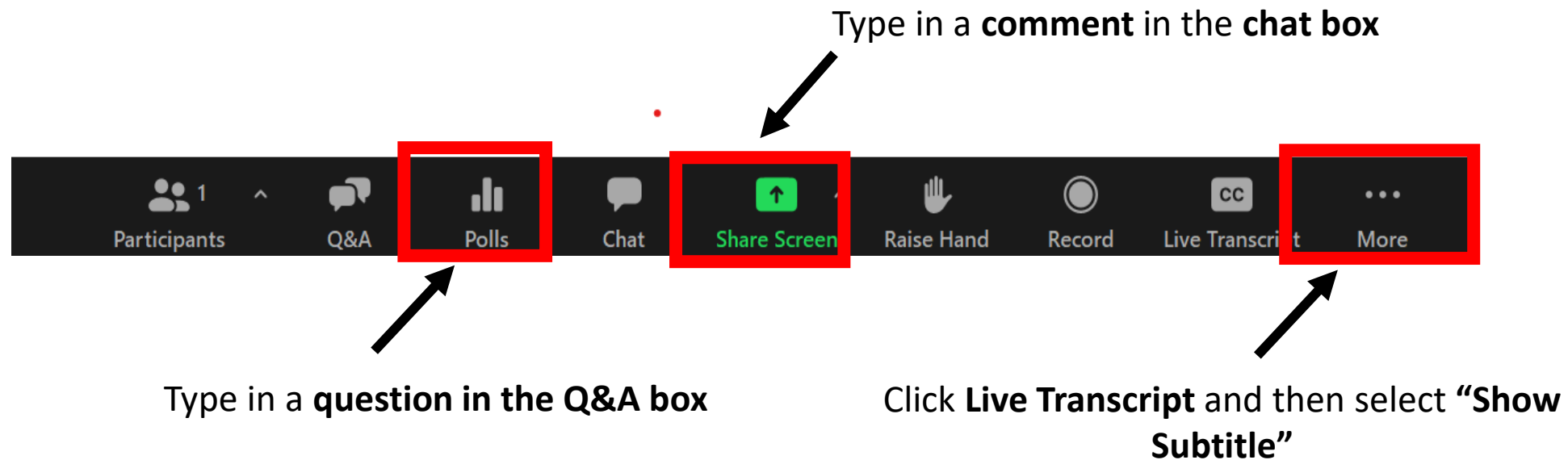# The CLAS Standards for Integrated Health
Part 3 – Implementing CLAS

November 15, 2022
2-3:30pm EST

CENTER OF EXCELLENCE for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

NATIONAL COUNCIL *for* Mental Wellbeing

Questions, Comments & Closed Captioning

Type in a **comment** in the **chat box**

Type in a **question in the Q&A box**

Click **Live Transcript** and then select **"Show Subtitle"**

NATIONAL COUNCIL *for* Mental Wellbeing

TheNationalCouncil.org/program/Center-of-Excellence

Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

SAMHSA
Substance Abuse and Mental Health
Services Administration

www.samhsa.gov

NATIONAL COUNCIL
for Mental Wellbeing

TheNationalCouncil.org/program/Center-of-Excellence

Poll #1: What best describes your role?

- Clinician

- Administrator

- Policy Maker

- Payer

- Other (specify in chat box)

NATIONAL COUNCIL *for* Mental Wellbeing

Poll #2: What best describes your organization? (check all that apply)

- Primary Care Provider

- Mental Health Provider

- Substance Use Treatment Provider

- Other (specify in chat box)

NATIONAL COUNCIL *for* Mental Wellbeing

Poll #3: Where is your organization in the process of integration?

- Learning/Exploring

- Beginning Implementation

- Advanced/Full Implementation

- Ongoing Quality Improvement

- Other (specify in chat box)

NATIONAL COUNCIL *for* Mental Wellbeing

Our Speaker

Pierluigi Mancini, PhD,
President/CEO,
Multicultural Development Institute, Inc.

NATIONAL
COUNCIL
for Mental
Wellbeing

Session Objectives

By the end of this webinar session, participants will be able to:

- Identify the impact of CLAS standards for populations with co-occurring mental health, substance use and physical health conditions.

- Recognize the actions necessary to implement CLAS standards and how to leverage data for planning and evaluating implementation.

- Understand how to implement CLAS standards that prioritize engagement, continuous improvement, and accountability.

- Understand unique considerations for implementing CLAS standards in integrated care settings.

NATIONAL COUNCIL *for* Mental Wellbeing

Impact of CLAS Standards Among Clients with Co-occurring Conditions

- **Racial and ethnic minority groups** in the U.S. are…[1]
  - Less likely to have access to mental health services
  - Less likely to use mental health services
  - More likely to use emergency departments
  - More likely to receive lower quality care
- **African American** consumers - diagnosed with psychotic disorders at a rate of **3 - 4** times higher than White consumers.[1]
- **Latino American/Hispanic** consumers - diagnosed with psychotic disorders at a rate **3** times higher than White consumers.[1]

- **LGBTQ+ individuals** experience mental health challenges at higher rates and are more than twice as likely as their heterosexual counterparts to have a mental health disorder in their lifetime.[2]
- **LBGTQ+ individuals** are more likely to rate their health as poor & report chronic conditions such as cancer, HPV, HIV/ADIS, Obesity.[2]
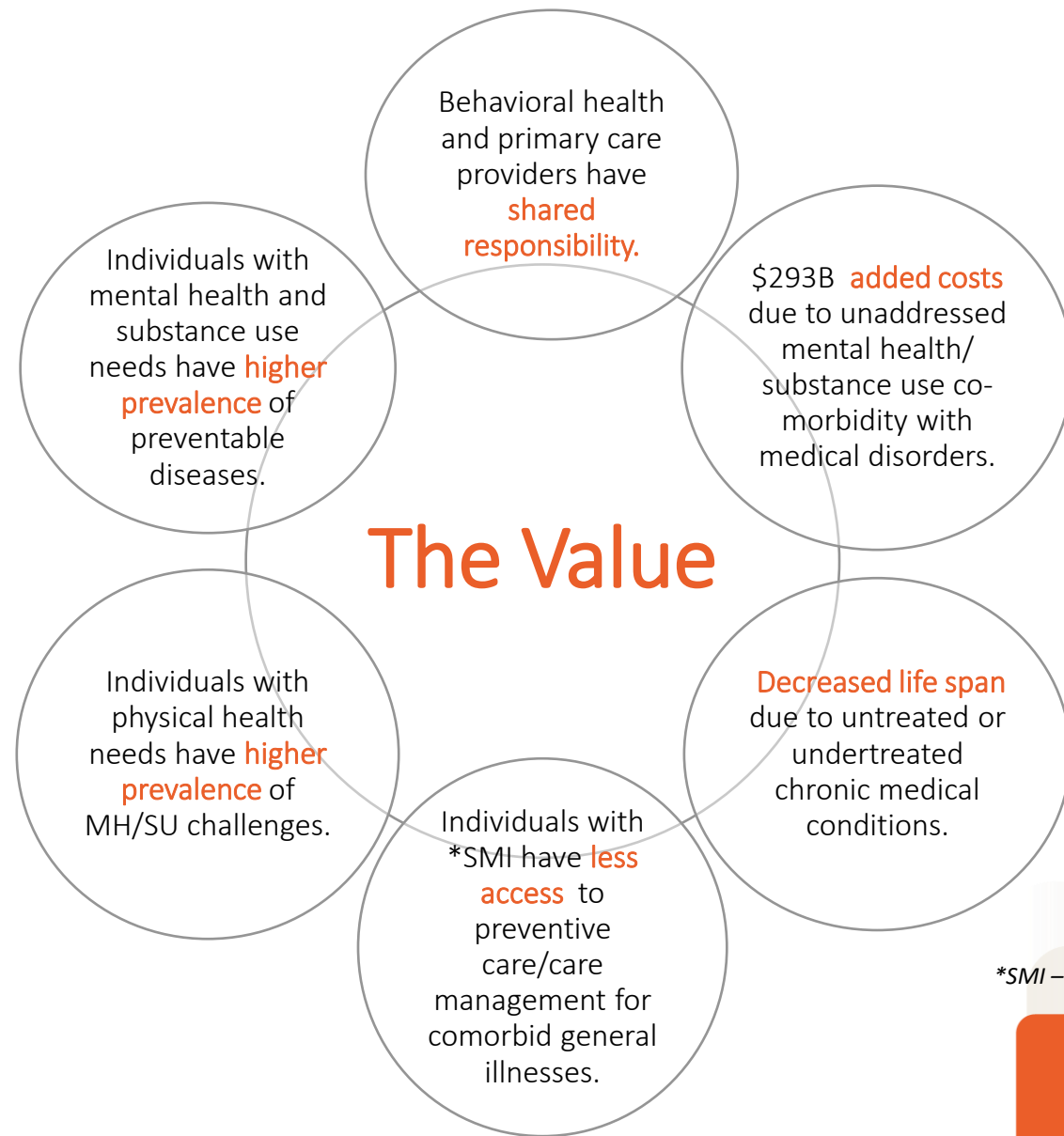
1. Agency for Healthcare Research and Quality. (217AD). 2017 National Healthcare Quality and Disparities Report. AHRQ. Retrieved October 28, 2022, from https://www.ahrq.gov/research/findings/nhqrdr/nhqdr17/index.html
2. Closing the Gap: The Turning Point for LGBTQ Health. OneColorado. 2019. Retrieved October 28, 2022, from https://one-colorado.org/wp-content/uploads/2019/08/Closing-the-Gap.pdf

NATIONAL COUNCIL *for* Mental Wellbeing

TheNationalCouncil.org/program/Center-of-Excellence

Impact of CLAS Standards Among Clients with Co-occurring Conditions (cont.)

