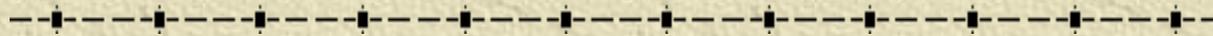




Cultural and Linguistic Competence Presentation: Meeting the Challenge



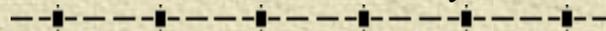
**Tamu Nolfo, PhD – ONTRACK Program Resources
Community Alliance for CLAS Project**

with funding from

The California Department of Alcohol & Drug Programs

November 15, 2012

This presentation can be made available in Braille, large print, computer disk, or tape cassette as a disability-related reasonable accommodation for an individual with a disability



Acknowledgements

- MHSOAC Cultural and Linguistic Competence Committee
- Thank you to Community Alliance for CLAS consultants Rachel Guerrero, LCSW, and Heriberto Escamilla, PhD, for their contribution to these training materials
- Material on the Enhanced CLAS Standards has been graciously provided by C. Godfrey Jacobs, Program Manager, Think Cultural Health – Health and Human Services Office of Minority Health



What is Culture?

- ✦ Where does culture come from?
- ✦ What purpose does culture serve?
- ✦ How does culture impact everyday interaction?
- ✦ How does it impact mental health consumers and providers?
- ✦ How does it specifically impact your work on the Commission?

Why Are Culturally and Linguistically Appropriate Services Important?

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

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

Mental Health: Culture, Race, Ethnicity

(A Supplement to Mental Health: A Report of the Surgeon General)

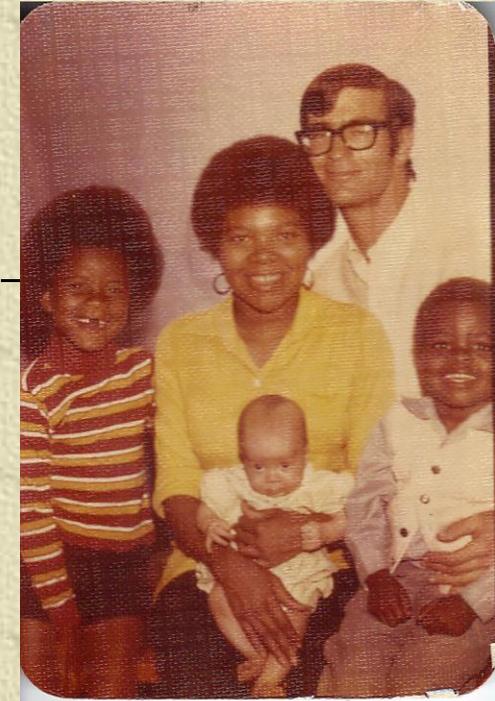
Racial and ethnic minorities:

- 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.

Source: U.S.DHHS, Public Health, Office of the Surgeon, 2011.

