Northeast & Caribbean (HHS Region 2)

PTTC Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Diversity, Equity, Inclusion and Belonging with CLAS!

(Culturally and Linguistically Appropriate Services)

Diana Padilla, MCPC, CARC, CASAC-T
Research Project Manager
Technical Assistance & Implementation
SBIRT / Equity & Inclusion

SAMHSA
Substance Abuse and Mental Health Services Administration

Certificate of Completion

- At the end of the session, you will complete an online evaluation prior to closing and going offline (instructions to follow).
- Certificates will be sent out within a week or so along with a copy of the slides.
- This webinar is approved for 3 hours of CASAC, CPP, CPS, CPRA and CARC credentialing.
- You must be visual and attend the entire session.

This webinar training is provided under New York State Office of Addiction Services and Supports (OASAS) Education and Training Provider Certification Number 0115. Training under a New York State OASAS Provider Certification is acceptable for meeting all or part of the CASAC/CPP/CPS education and training requirements.

Northeast & Caribbean PTTC Team

Diana Padilla, MCPC, CARC, CASAC-T
Research Project Manager
ASAP-NYCB Registered Trainer
SBIRT Technical Assistance and Implementation Specialist

Patricia (Tri) Chaple
Project Administrator

Clyde Frederick
Technologist

Disclaimer

The development of these training materials was supported by grant TI082504 (PI: M. Chaple) from the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration (SAMHSA), United States Department of Health and Human Services. The contents are solely the responsibility of the Northeast and Caribbean Addiction Technology Transfer Center, and do not necessarily represent the official views of SAMHSA.

Purpose of SAMHSA's Technology Transfer Centers

The purpose of the Technology Transfer Centers (TTC) is to develop and strengthen the specialized behavioral healthcare and primary healthcare workforce through development, dissemination, and implementation of Evidence-based Practices (EBPs).

ATTC MHTTC PTTC

The use of affirming language inspires hope and advances recovery.

Language Matters.

Words have power.

PEOPLE FIRST.

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.

Virtual Platform Logistics

- 10:00a - 1:00p
- Chat box, raise your hand
- Muting and unmuting
- Connectivity issues
- Camera visual and participation
- Handouts
  1. CLAS Standards
  2. Cultural Competence Self Assessment
  3. An Implementation Checklist for the National CLAS Standards

Goals

Inform on the National Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards can be implemented within various organizational levels:

- To increase equitable and inclusive services for racial and ethnic communities.
- To enhance a work culture that values and supports diversity and inclusivity.

Exploring the Current Landscape

What Do We Mean by Diversity, Equity, and Inclusion?

Diversity, Equity, Inclusion (DEI) describes policies and practices that promote the representation and participation of different groups of individuals, including people of different ages, races and ethnicities, abilities and disabilities, genders, religions, cultures and sexual orientations within an environment.

National Council of Nonprofits, Why Diversity, Equity, and Inclusion Matter for Nonprofits, https://www.councilofnonprofits.org/tools-resources/why-diversity-equity-and-inclusion-matter-nonprofits

Large Group Question

Could you share a time when you had to alter or change your usual practice in order to provide care or services that were more culturally and linguistically appropriate?

