

Meeting the Challenge:

Culturally and Linguistically Appropriate Services (CLAS)
for Mental Health



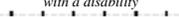
Presented By:

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

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*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



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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



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?



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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.

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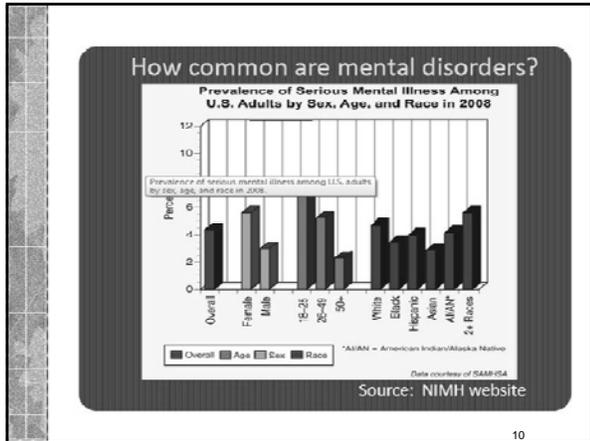
Mental Health: Culture, Race, Ethnicity
 (A Supplement to *Mental Health: A Report of the Surgeon General*)

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.

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- ### The Case for Cultural Competence
- ✦ Social Justice
 - ✦ Business “Bottom Line”
 - Gain a competitive edge
 - 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., Isaacs, M.R. & Benjamin, M.P. Towards A Culturally Competent System of Care, (Vol.1), Washington, DC, (1989).

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Quality of Care

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

- Safe
- Appropriate
- Timely
- Efficient
- Effective
- Equitable

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

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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., Isaacs, M.R. & Benjamin, M.P. Towards A Culturally Competent System of Care, (Vol. 1), (1989), Washington, DC.

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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.

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Culturally and Linguistically Appropriate Services (CLAS)

The 14 CLAS Standards



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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



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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.”



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National CLAS Standards - Intentions

- Correct inequities in health services
- Make services more responsive to diverse clients and families
- Contribute to the elimination of racial and ethnic health disparities

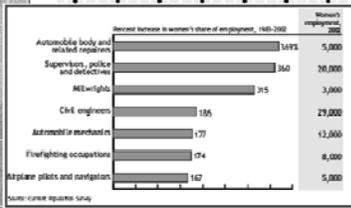
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Human Resources

- ✳ #1 - Staff conduct
- ✳ #2 - Recruit, retain & promote diverse staff & leadership
- ✳ #3 - Ongoing staff education and training

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Standard 1 – Staff Conduct/Care

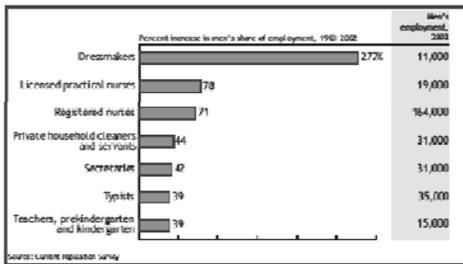


Women are 27% of all physicians in California; Between 1980 and 2009, the number of female physicians increased 430%

— American Medical Association

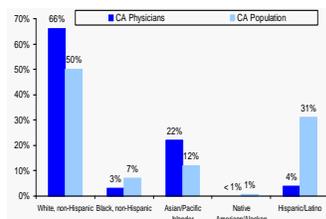
Health care organizations should ensure that patients/consumers receive from all staff members effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

Egalitarian or Equality?



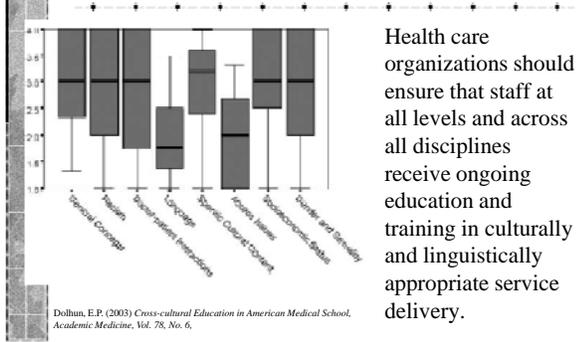
Standard 2 - Staffing

Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.