The Value

Behavioral health and primary care providers have **shared responsibility.**

$293B **added costs** due to unaddressed mental health/ substance use co-morbidity with medical disorders.

Decreased life span due to untreated or undertreated chronic medical conditions.

Individuals with *SMI have **less access** to preventive care/care management for comorbid general illnesses.

Individuals with physical health needs have **higher prevalence** of MH/SU challenges.

Individuals with mental health and substance use needs have **higher prevalence** of preventable diseases.

*SMI – serious mental illness

NATIONAL COUNCIL *for* Mental Wellbeing

TheNationalCouncil.org/program/Center-of-Excellence

Considerations for Integrated Care Settings

efficient, effective, and high-quality

HIT, data collection → **population health management**

Goals of Integrated Health Care

Treating the **whole person, focus on prevention** and wellness

Team-based care/ enhanced collaboration
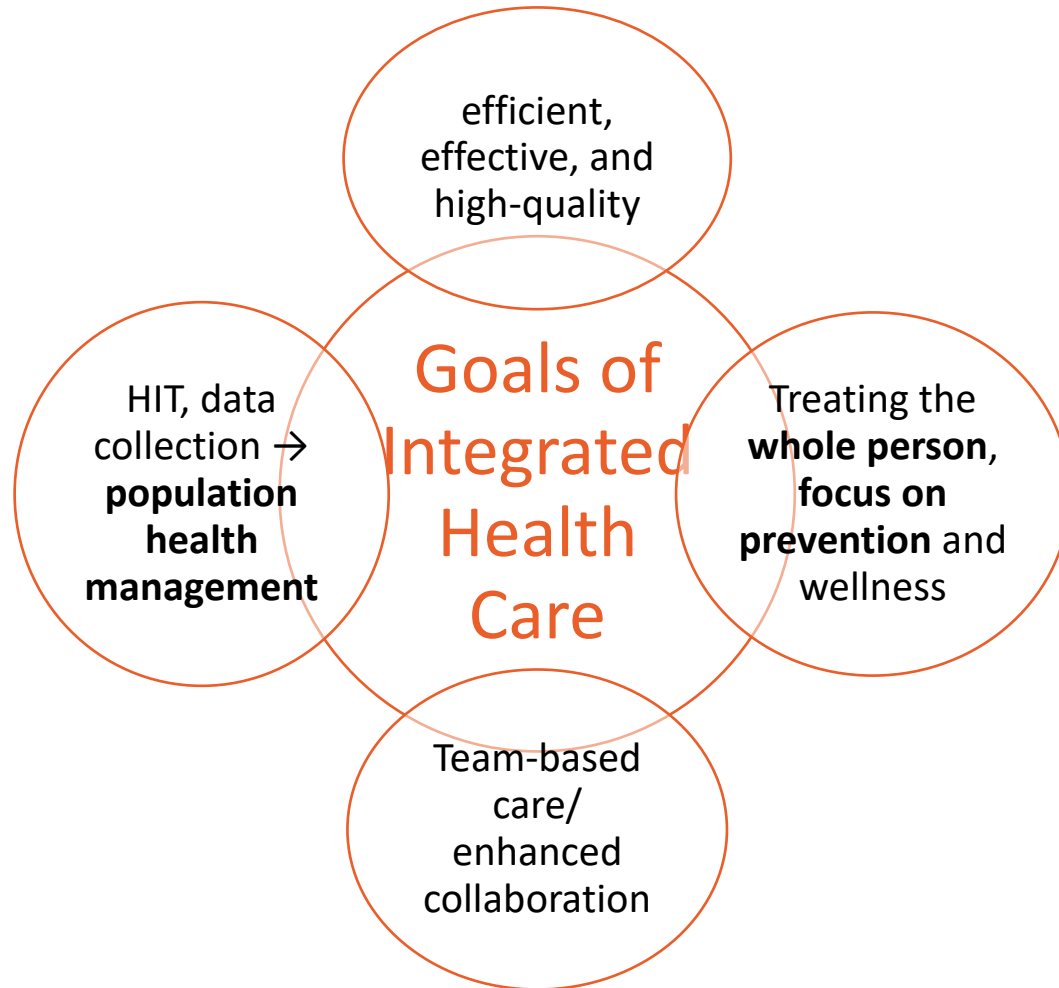
What is Integrated Care?

The provision and coordination by the treatment team of appropriately matched interventions for both physical health and behavioral health conditions, along with attention to **social determinants of health (SDOH)**, in the setting in which the person is most naturally engaged.

Source: National Council for Mental Wellbeing (2022).The Comprehensive Healthcare Integration Framework. https://www.thenationalcouncil.org/resources/the-comprehensive-healthcare-integration-framework

NATIONAL COUNCIL for Mental Wellbeing

TheNationalCouncil.org/program/Center-of-Excellence

Why Do People Seek Behavioral Health Care in Primary Care Settings?

- Uninsured or underinsured

- Limited access to public mental health and substance use treatment services

- Cultural beliefs and attitudes

- Low availability of mental health and substance use treatment services, especially in rural areas

Source: Agency for Healthcare Research and Quality. (217AD). *2017 National Healthcare Quality and Disparities Report*. AHRQ. Retrieved October 28, 2022, from https://www.ahrq.gov/research/findings/nhqrdr/nhqdr17/index.html

TheNationalCouncil.org/program/Center-of-Excellence

NATIONAL COUNCIL *for* Mental Wellbeing

Why Implement CLAS Standards in Integrated Care?

- Mental health conditions often go undetected and untreated.

- Risk of undertreatment of mental health conditions when detected in primary care.

- Communities of color, specifically Black, African American and Hispanic people are less likely to receive behavioral health services compared to the general population and deaths by suicide are historically higher among communities of color.

- Substance use care involves these same issues, if not worse.

Source: KFF analysis of Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) (2008 and 2018) https://www.kff.org/report-section/the-implications-of-covid-19-for-mental-health-and-substance-use-issue-brief/

TheNationalCouncil.org/program/Center-of-Excellence

NATIONAL COUNCIL for Mental Wellbeing

Implementation Framework:
Six Areas for Action

Source: Image adapted from "Making CLAS Happen", Massachusetts Department of Health
http://www.mass.gov/eohhs/gov/departments/dph/programs/admin/health-equity/clas/making-clas-happen.html

TheNationalCouncil.org/program/Center-of-Excellence

CLAS Implementation I Fostering Cultural Competence

CLAS Standards for Fostering Cultural Competence

- **CLAS 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 Standard #4**: Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

TheNationalCouncil.org/program/Center-of-Excellence

NATIONAL COUNCIL *for* Mental Wellbeing

Complementary Concepts for Fostering Cultural Competence

Cultural Competency

Linguistic Competency

Health Literacy

NATIONAL COUNCIL *for* Mental Wellbeing

TheNationalCouncil.org/program/Center-of-Excellence
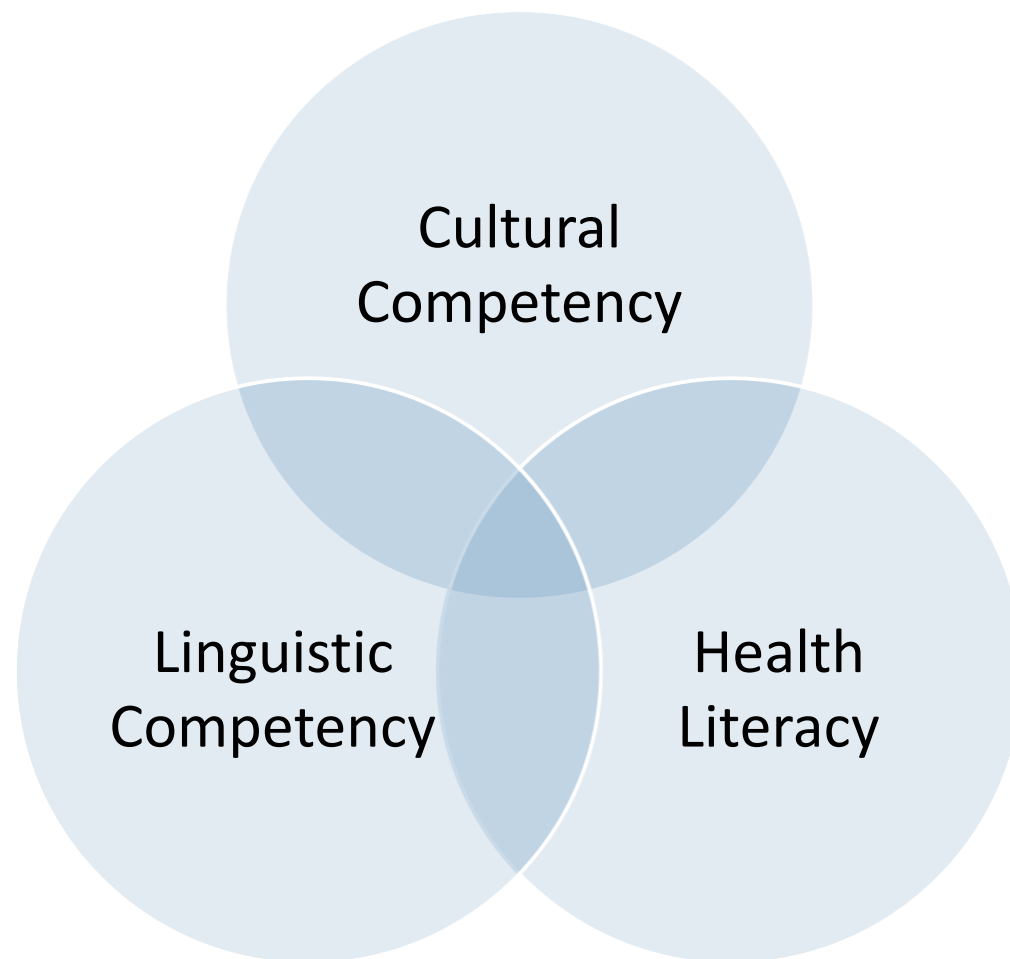
What is Cultural Competency?