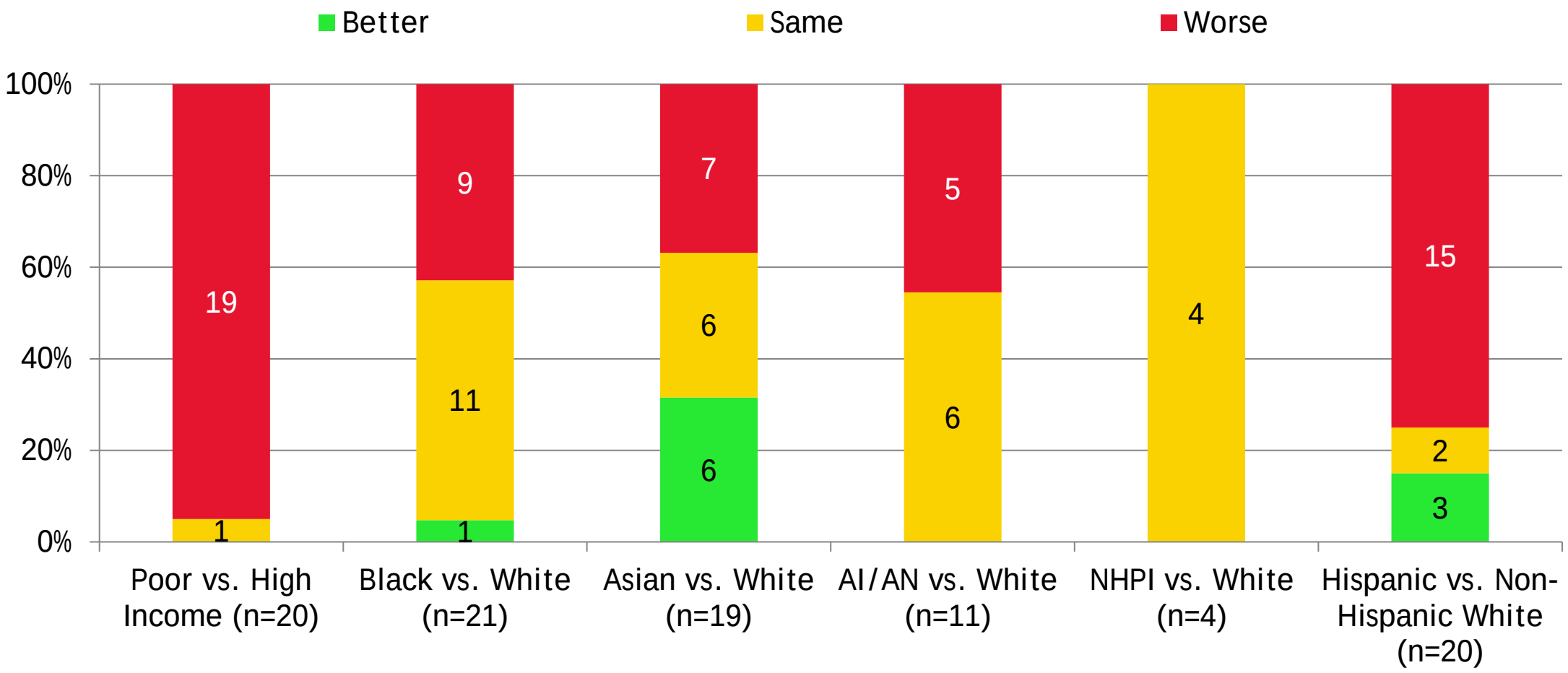
Historically Underserved Populations

Vulnerable populations are often referred to as historically underserved populations. These groups include racial and ethnic communities, the unemployed, uninsured and underinsured, LGBTQ+ people, persons with severe mental and behavioral health disorders, and many others.

- Increased exposure to diseases, infections, and injuries
- Increased susceptibility to severe disease, including complications, hospitalizations, and death
- Lack of access to quality health care
- Increased exposure to societal marginalization and discrimination

Protecting Vulnerable Populations from Pandemic Influenza in the United States: A Strategic Imperative Hutchins et al. Influenza Preparedness and Response. American Journal of Public Health, Supplement 2, 2009, Vol 99, No. S2, School of Nursing and Health Studies, Vulnerable Populations and Health Disparities, https://www.sonhs.miami.edu/research/areas-of-research/vulnerable-populations/index.html