Forecasting the Supply and Demand for Physicians in California Through 2015, Salsberg and Gustavo, Center for Workforce Studies, 2004

Standard 3- Ongoing Education



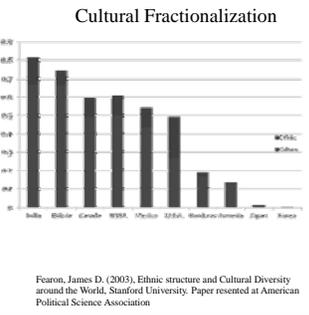
Language Access

- ✳ #4 – Provision of language assistance
- ✳ #5 - Notice of language assistance
- ✳ #6 - Language assistance competence
- ✳ #7 Patient-related materials & signage

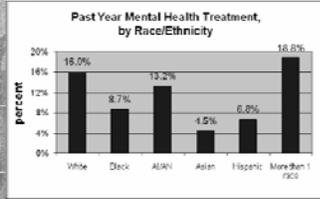
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Standard 4- Provision of Language Assistance

Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.



Standard 5 – Service Outreach



Source: SAMHSA, National Survey on Drug Use and Health, 2008

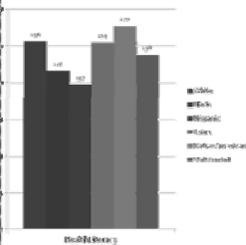
Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

Standard 6 – Language Assistance Competence

Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).



Standard 7 – Written Materials



Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Program Administration

- ✳ #8 - Strategic planning
- ✳ #9 - Self-assessment & evaluation
- ✳ #10 - Cultural data collection
- ✳ #13 - Conflict & grievance resolution processes

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Standard 8 – Strategic Plans

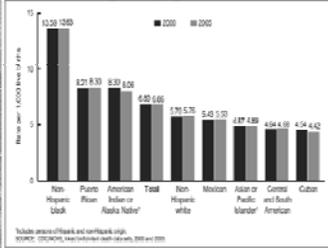
Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

Standard 9 – Internal Assessments

Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

Standard 10 – Data Collection

Infant Mortality Rates
– 2000 to 2005



Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

Standard 13 – Conflict Grievance

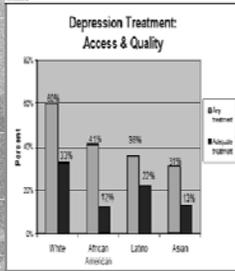
Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

- Perception of workplace discrimination
 - Organizational
 - Supervisor
 - Co-worker
 - Organizational best predictor of
 - Job commitment
 - Job satisfaction
 - Pro-social behavior
 - Generalization effect on minorities
- Ensher et. al. Effects of Perceived Job Discrimination on Job Satisfaction, Organizational Commitment, Organizational Citizenship Behavior and Grievances, Human Resources Development Quarterly, Volume 12, No. 1 Spring 2001

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

Standard 11 – Community Profile



Source: Alegria et al., 2008

Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

Standard 12 – Community Partnerships

Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.



Standard 14 – Publicize Progress on CLAS

Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

http://www.ted.com/talks/chimamanda_adichie_the_danger_of_a_single_story.html



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.

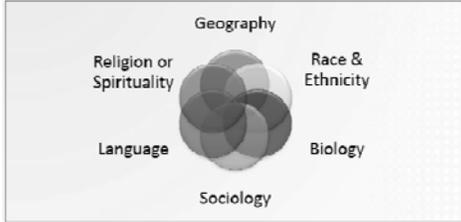
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Comparison: 2000 vs. 2012 Standards

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

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2012 CLAS Enhancement: What is Culture?



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2012 CLAS Enhancement: What is Health?

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

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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

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Moving Forward with CLAS



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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.

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The MHSOAC's Specific Needs

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

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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

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