- A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.

- Cultural competency can be described as the ability of health organizations and professionals to:
  - Recognize the cultural beliefs, values, attitudes, traditions, language preferences, and health practices of diverse populations.
  - Understand how these cultural factors interact with the biological, social, economic, and physical environment of an individual client or patient.
  - Apply this knowledge to produce a positive health outcome.

Source: Office of Minority Health. (n.d.). *CLAS, cultural competency and cultural humility*. U.S. Department of Health and Human Services (HHS). Retrieved October 28, 2022, from
https://www.minorityhealth.hhs.gov/Assets/PDF/TCH%20Resource%20Library_CLAS%20CLC%20CH.pdf

TheNationalCouncil.org/program/Center-of-Excellence

NATIONAL COUNCIL *for* Mental Wellbeing

What is Linguistic Competency?

- The capacity to communicate effectively and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, individuals with disabilities, and those who are deaf or hard of hearing.

- Linguistic competency requires:
  - Organizational and provider capacity to respond effectively to the health and mental health literacy needs of populations served.
  - Organizational policies, structures, practices, procedures, and dedicated resources to support this capacity.

Source: Agency for Healthcare Research and Quality. (2019, July). *What is cultural and linguistic competence?* AHRQ. Retrieved October 28, 2022, from https://www.ahrq.gov/ncepcr/tools/cultural-competence/definition.html#:~:text=Cultural%20and%20Linguistic%20Competence%3A%20The,to%20the%20health%20care%20encounter

TheNationalCouncil.org/program/Center-of-Excellence

NATIONAL COUNCIL *for* Mental Wellbeing

What is Health Literacy?

The degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.

Source: Health Resources & Services Administration. (2022, October). *Health literacy*. HRSA. Retrieved October 28, 2022, from https://www.hrsa.gov/about/organization/bureaus/ohe/health-literacy#:~:text=Personal%20health%20literacy%20is%20the,actions%20for%20themselves%20and%20others

TheNationalCouncil.org/Interated-Health-CoE

Action Steps for Fostering Cultural Competence

Step 1. Identify committed champions of cultural competency within the organization.

Step 2. Embed a commitment to culturally competent care in the organization's goals, mission, and strategic plan.

Step 3. Allocate organizational resources to educating senior leadership, staff, and volunteers.

Step 4. Integrate cultural competency and CLAS into staff evaluations.

Step 5. Regularly review and update organizational policies and practices to reflect the CLAS Standards.

NATIONAL COUNCIL *for* Mental Wellbeing

TheNationalCouncil.org/program/Center-of-Excellence

CLAS Standards to Reflect and Respect Diversity

- **CLAS Standard #2:** Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

- **CLAS Standard #3:** Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.

- **CLAS Standard #14:** Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

NATIONAL COUNCIL *for* Mental Wellbeing

U.S. Health Workforce

Under-represented Minorities (URMs) in the U.S. Health Workforce[1]

30%

0.7% Native Americans

0.2% Native Hawaiians & Other Pacific Islanders

12.3% Black Individuals

16.9% Hispanic Individuals

16% Nursing (RN)

13% Medicine

11% Pharmacy

10% Dentistry

URMs in the General Population

URMs in the Health Professions
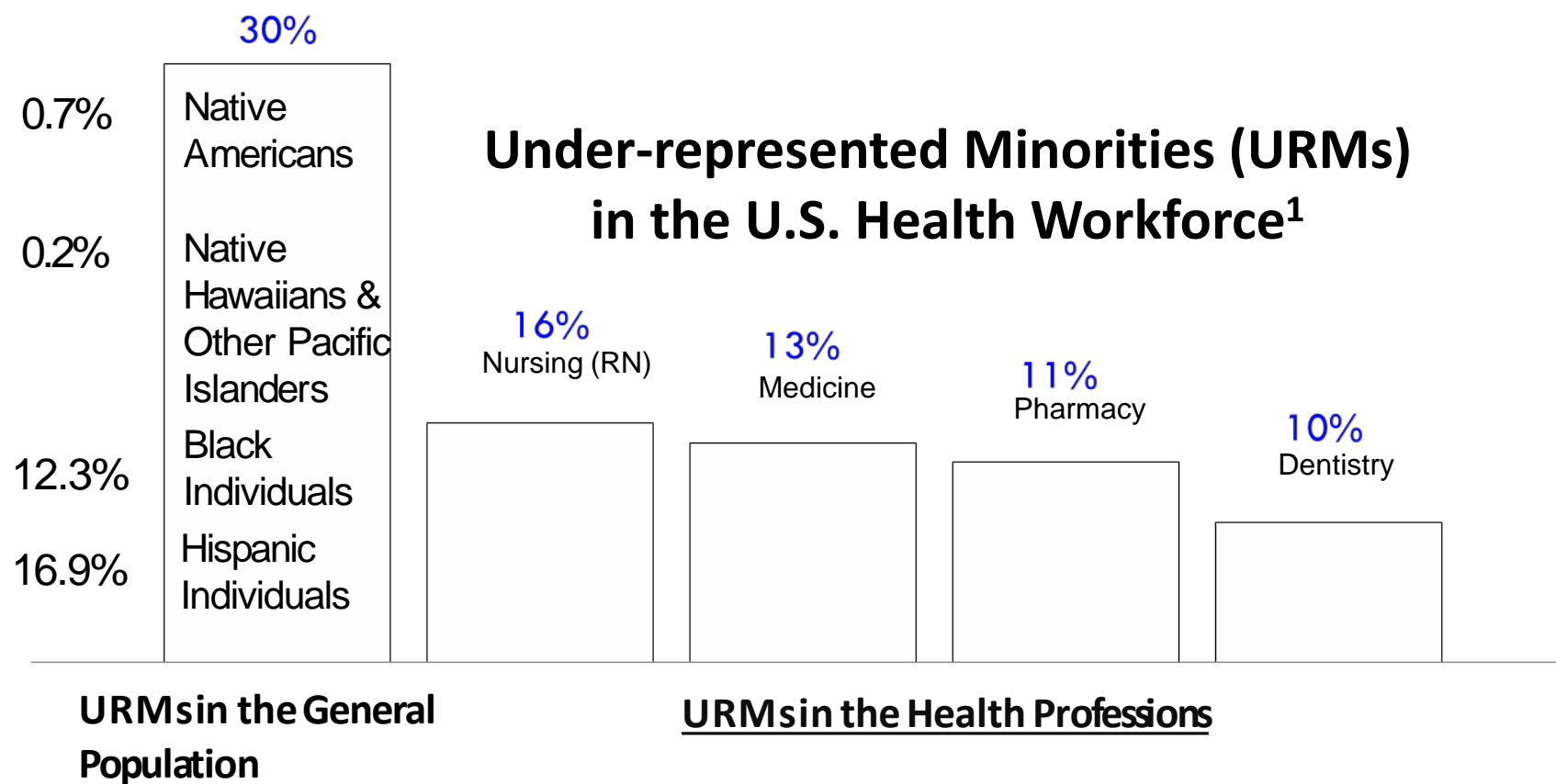
Sexual minority clients experience less bias when staff include LGBTQ+ representation.[2]

1. U.S. Bureau of Census, American Community Survey, 2012 HHS/HRSA, U.S. Health Workforce Chartbook, 2013. Retrieved October 28, 2022, from https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/chartbook-documentation.pdf
2. Phelan, S. M., Burke, S. E., Hardeman, R. R., White, R. O., Przedworski, J., Dovidio, J. F., Perry, S. P., Plankey, M., A Cunningham, B., Finstad, D., W Yeazel, M., & van Ryn, M. (2017). Medical School Factors Associated with Changes in Implicit and Explicit Bias Against Gay and Lesbian People among 3492 Graduating Medical Students. *Journal of general internal medicine*. Retrieved October 28, 2022, from https://pubmed.ncbi.nlm.nih.gov/28766125/

TheNationalCouncil.org/program/Center-of-Excellence

NATIONAL COUNCIL *for* Mental Wellbeing

Action Steps for Reflecting and Respecting Diversity

Step 1. Implement recruitment, retention, and promotion policies for a workforce (staff and leadership) that reflects the diversity of the community being served.