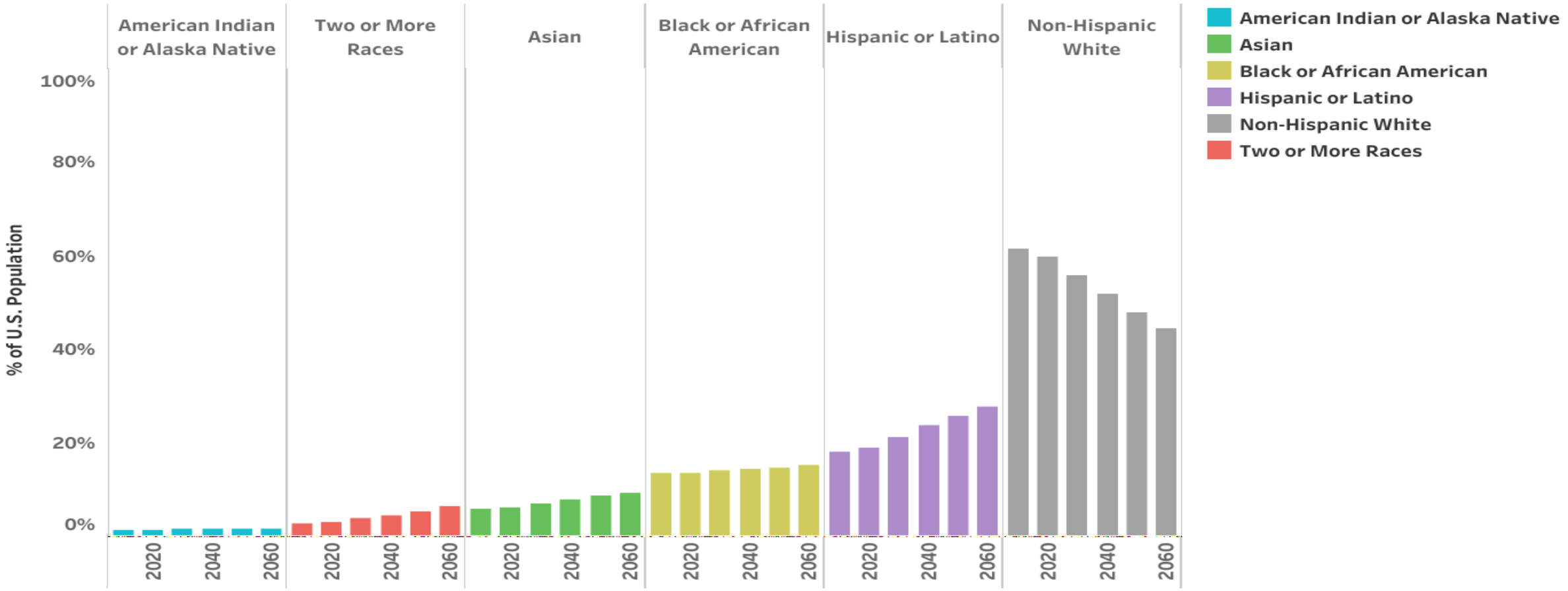
Better, Same, or Worse Access to Care



2018 National Healthcare Quality and Disparities Report.
Content last reviewed October 2019. Agency for Healthcare Research and Quality, Rockville, MD.

Social Determinants of Health

US Population by Race/Ethnicity 2016-2060



Population Projections for the United States from 2015-2060, Published by Statista Research Department, Dec 31, 2014.

The Burden of Disparities

Communities historically impacted:

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

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

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?

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

In the Chat Box

Complete the following statement:

Behavioral Health Equity is_____

…is 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

SAMHSA, Behavioral Health Equity, https://www.samhsa.gov/behavioral-health-equity#:~:text=Behavioral%20Health%20Equity%20is%20the,mental%20and%20substance%20use%20disorders.