Community Defined Practices

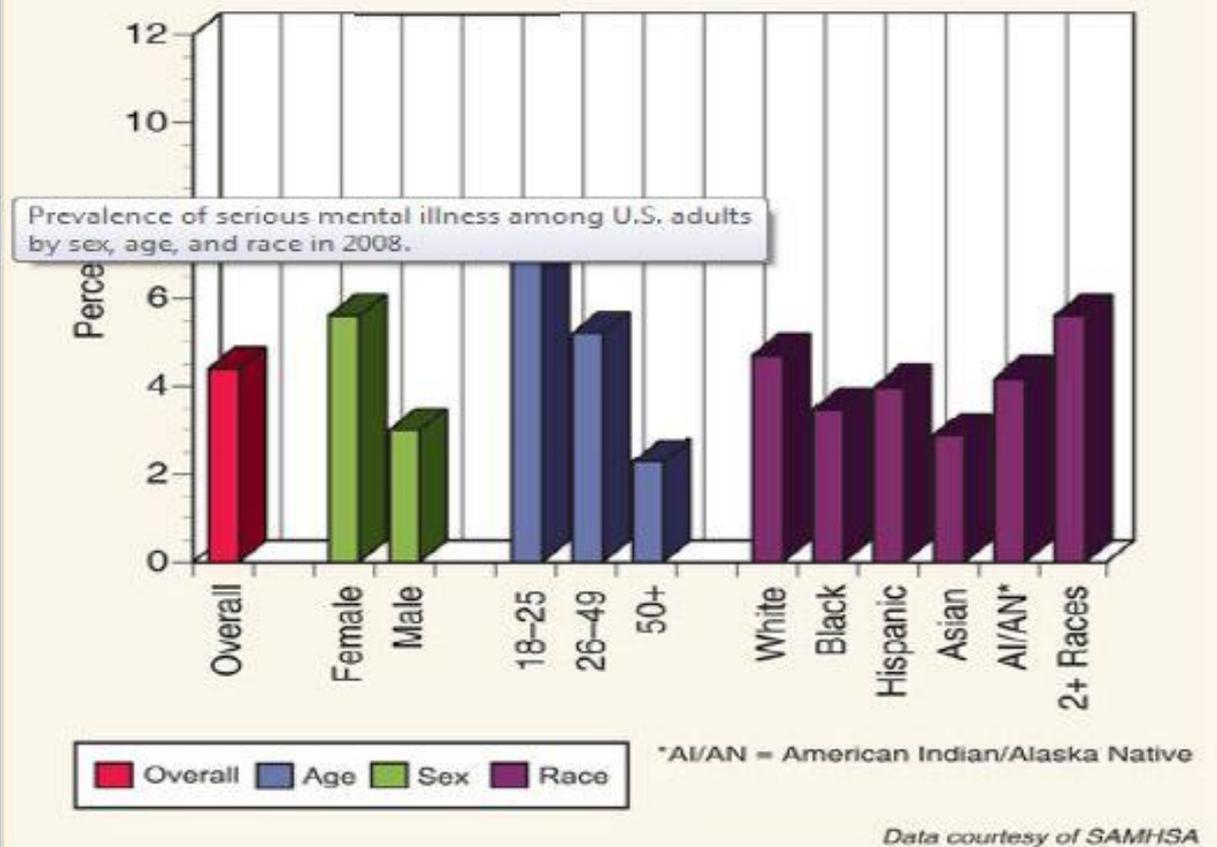
- ✦ Evidence Based Practices (EBPs) tend to be strongly supported by policy decisions even when some EBPs lack of inclusion of racial or ethnic communities in the sample or analysis.
- ✦ Heightens the important role of innovations and Community Defined Practices.





How common are mental disorders?

Prevalence of Serious Mental Illness Among U.S. Adults by Sex, Age, and Race in 2008



Source: NIMH website

The Case for Cultural Competence

✦ Social Justice

✦ Business “Bottom Line”

- Gain a competitive edge
- Cost effective/substantial cost savings occur
- Decrease likelihood of liability and malpractice claims
- Meet legislative and regulatory accreditation mandates