Step 2. Establish a conflict and grievance resolution process to respond to concerns from both patients and staff.

Step 3. Provide cross-cultural communication and conflict resolution training.

Step 4. Provide notice about the right to file grievances or to provide feedback.

Step 5. Establish formal and informal methods to obtain and process feedback from patients and staff.

NATIONAL COUNCIL *for* Mental Wellbeing

TheNationalCouncil.org/program/Center-of-Excellence

CLAS Implementation III Ensure Language Access

U.S. Immigrant Population by State and County, 2015-2019

Select Country/Region of Origin

(All countries) ▼

Total immigrant population
from all countries
in the United States:
44,011,400

Top Counties

Los Angeles County, California	3,430,500
Miami-Dade County, Florida	1,450,100
Harris County, Texas	1,214,700
Cook County, Illinois	1,098,800
Queens County, New York	1,080,500
Orange County, California	954,100
Kings County, New York	934,400
San Diego County, California	774,900
Santa Clara County, California	755,000
Broward County, Florida	656,800
Dallas County, Texas	643,900
Maricopa County, Arizona	641,900
Alameda County, California	538,900
Riverside County, California	519,900
King County, Washington	507,600

Number of Immigrants

20,000 ▭ 10,547,100

© Mapbox © OSM

Source: Migration Policy Institute (MPI) Data Hub. (2019). Retrieved October 28, 2022, from https://www.migrationpolicy.org/programs/data-hub/charts/us-immigrant-population-state-and-county

English Language Learners (ELLs) and Children of Immigrants by U.S. State

1	California
2	Texas
3	Florida
4	New York
5	Illinois
6	Washington
7	Georgia
8	North Carolina
9	Virginia
10	New Jersey
11	Massachusetts
12	Colorado
13	Michigan
14	Maryland
15	Minnesota
16	Arizona
17	Pennsylvania
18	Nevada
19	Indiana
20	Ohio
21	Oklahoma
22	Utah
23	Oregon
24	New Mexico
25	Wisconsin
26	Tennessee

Sort States by

Number of ELLs enrolled (K-12) in SY 2019/... ▼

© 2022 Mapbox © OpenStreetMap

Source: Migration Policy Institute (MPI) Data Hub. (2020). Retrieved October 28, 2022, from https://www.migrationpolicy.org/programs/data-hub/charts/english-learners-k-12-education-state

Most Common Country of Origin of Legal Immigrants

Source: Blatt, B. (2014, May 19). *What are the biggest immigrant groups in your state?* Slate Magazine. Retrieved October 28, 2022, from
https://slate.com/culture/2014/05/immigration-map-what-are-the-biggest-immigrant-groups-in-your-state.html

NATIONAL COUNCIL *for* Mental Wellbeing

TheNationalCouncil.org/program/Center-of-Excellence

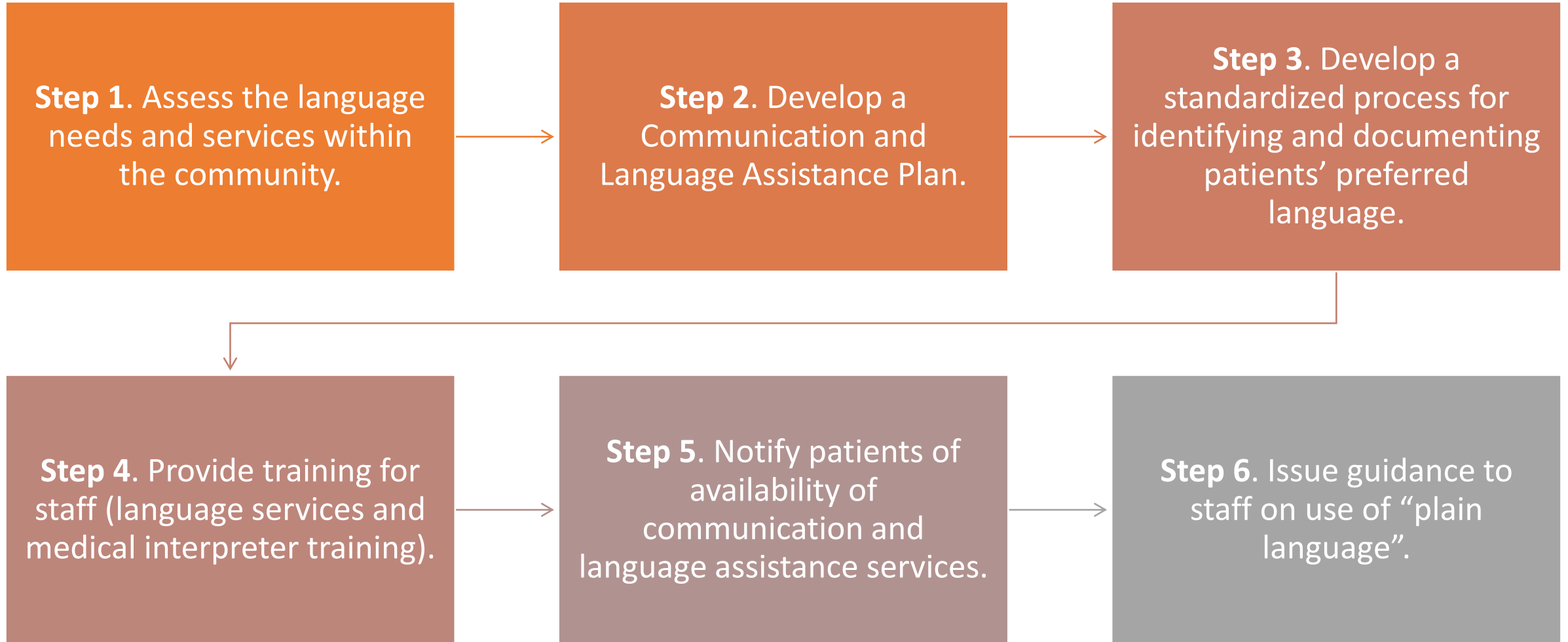# Most common country of birth for foreign-born residents, excluding Mexico

NATIONAL COUNCIL *for* Mental Wellbeing

TheNationalCouncil.org/program/Center-of-Excellence

CLAS Standards to Ensure Language Access

- **CLAS Standard #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.

- **CLAS Standard #6:** Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

- **CLAS Standard #7:** Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

- **CLAS Standard #8**: Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

NATIONAL COUNCIL *for* Mental Wellbeing

Action Steps to Ensure Language Access

Step 1. Assess the language needs and services within the community.

Step 2. Develop a Communication and Language Assistance Plan.

Step 3. Develop a standardized process for identifying and documenting patients' preferred language.

Step 4. Provide training for staff (language services and medical interpreter training).

Step 5. Notify patients of availability of communication and language assistance services.

Step 6. Issue guidance to staff on use of "plain language".

CLAS Implementation IV Build Community Partnerships

NATIONAL COUNCIL *for* **Mental Wellbeing**

CENTER OF EXCELLENCE for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing
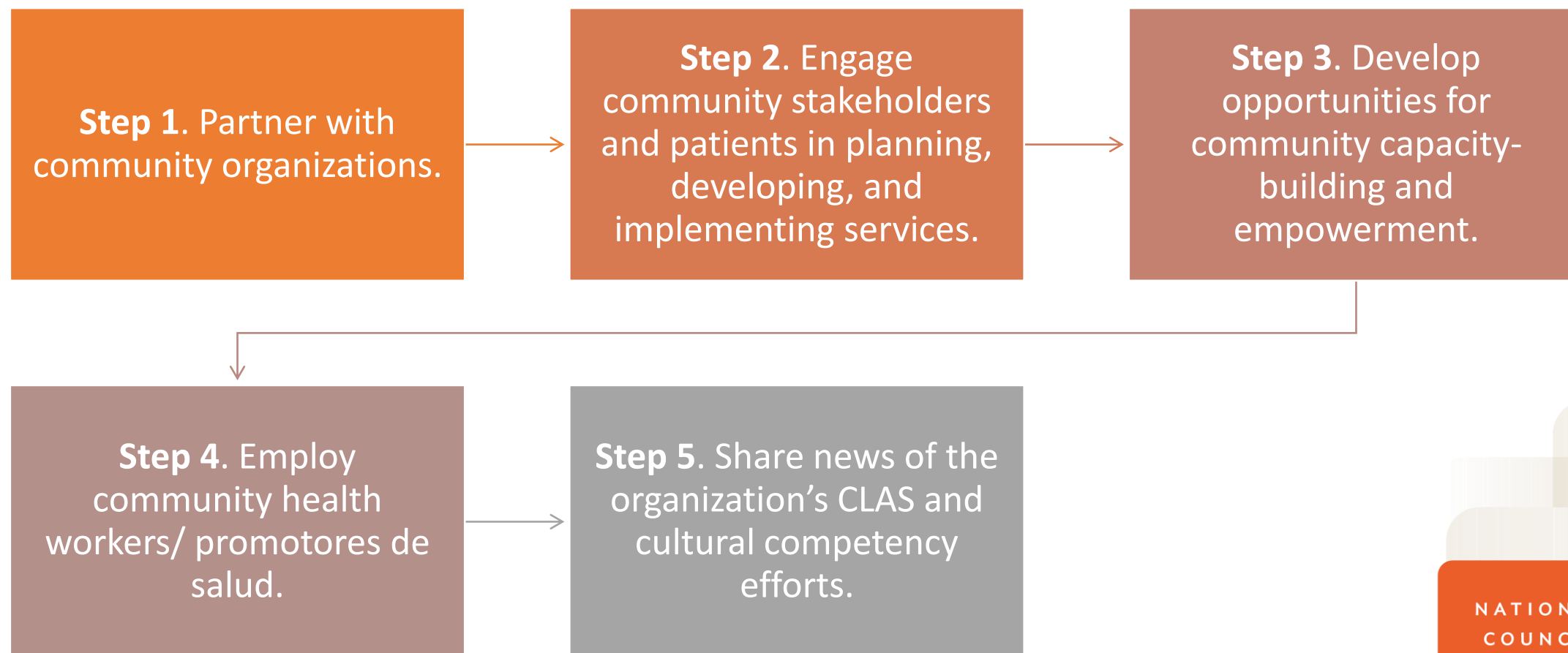
CLAS Standards to Build Community Partnerships