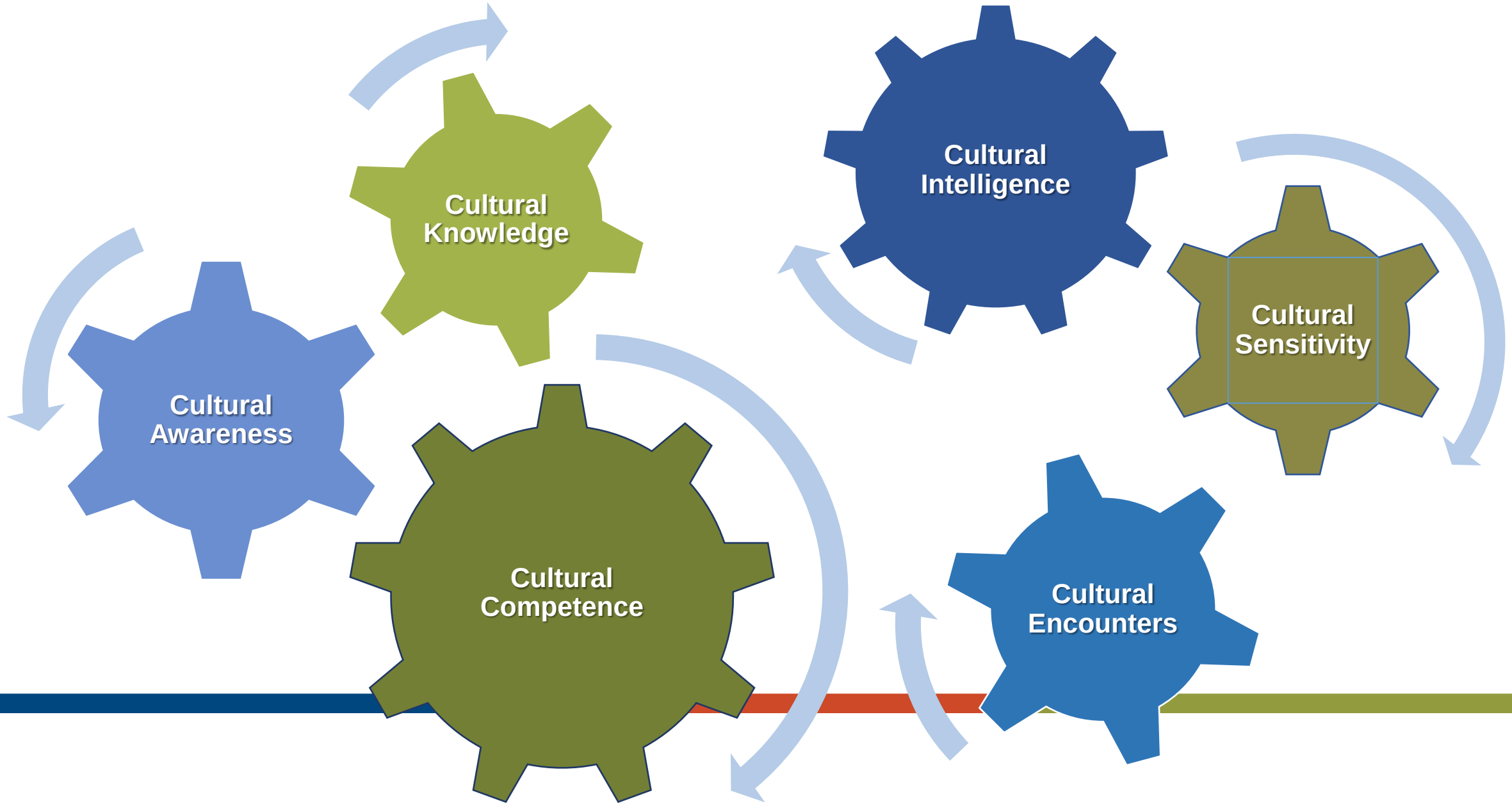
Culturally Responsive Services

Culture

Integrated patterns of human behavior that include 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

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



Cultural Responsiveness

- **Culturally Responsive** services are those that are ***respectful of, and relevant to, the beliefs, practices, culture and linguistic needs*** of diverse consumer/client populations and communities.
- **Culturally Responsive** services comprehensively address power relationships throughout the organization, on different levels of intervention: systemic, organizational, professional and individual.

Curry-Stevens, A., & Reyes, M. (2014). Protocol for Culturally Responsive Organizations, https://www.semanticscholar.org/paper/Protocol-for-Culturally-Responsive-Organizations-Curry-Stevens-Reyes/47b69f803100df60cd38d8b8c843144c4c62b42e

DEI and Cultural Responding to Diverse Needs

Cultural responsiveness for equity and inclusion requires more than just understanding the impact of social inequality.

Entails being able to **identify and address inequities and choose appropriate interventions to create environments, policies, and practices to ensure diversity and fairness** and an atmosphere of inclusivity for communities served and organizational staff.

https://u.osu.edu/reslifedialogue/how-to-dialogue-helpful-readings/cultural-competence-for-equity-and-inclusion/

Cultural Humility - Lifelong Process

For Organizations and Professionals…

- A continuous process of self-reflection examining one's biases and stereotypes.
- An openness to learning more about clients' cultures, perspectives, beliefs, values, and worldview.
- Prioritizing the client's culture, perspective, beliefs, values, and worldview.
- Acknowledging one's limitations.

American Psychological Association, Reflections on cultural humility, August 2013.