Definition of Cultural Competence

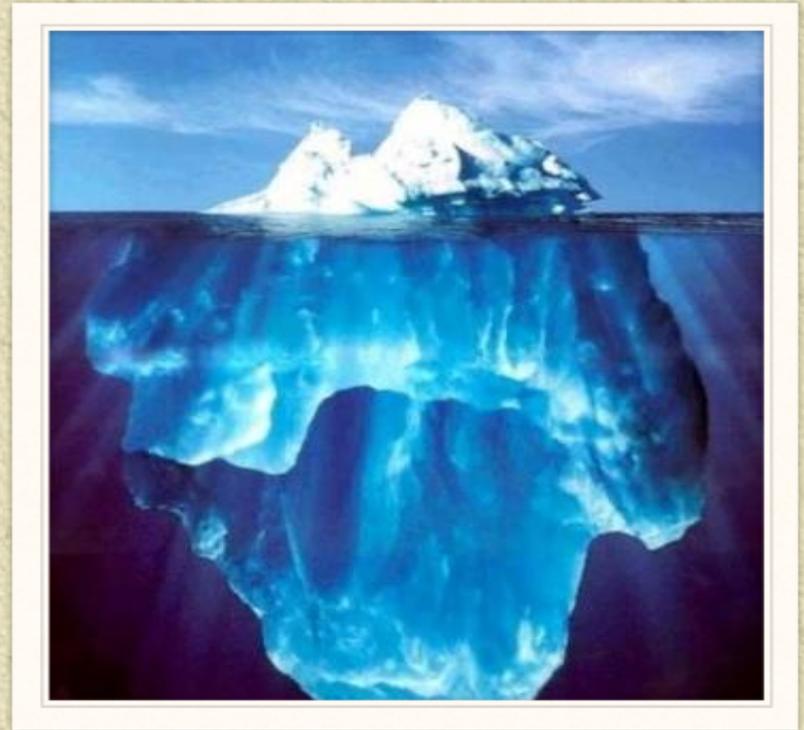
The ability of individuals and systems to interact responsively, respectfully and effectively with people of all cultures.



Organizational Cultural Competence

-
- A set of congruent behaviors, attitudes and policies that come together in a system, agency, or amongst professionals and consumer providers that enables that system, agency or those professionals and consumers to work effectively in cross-cultural situations.
 - Cultural competence is a developmental process, one that occurs over time.

Source: Adapted from Cross, T.L., Bazron, B.J. Dennis, K.W., Issacs, M.R. & Benjamin, M.P. Towards A Culturally Competent System of Care, (Vol.1). Washington, DC. (1989).



Quality of Care

Cultural and linguistic competency is all about the capacity to deliver services that are:

- Person-Centered
- Safe
- Appropriate
- Timely
- Efficient
- Effective
- Equitable

To what extent does this apply to the people in our mental health services system?

The Five Essential Elements of Culturally Competent Organizations: What They Do

- 
1. Value Diversity
 2. Cultural Self Assessment
 3. Manage the Dynamics of Difference
 4. Adapt to Diversity
 5. Institutionalize Cultural Knowledge

Source: Cross, T.L., Bazron, B.J. Dennis, K.W., Issacs, M.R. & Benjamin, M.P. *Towards A Culturally Competent System of Care, (Vol. 1).* (1989). Washington, DC.

Seven Indicators of Cultural Competence in Health & Behavioral Health Delivery Organizations: How They Do It

1. Organizational Values
2. Governance
3. Planning and Monitoring/Evaluation
4. Communication
5. Staff Development
6. Organizational Infrastructure
7. Services and Interventions

Source: Lewin Group, 2002.

Culturally and Linguistically Appropriate Services (CLAS)



The 14 CLAS Standards



CLAS as Format to Support Organizational Change

- U.S. Dept. Health & Human Services (HHS), Office of Minority Health (OMH), CLAS standards
- Federal financial assistance recipients regarding Title VI, of Civil Rights Act prohibition against National origin discrimination affecting limited English proficient persons
- Revised HHS, LEP guidance issued pursuant to Executive Order 13166.



Title VI - Civil Rights Act 1964

Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons

“No person shall on the ground of race, color, or national origin, be excluded from participating in, be denied the benefits of, or be subject to discrimination under any program or activity receiving Federal financial assistance.”