- **CLAS Standard #13:** Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

- **CLAS Standard #15:** Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

NATIONAL COUNCIL *for* Mental Wellbeing

TheNationalCouncil.org/program/Center-of-Excellence

Action Steps to Build Community Partnerships

Step 1. Partner with community organizations.

Step 2. Engage community stakeholders and patients in planning, developing, and implementing services.

Step 3. Develop opportunities for community capacity-building and empowerment.

Step 4. Employ community health workers/ promotores de salud.

Step 5. Share news of the organization's CLAS and cultural competency efforts.

NATIONAL COUNCIL *for* Mental Wellbeing

TheNationalCouncil.org/program/Center-of-Excellence

CLAS Standards for Collecting Diversity Data

- **CLAS Standard #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.

- **CLAS Standard #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.

- **CLAS Standard #15:** Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

NATIONAL COUNCIL *for* Mental Wellbeing

Sample Categories for Data Collection

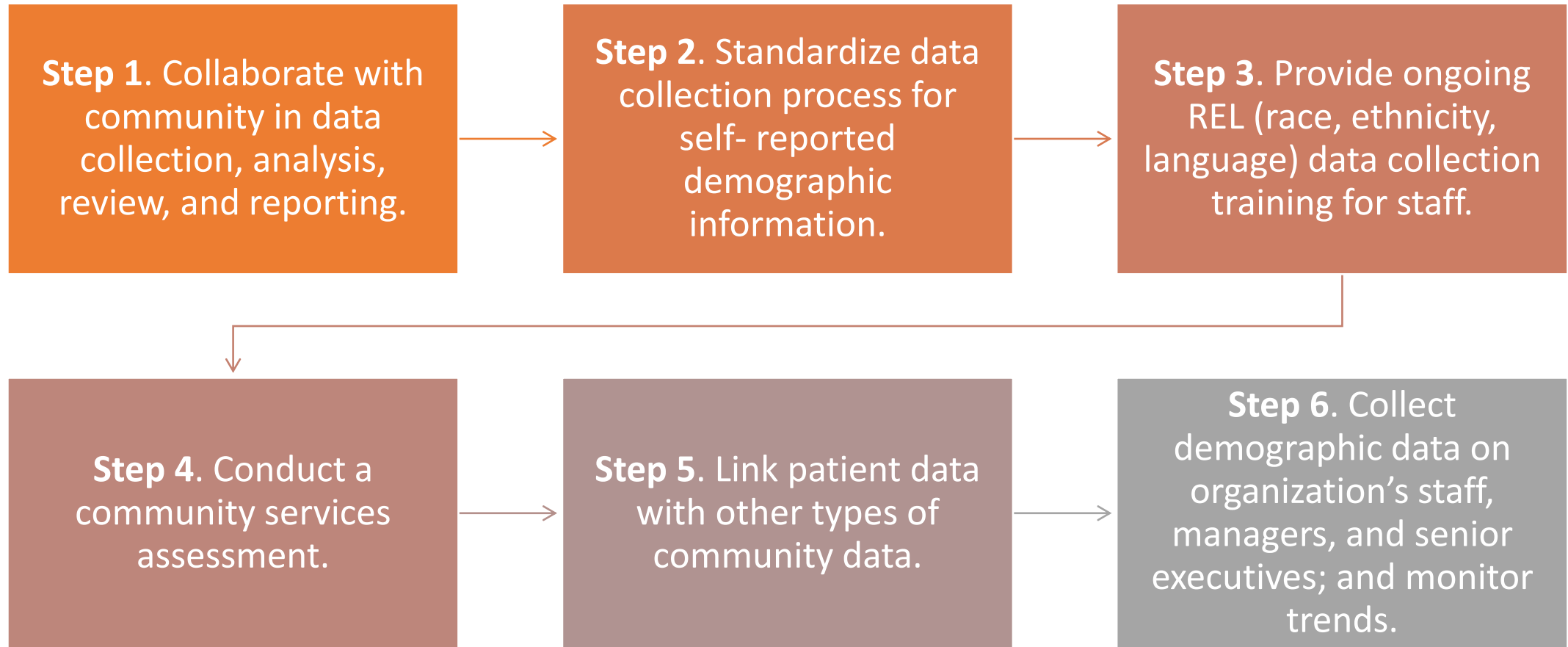| Client Data	Staff Data	Outcome Data
• Ethnicity • Race • Nationality • Preferred spoken / written language • Age • Gender • Sexual orientation / gender identity • Income • Education • Informed of right to interpreter services • Use of interpreter services • Treatment history • Medical history • Client satisfaction	• Ethnicity • Race • Nationality • Primary/preferred language • Gender • Records of cultural competency training participation and evaluations	Service type • Utilization • Length of stay

Action Steps for Collecting Diversity Data

Step 1. Collaborate with community in data collection, analysis, review, and reporting.

Step 2. Standardize data collection process for self-reported demographic information.

Step 3. Provide ongoing REL (race, ethnicity, language) data collection training for staff.

Step 4. Conduct a community services assessment.

Step 5. Link patient data with other types of community data.

Step 6. Collect demographic data on organization's staff, managers, and senior executives; and monitor trends.

CLAS Implementation VI
Benchmark, Plan and Evaluate

CLAS Standards to Benchmark, Plan and Evaluate

- **CLAS Standard #9:** Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.

- **CLAS Standard #10:** Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

TheNationalCouncil.org/program/Center-of-Excellence

NATIONAL COUNCIL *for* Mental Wellbeing

Action Steps to Benchmark, Plan and Evaluate

Step 1. Identify "champions" and appoint a Cultural Competence Committee.

Step 2. Conduct an organizational assessment and ongoing re-assessments.

Step 3. Integrate CLAS into organizational strategic planning and set benchmarks.

Step 4. Ensure sufficient fiscal and human resources to support implementation of CLAS.

Step 5. Involve community/patients in monitoring organization's progress on implementation of CLAS.

NATIONAL COUNCIL *for* Mental Wellbeing

TheNationalCouncil.org/program/Center-of-Excellence

An Implementation Checklist for the National CLAS Standards
with a CLAS Action Worksheet and CLAS Testimonials

CLAS Standards Implementation Tips

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

Source: Office of Minority Health Resource Center. (n.d.). *Implementation checklist for the National CLAST Standards*. Think Cultural Health. Retrieved October 28, 2022, from
https://thinkculturalhealth.hhs.gov/assets/pdfs/AnImplementationChecklistfortheNationalCLASStandards.pdf

TheNationalCouncil.org/program/Center-of-Excellence

NATIONAL COUNCIL *for* Mental Wellbeing

Standard 1

<u>Principal Standard:</u>

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.

NATIONAL
COUNCIL
for Mental
Wellbeing

Standard 1

Designate a preceptor (e.g., MD, RN, or clinician) who provides culturally appropriate care.

Use the Office of Minority Health modules to demonstrate the plusses and minuses of Cultural Competency (CC) approaches during provider and client interactions.

Create a community needs assessment that includes community demographics.

Assess the cultural beliefs of each patient.

Create a patient review of educational materials.

NATIONAL COUNCIL *for* Mental Wellbeing

Standard 1 (cont'd)

Check the language literacy level of written materials for patients.

Monitor patient satisfaction at staff meetings.

Indicate whether language assistance is needed prior to the patient's arrival using a chart flagging system.

Ensure information and consent forms are in the patient's language of origin.

Promote patient centered care by including patient satisfaction measures in employee's performance reviews.

NATIONAL COUNCIL *for* Mental Wellbeing

TheNationalCouncil.org/program/Center-of-Excellence

Theme 1
Governance, Leadership and Workforce
Standards 2, 3 and 4

NATIONAL
COUNCIL
for Mental
Wellbeing

TheNationalCouncil.org/program/Center-of-Excellence

Governance, Leadership, Workforce

This theme covers the following:

- Recruit, promote and support

- Diverse governance, leadership and workforce reflecting the service area

- Governance and leadership promotes health equity through policy, practices and resources

- Educate and train governance, leadership and workforce

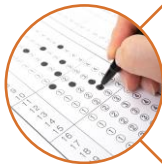NATIONAL COUNCIL *for* Mental Wellbeing

Standards 2, 3 & 4

Budget money to train current staff in CC or as medical interpreters (if staff speak a second language and show an interest in interpretation).

