Commitment to reach people through appropriate translation, interpretation, and diverse communication channels fosters equity in access to valuable health information

CLAS Standards



Engagement, Continuous Improvement & Accountability (9)

- Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.

Engagement, Continuous Improvement & Accountability (10)

- Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

Engagement, Continuous Improvement & Accountability (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.

Engagement, Continuous Improvement & Accountability (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.

Engagement, Continuous Improvement & Accountability (13)

- Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

Engagement, Continuous Improvement & Accountability (14)

- Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

Engagement, Continuous Improvement & Accountability (15)

- Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Sample Implementation

Engagement,
Continuous
Improvement &
Accountability

- Strategic plan for equity/CLC
- Regular assessments of demographic and CLC-related data
- Assessment of diversity engagement
- Reconfiguration and reorganization of data collection for clinical services and clinical staff
- Community outreach and engagement
- Community advisory roles

Question #2

What CLAS theme do you or your work setting currently address most?

- a. Governance, Leadership, and Workforce
- b. Communication and Language Assistance
- c. Engagement, Continuous Improvement, and Accountability

Question #3

What CLAS theme do you or your work setting need to work on addressing most?

- a. Governance, Leadership, and Workforce
- b. Communication and Language Assistance
- c. Engagement, Continuous Improvement, and Accountability

CLAS Implementation

- Multiple pathways to using the CLAS Standards exist
- Begin with smaller-realistic steps where an expectation of longevity is expected
- Strategic planning to establish short-term, intermediate, and long-term goals for CLAS can be helpful in outlining the progressive road to promoting equity

BEHAVIORAL HEALTH IMPLEMENTATION GUIDE FOR THE NATIONAL STANDARDS FOR CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES IN HEALTH AND HEALTH CARE

https://www.minorityhealth.hhs.gov/Assets/PDF/clinical%20standards%20doc_v06.28.21.pdf



U.S. Department of
Health and Human Services
Office of Minority Health

Resources

- National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

<https://thinkculturalhealth.hhs.gov/clas/standards>

<https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>

- An Implementation Checklist for the National CLAS Standards

<https://thinkculturalhealth.hhs.gov/assets/pdfs/AnImplementationChecklistfortheNationalCLASStandards.pdf>

- A Blueprint for Advancing and Sustaining CLAS Policy and Practice

<https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedCLASStandardsBlueprint.pdf>

Resources

- Evaluation of the National CLAS Standards: Tips and Resources

https://www.minorityhealth.hhs.gov/assets/PDF/Evaluation_of_the_Natn_CLAS_Standards_Toolkit_PR3599_final.508Compliant.pdf

- Development of a Long-Term Evaluation Framework for the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (See section on behavioral health)

https://web.archive.org/web/20211222055353/https://www.minorityhealth.hhs.gov/assets/PDF/Natn_CLAS_Standards_Evaluation_Framework_Report_PR-3598_final_508_Compliant.pdf

- Improving Cultural Competency for Behavioral Health Professionals

A 4-course e-learning program designed to increase cultural and linguistic competency among behavioral health providers.

<https://thinkculturalhealth.hhs.gov/education/behavioral-health>

Q & A

Questions?

Comments?

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Presenter's Contact Information

Contact: Marilyn L. Sampilo, PhD, MPH

Email: SampilM@ccf.org



DrMLSampilo



Marilyn Sampilo