MHSOAC Context

- ✦ How do CLAS Standards apply to the work of the MHSOAC?
 - The Cultural and Linguistic Competence Committee's (CLCC) 2011 Charter requires that the CLCC develop, produce and conduct annual cultural and linguistic competence training for the MHSOAC and staff
 - CLAS are federal requirements and recommendations for federally funded health services

MHSOAC Context (cont'd)

- Public mental health services in California are funded through blended and braided funds (including Federal) - hard to maintain different standards for different funding sources
- DMH developed Cultural Competence Plan Requirements (DMH Information Notice: 10-02 and 10-17) based on CLAS

Human Resources

✦ #1 - Staff conduct

✦ #2 - Recruit, retain & promote diverse staff
& leadership

✦ #3 - Ongoing staff education and training

Language Access

✦ #4 – Provision of language assistance

✦ #5 - Notice of language assistance

✦ #6 - Language assistance competence

✦ #7 Patient-related materials & signage

Program Administration

✦ #8 - Strategic planning

✦ #9 - Self-assessment & evaluation

✦ #10 - Cultural data collection

✦ #13 - Conflict & grievance resolution
processes

Community Linkages

✦ #11 - Cultural/demographic profile and needs assessment of community

✦ #12 - Collaborative partnerships with communities

✦ #14 - Publicize progress and innovations in implementing CLAS standards

Seven Indicators of Cultural Competence in Health & Behavioral Health Delivery Organizations: Similarity to CLAS Standards Added

1. Organizational Values: CLAS # 2,3,9,8
2. Governance: CLAS # 2,13,12
3. Planning and Monitoring/Evaluation: CLAS # 9,10,11,12
4. Communication: CLAS # 1,4,5, 6,7,12,13,14
5. Staff Development: CLAS # 2, 3
6. Organizational Infrastructure: CLAS # 1,4,5,6,7,8, 14
7. Services/Interventions: CLAS # 1,4,5,6,7

Source: Lewin Group, 2002.



National CLAS Standards Enhancement Initiative 2010 – 2012

Goals of the Initiative:

- ✦ To examine the National CLAS Standards for their current relevance and applicability.
- ✦ To have the enhanced National CLAS Standards serve as the cornerstone for culturally and linguistically appropriate services in the United States.
- ✦ To launch new and innovative promotion and marketing initiatives, including via social media, for the National CLAS Standards.
- ✦ To coordinate the Standards with the Affordable Care Act and other cultural and linguistic competency provisions.