Create incentives for completing CC training, as well as interpreter reward and recognition.

Encourage CC and CLAS training during staff meetings.

Use pre- and post-tests to assess current staff regarding CC and second language ability.

Tie CC and CLAS training to staff evaluations.

NATIONAL COUNCIL *for* Mental Wellbeing

TheNationalCouncil.org/program/Center-of-Excellence

Standards 2, 3 & 4 (cont'd)

Use available online resources and training programs.

Use computer-based training models for staff and tie to license requirement.

Provide annual in-service that offers CEUs for participating staff.

Initiate a brown-bag lunch series on CC.

Include education on CC in orientation materials for new staff and during annual update meetings.
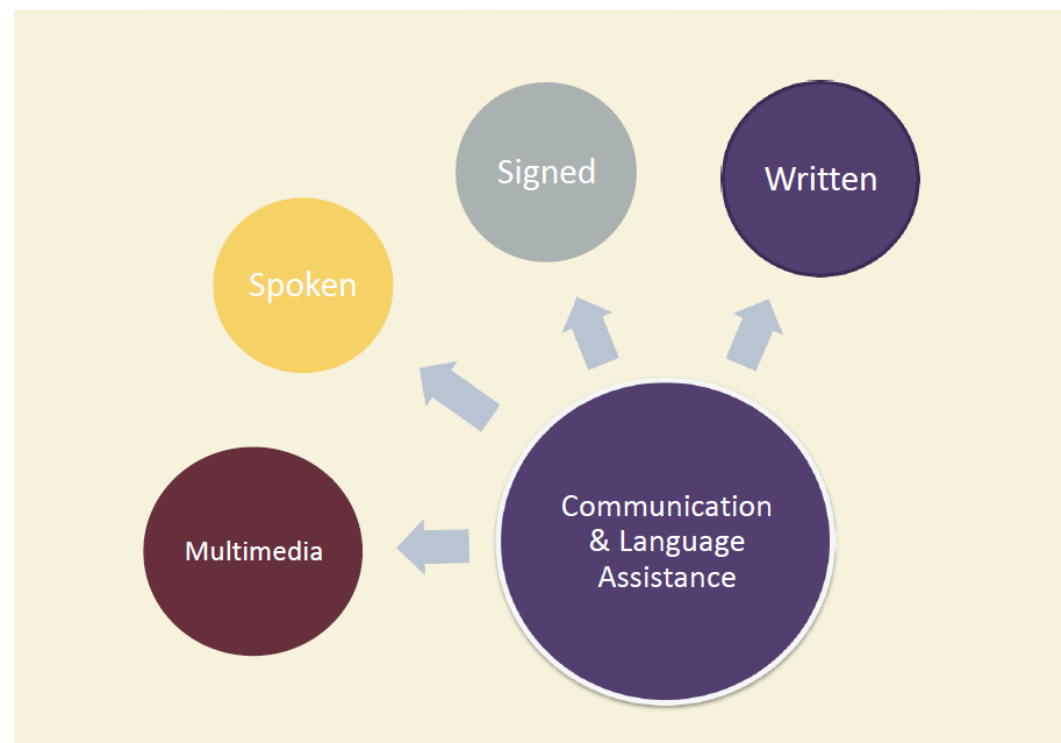
Provide incentives for staff to volunteer in community and to learn about community members and other cultures.

NATIONAL COUNCIL *for* Mental Wellbeing

Theme 2
Communication & Language Assistance
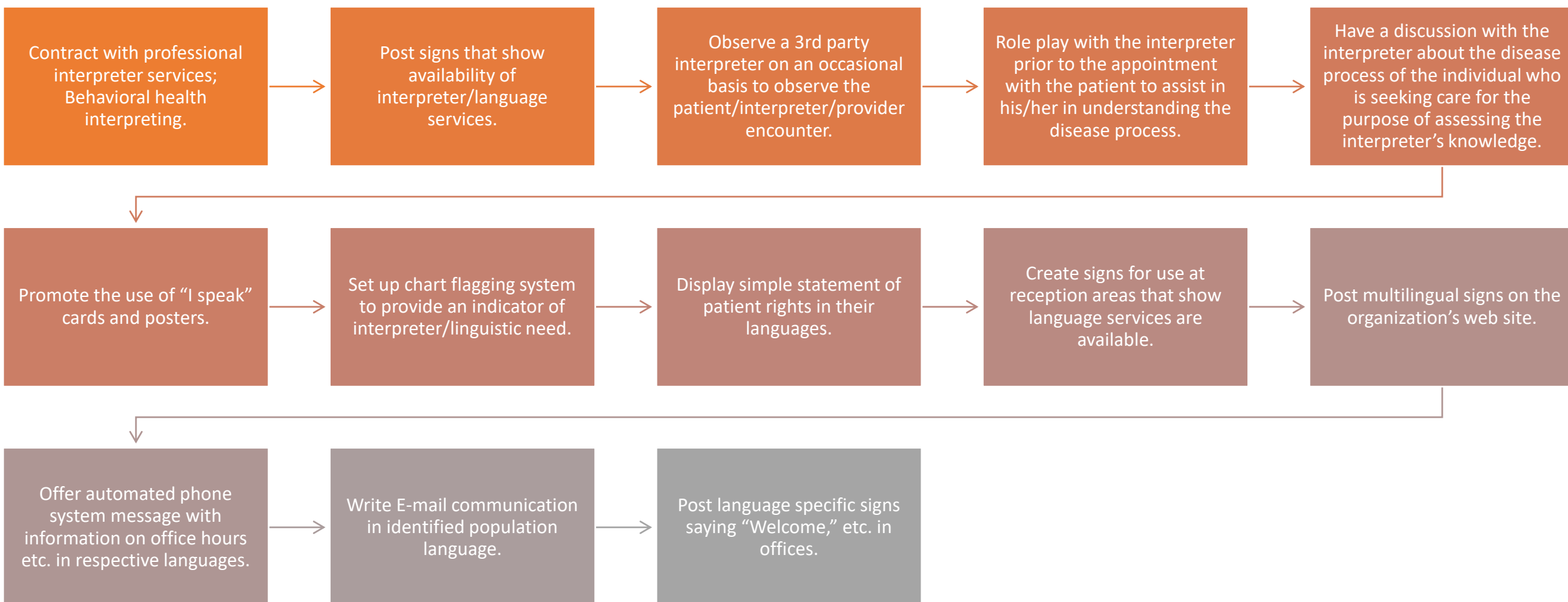# Standard 5, 6, 7 and 8

Communication and Language Assistance

This theme covers the following:

- Timely, no cost to client

- Inform of available Language Assistance Standards (LAS) clearly and in preferred language

- Individuals with limited English proficiency and other communication needs

- Ensure LAS provider competence

- Avoid use of untrained individuals/minors

- Easy-to-understand print and multimedia materials and signage in languages commonly used

NATIONAL COUNCIL *for* Mental Wellbeing

TheNationalCouncil.org/program/Center-of-Excellence

Communication and Language Assistance

Contract with professional interpreter services; Behavioral health interpreting. →

Post signs that show availability of interpreter/language services. →

Observe a 3rd party interpreter on an occasional basis to observe the patient/interpreter/provider encounter. →

Role play with the interpreter prior to the appointment with the patient to assist in his/her in understanding the disease process. →

Have a discussion with the interpreter about the disease process of the individual who is seeking care for the purpose of assessing the interpreter's knowledge.

Promote the use of "I speak" cards and posters. →

Set up chart flagging system to provide an indicator of interpreter/linguistic need. →

Display simple statement of patient rights in their languages. →

Create signs for use at reception areas that show language services are available. →

Post multilingual signs on the organization's web site.

Offer automated phone system message with information on office hours etc. in respective languages. →

Write E-mail communication in identified population language. →

Post language specific signs saying "Welcome," etc. in offices.