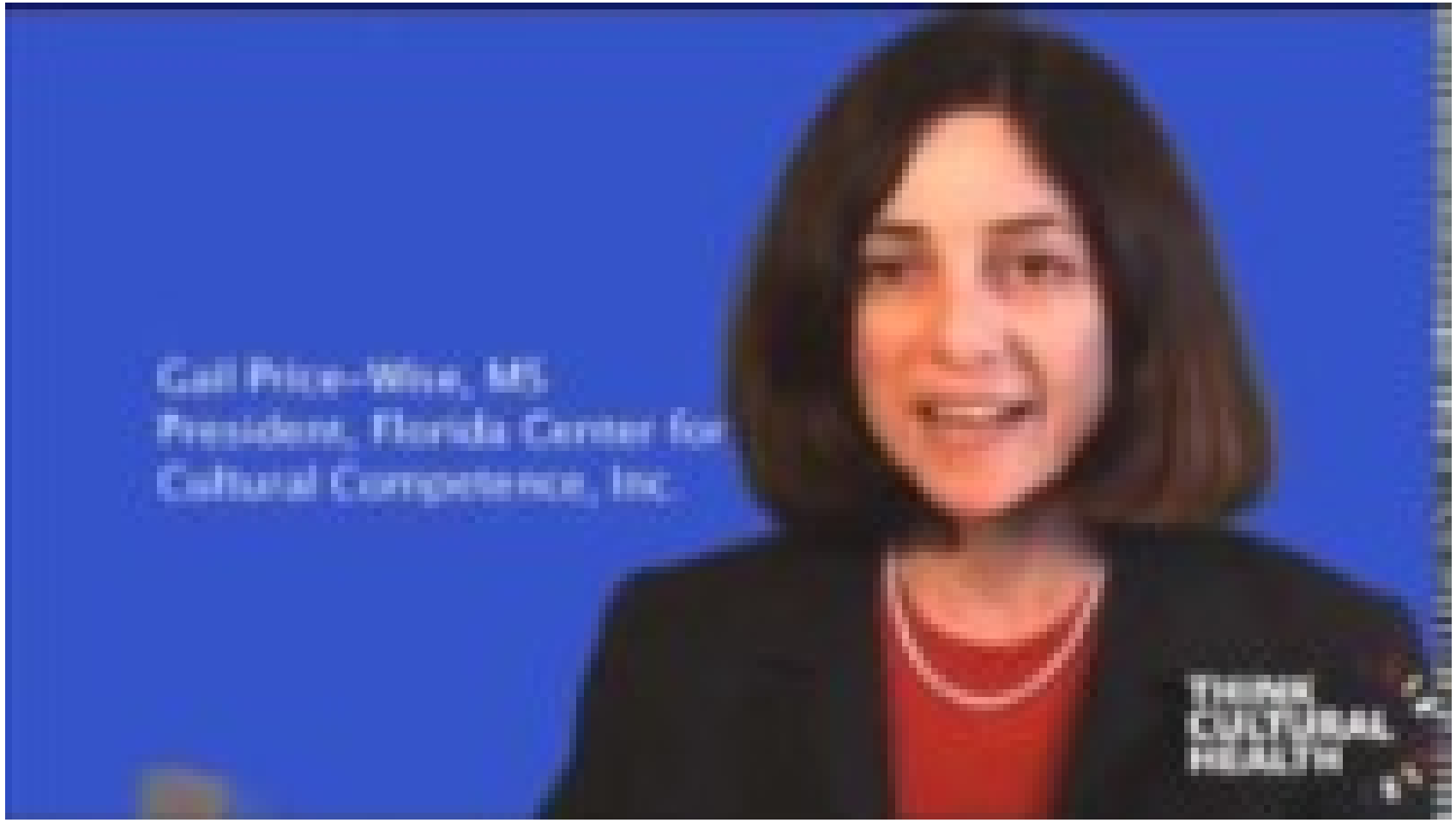
On a scale of 1 to 10,
how familiar are you with the CLAS Standards?

1	2	3	4	5	6	7	8	9	10

CLAS Matters!

Think Cultural Health

U.S. Department of Health & Human Services, Think Cultural Health, In Your Words.



https://youtube.com/watch?v=O6xOLto2t6w&si=EnSIkaIECMiOmarE

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

"The CLAS Standards are intended to advance health equity, improve quality of care and help eliminate health care disparities by providing a blueprint for ***individuals*** and health and health care ***organizations*** to implement culturally and linguistically appropriate services."