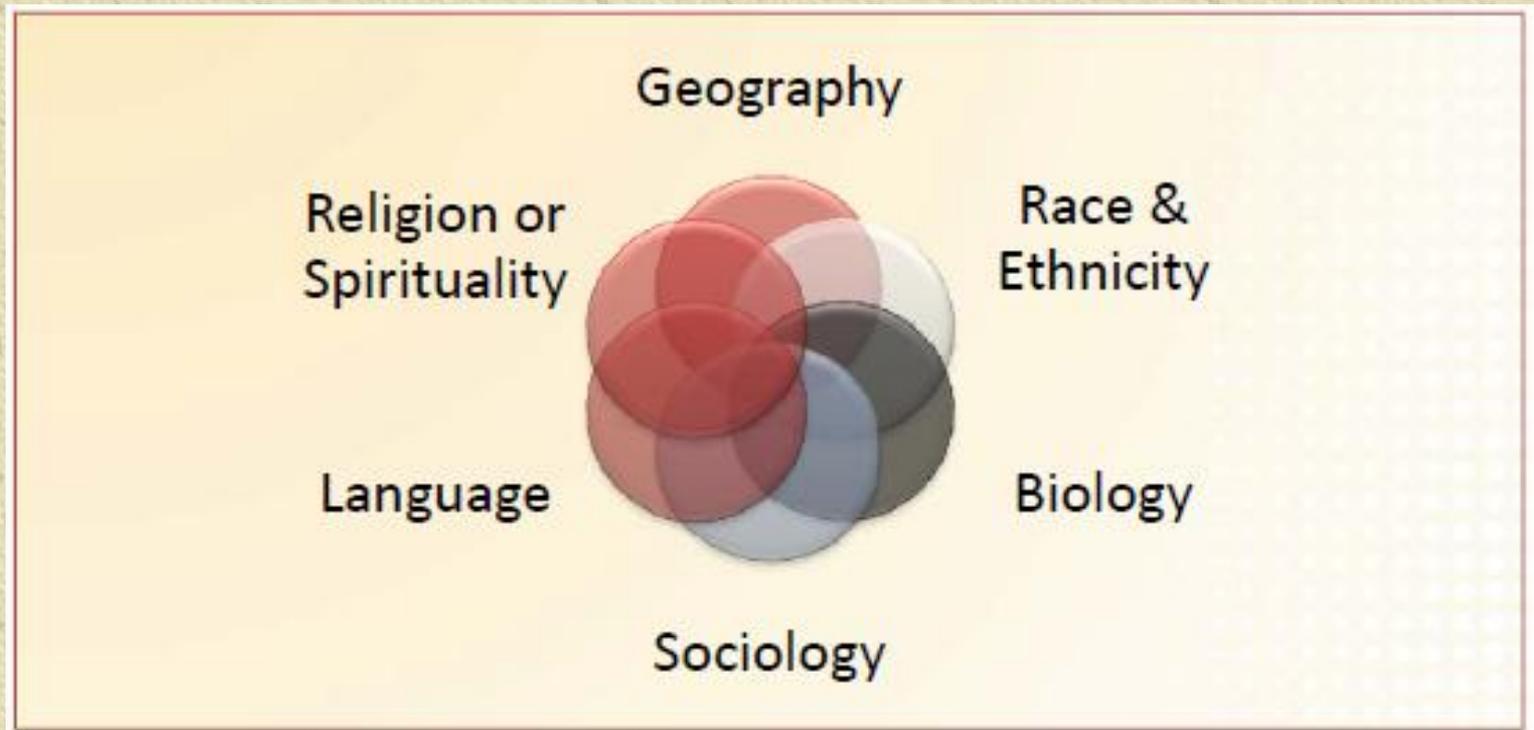
Source: Think Cultural Health – Health and Human Services Office of Minority Health

Comparison: 2000 vs. 2012 Standards

2000 Standards	2012 Standards
Goal: to decrease health care disparities and make practices more culturally and linguistically appropriate	Goal: to advance health equity, improve quality and help eliminate health and health care disparities.
“Culture”: racial, ethnic and linguistic groups	“Culture”: racial, ethnic and linguistic groups, as well as geographical, religious and spiritual, biological and sociological characteristics
Audience: health care organizations	Audience: health and health care organizations
Implicit definition of health	Explicit definition of health to include physical, mental, social and spiritual well-being
Recipients: patients and consumers	Recipients: individuals and groups

Source: Think Cultural Health – Health and Human Services Office of Minority Health

2012 CLAS Enhancement: What is Culture?



Source: Think Cultural Health – Health and Human Services Office of Minority Health

2012 CLAS Enhancement: What is Health?

✦ Health is a state of physical, mental, social, and spiritual well-being.

Source: Think Cultural Health – Health and Human Services Office of Minority Health

2012 CLAS Enhancement: Who is Targeted?

✦ Standards targeted to a more inclusive audience:

- Health and health care organizations;
beyond health care organizations
- Individuals and groups; beyond patients and consumers

Source: Think Cultural Health – Health and Human Services Office of Minority Health

Moving Forward with CLAS



Source: Think Cultural Health – Health and Human Services Office of Minority Health

The MHSOAC's Specific Needs

- ✦ How can the CLAS Standards provide guidance and support to implement the MHSOAC's strategic plan and logic model?



FREE Help is Available to California Providers

Accessing CLAS TA & Training:

✦ www.allianceforclas.org

✦ (916) 285-1810

✦ Project Manager – Tamu Nolfo, PhD
tnolfo@ontrackconsulting.org

✦ Free Continuing Education Hours

✦ All services provided without cost to the applicant