Theme 3
Engagement, Continuous Improvement and Accountability
Standards 9 - 15

Engagement

Continuous Improvement

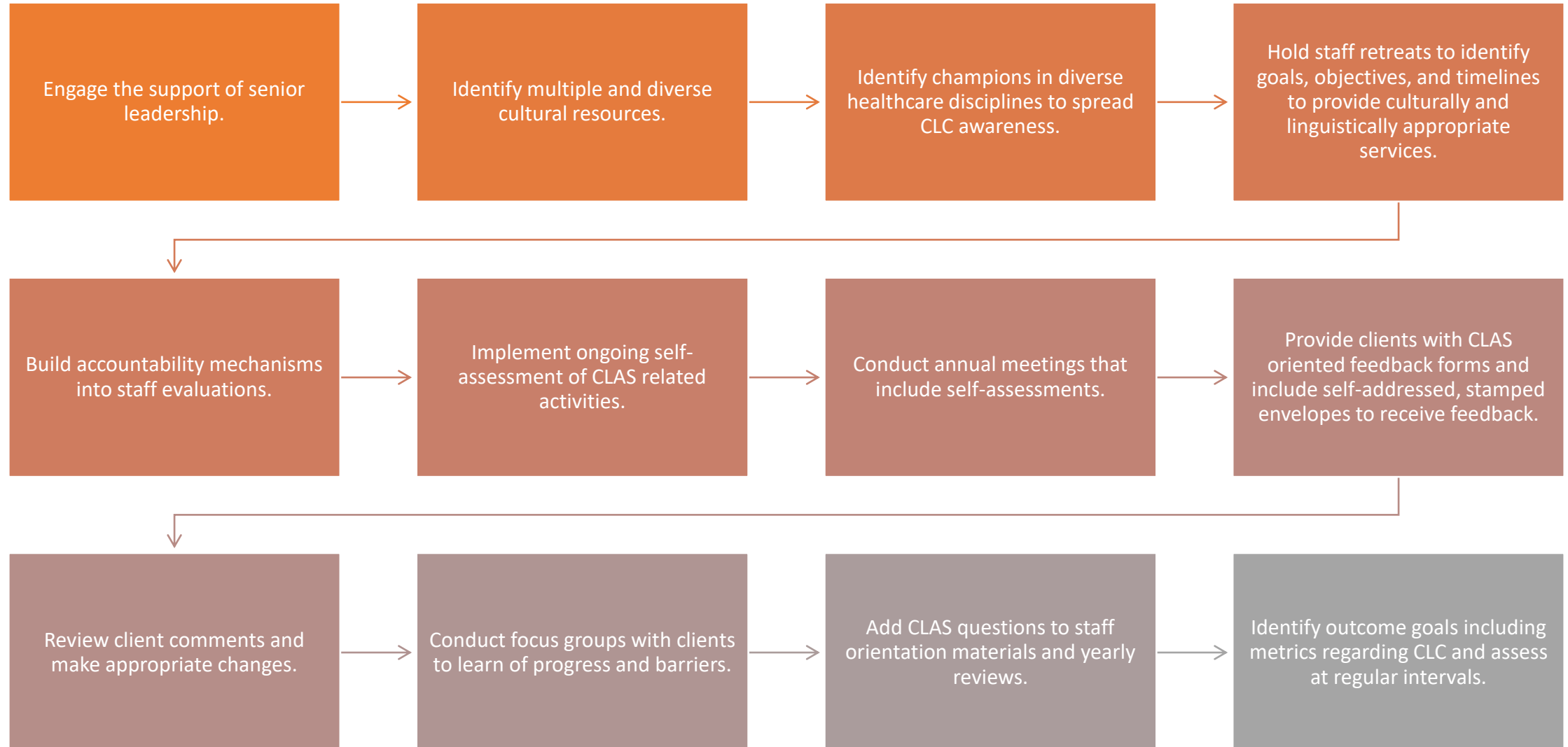Accountability

NATIONAL COUNCIL *for* Mental Wellbeing

Engagement, Continuous Improvement, and Accountability

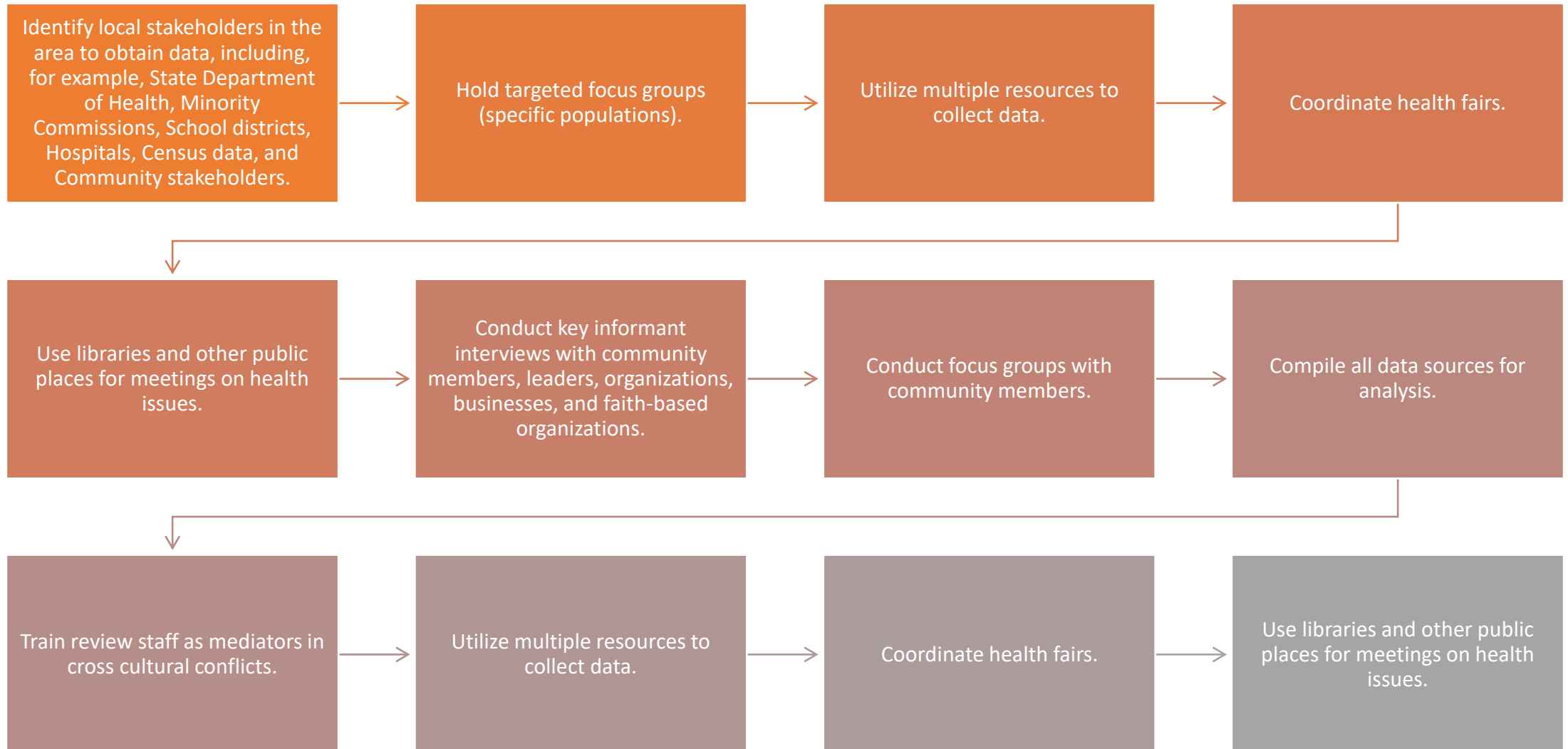**This theme addresses the following:**

- Establish CLAS goals, policies, and management accountability and infuse in planning and operations

- Ongoing assessments

- Integrate CLAS measures into measurement and quality improvement

- Accurate, reliable demographic data

- Use data to monitor and evaluate impact of CLAS on health equity and outcomes

- Regular assessments of community health assets

- Partner to design, implement and evaluate policies, practices & services

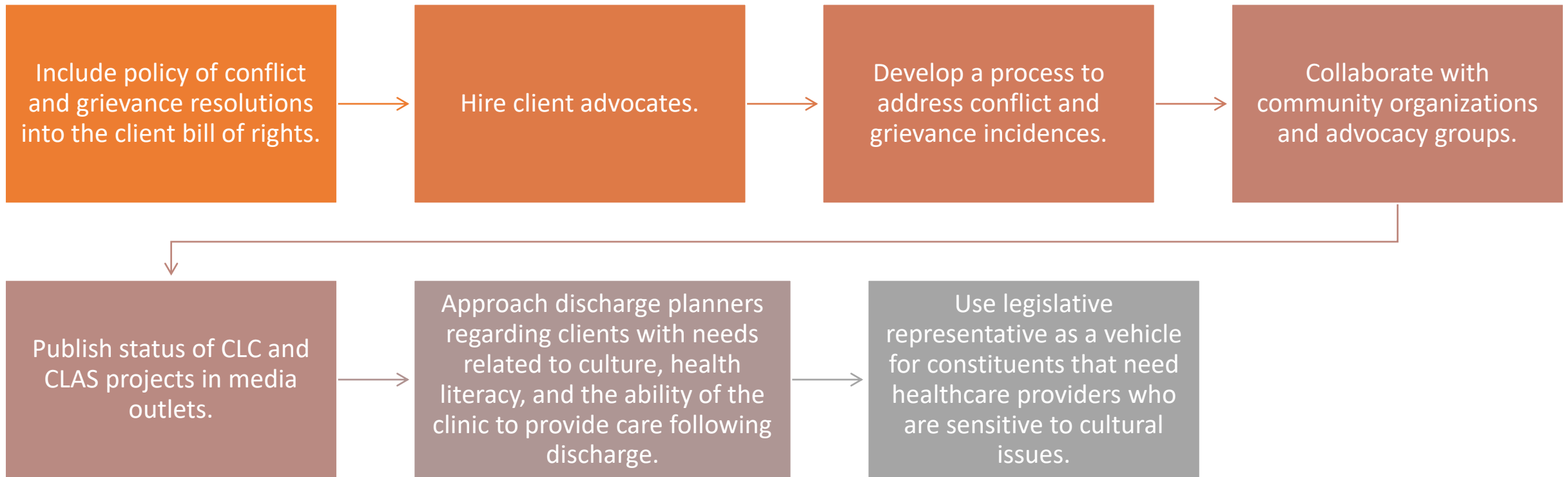- Communicate progress to stakeholders, constituents, public

NATIONAL
COUNCIL
for Mental
Wellbeing

Engagement, Continuous Improvement, and Accountability

Engagement, Continuous Improvement, and Accountability (cont'd)

Identify local stakeholders in the area to obtain data, including, for example, State Department of Health, Minority Commissions, School districts, Hospitals, Census data, and Community stakeholders. → Hold targeted focus groups (specific populations). → Utilize multiple resources to collect data. → Coordinate health fairs.

Use libraries and other public places for meetings on health issues. → Conduct key informant interviews with community members, leaders, organizations, businesses, and faith-based organizations. → Conduct focus groups with community members. → Compile all data sources for analysis.

Train review staff as mediators in cross cultural conflicts. → Utilize multiple resources to collect data. → Coordinate health fairs. → Use libraries and other public places for meetings on health issues.

Engagement, Continuous Improvement, and Accountability (cont'd 2)

Include policy of conflict and grievance resolutions into the client bill of rights.	Hire client advocates.	Develop a process to address conflict and grievance incidences.	Collaborate with community organizations and advocacy groups.

Publish status of CLC and CLAS projects in media outlets.	Approach discharge planners regarding clients with needs related to culture, health literacy, and the ability of the clinic to provide care following discharge.	Use legislative representative as a vehicle for constituents that need healthcare providers who are sensitive to cultural issues.

Examples of CLAS Implementation in a Public Health Agency

- San Francisco (CA) Department of Public Health: (http://www.sfdph.org/dph/comupg/aboutdph/insideDept/CLAS/CLASPolicies.asp)

- Massachusetts Department of Public Health: (https://www.mass.gov/culturally-and-linguistically-appropriate-services-clas-initiative)

(c) 2020 Pierluigi Mancini PhD

Example of Implementation Plan
Suffolk County (NY) Department of Health Services

Completed a series of self-assessment surveys at each of 8 affiliated community health centers.

Incorporated CLAS language into Department mission statement and process for development of policies and procedures.

Distributed information about the CLAS Standards to 1,500 Department employees.

Informed the Department's new hires about the CLAS Standards during employee orientation.

Included workforce diversity and cultural competency training in the Department's Strategic Plan.

Created a CLAS Leadership and Implementation Team to provide input in activities.

Conducted health disparities and cultural competency workshops with all leadership and staff at the 8 affiliated community health centers.

Provided formal medical interpreter training for bilingual staff.

NATIONAL
COUNCIL
for Mental
Wellbeing

TheNationalCouncil.org/program/Center-of-Excellence

Questions, Comments?

(c) 2020 Pierluigi Mancini PhD

NATIONAL
COUNCIL
for Mental
Wellbeing

References

- Image adapted from "Making CLAS Happen", Massachusetts Department of Health http://www.mass.gov/eohhs/gov/departments/dph/programs/admin/health-equity/clas/making-clas-happen.html

- Office of Minority Health. (n.d.). *CLAS, cultural competency and cultural humility*. U.S. Department of Health and Human Services (HHS). Retrieved October 28, 2022, from https://www.minorityhealth.hhs.gov/Assets/PDF/TCH%20Resource%20Library_CLAS%20CLC%20CH.pdf

- Agency for Healthcare Research and Quality. (2019, July). *What is cultural and linguistic competence?* AHRQ. Retrieved October 28, 2022, from https://www.ahrq.gov/ncepcr/tools/cultural-competence/definition.html#:~:text=Cultural%20and%20Linguistic%20Competence%3A%20The,to%20the%20health%20care%20encounter

- Health Resources & Services Administration. (2022, October). *Health literacy*. HRSA. Retrieved October 28, 2022, from https://www.hrsa.gov/about/organization/bureaus/ohe/health-literacy#:~:text=Personal%20health%20literacy%20is%20the,actions%20for%20themselves%20and%20others

- U.S. Bureau of Census, American Community Survey, 2012 HHS/HRSA, U.S. Health Workforce Chartbook, 2013. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/chartbook-documentation.pdf

- Migration Policy Institute (MPI) Data Hub. (2019). https://www.migrationpolicy.org/programs/data-hub/charts/us-immigrant-population-state-and-county

- Migration Policy Institute (MPI) Data Hub. (2020). https://www.migrationpolicy.org/programs/data-hub/charts/english-learners-k-12-education-state

- Blatt, B. (2014, May 19). *What are the biggest immigrant groups in your state?* Slate Magazine. Retrieved October 28, 2022, from https://slate.com/culture/2014/05/immigration-map-what-are-the-biggest-immigrant-groups-in-your-state.html

- US Census Bureau, 2013-2017 American Community Survey. https://www.census.gov/newsroom/press-kits/2018/acs-5year.html

NATIONAL COUNCIL *for* Mental Wellbeing

References (cont'd)

- Business Insider. (2019). https://www.businessinsider.com/where-do-immigrants-come-from-map-most-common-countries-2019-4

- Office of Minority Health Resource Center. (n.d.). *Implementation checklist for the National CLAST Standards*. Think Cultural Health. Retrieved October 28, 2022, from https://thinkculturalhealth.hhs.gov/assets/pdfs/AnImplementationChecklistfortheNationalCLASStandards.pdf

- Agency for Healthcare Research and Quality. (217AD). *2017 National Healthcare Quality and Disparities Report*. AHRQ. Retrieved October 28, 2022, from https://www.ahrq.gov/research/findings/nhqrdr/nhqdr17/index.html

- Agency for Healthcare Research and Quality (AHRQ). (2017). National Healthcare Quality and Disparities Report. https://www.ahrq.gov/research/findings/nhqrdr/nhqdr17/index.html

- *The Social Determinants of Mental Health. Michael T. Compton, M.D., M.P.H., and Ruth S. Shim, M.D., M.P.H., Focus Vol. 13, No. 4, Fall 2015*

- National Council for Mental Wellbeing (2022).The Comprehensive Healthcare Integration Framework. https://www.thenationalcouncil.org/resources/the-comprehensive-healthcare-integration-framework/

- San Francisco (CA) Department of Public Health: (http://www.sfdph.org/dph/comupg/aboutdph/insideDept/CLAS/CLASPolicies.asp)

- Massachusetts Department of Public Health: (https://www.mass.gov/culturally-and-linguistically-appropriate-services-clas-initiative)

- Source: National Association of County and City Health Officials. *Model Practice Database; Implementing CLAS Standards: A Local Health Department's Journey. (2009). https://eweb.naccho.org/eweb/dynamicpage.aspx?webcode=mpview&customerkey=205D3357-6157-4559-BF9D-0A23EABA75A9&am1_key=AF32D9CC-A84A-46EF-BA93-F9FDA71FAF36&am2_key=0FD3D4BF-EA11-423B-9C82-2217086E5ACE&pt=5.*

NATIONAL COUNCIL *for* Mental Wellbeing

Resources

- **Think Cultural Health** – U.S. Department of Health & Human Services
  - CLAS Education Opportunities
  - CLAS Resource Library
  - CLAS Video Units

- **Access for Everyone: A Toolkit for Addressing Health Equity & Racial Justice within Integrated Care Settings**

- **Social Justice Leadership Academy (SJLA) Workbook**

- **Racial Equity Tools**

- **Diversity, Equity & Inclusion Framework**

- **Racial Equity Toolkit**

- **Rasing the Bar (RtB) Framework**

- **Health Equity Workshop Series Part 2: Practical Steps for Application**- Nov. 28 from 1-2:30

- **Previous CoE-IHS Webinar Sessions**
  - LGBTQ+ Integrated Care Part 1: Providing Inclusive and Integrated Services to LGBTQ+ Individuals
  - LGBTQ+ Integrated Care Part 2: Strategies for Supporting the Integrated Care Needs of LGBTQ+ Youth

Health Equity and Racial Justice Webpage
National Council for Mental Wellbeing
See our page for more information on Webinars and Upcoming Events, Resources and Tools, and Training and Technical Assistance focused on Health Equity and Racial Justice

NATIONAL COUNCIL *for* Mental Wellbeing

TheNationalCouncil.org/Interated-Health-CoE

Upcoming CoE Events

CoE-IHS Office Hour: CLAS Standards Office Hour

[Register for the Office Hour](#) on Thursday, November 17th, 1-2pm ET

CoE-IHS Office Hour: Growing the Workforce Pipeline through Strategic Community Partnerships

[Register for the Office Hour](#) on Thursday, December 8th, 2-3pm ET

Interested in an individual consultation with the CoE experts on integrated care?

Contact us through this form here!

Looking for free trainings and credits?

Check out integrated health trainings from Relias here

Subscribe for Center of Excellence Updates

Subscribe here

NATIONAL COUNCIL *for* Mental Wellbeing

Thank You

Questions?

Email integration@thenationalcouncil.org

SAMHSA's Mission is to reduce the impact of substance abuse and mental illness on America's communities.

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) 1-800-487-4889 (TDD)

NATIONAL
COUNCIL
for Mental
Wellbeing