OMH Home, Blog: National Partnership for Action, What Do the New CLAS Standards Mean for Behavioral Health? Huang, L., PhD, 7/30/13

Enhanced National CLAS Standards

(1)

1. Principal Standard

(2-4)

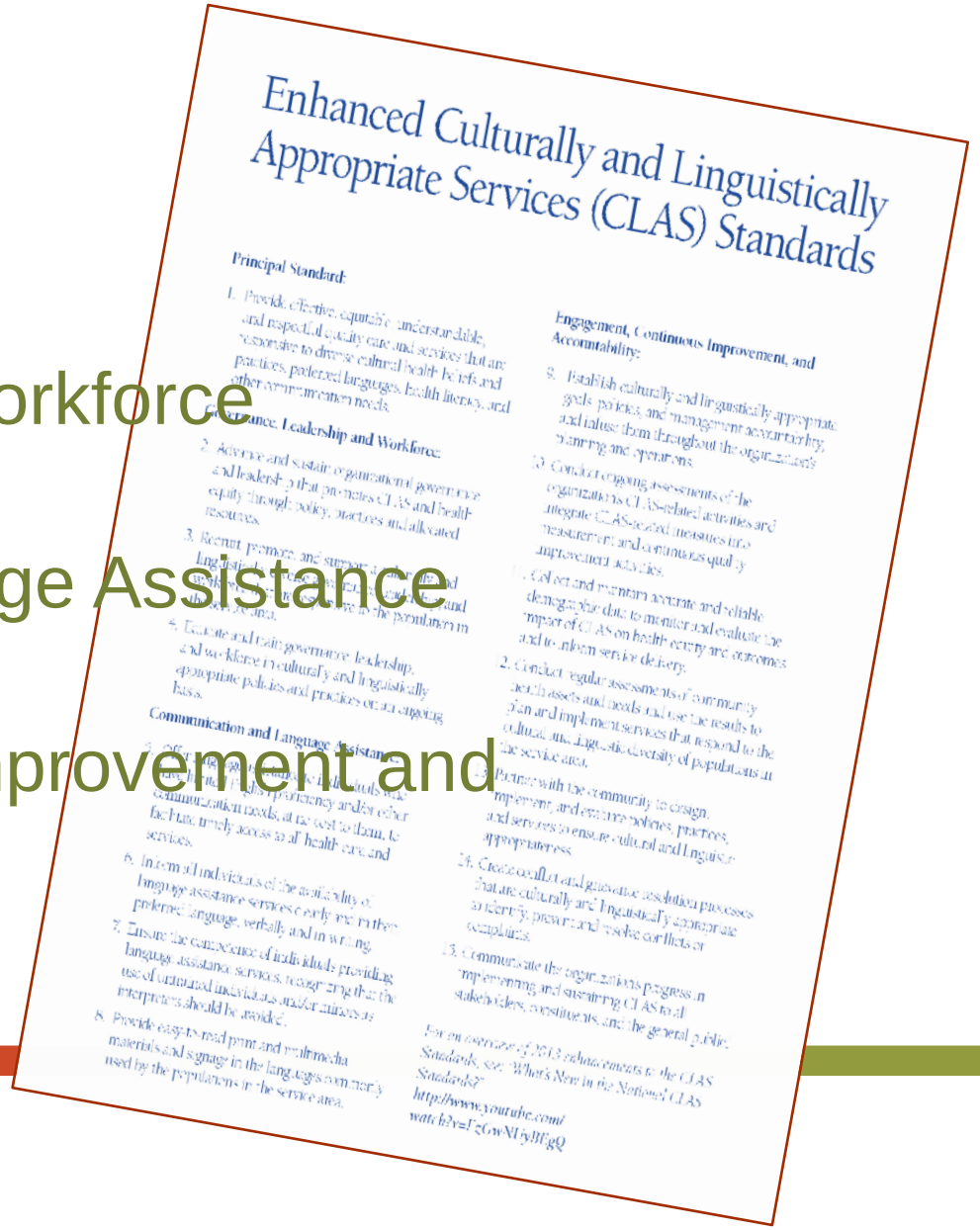
2. Governance, Leadership, Workforce

(5-8)

3. Communication and Language Assistance

(9-15)

4. Engagement, Continuous Improvement and Accountability



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 workforce and leadership that is reflective of the populations 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.youtube.com/watch?v=FzGwNUyBFgQ

Principal Standard 1

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.

Assessment

- Organization
- Patient/Client
- Self (provider)

Standard 1: Application(s) for Practice

- Assess for agency capacity to provide a culturally supportive environment at various levels of organizational structure.
- Gather information on cultural characteristics of communities served, i.e.: cultural beliefs & practices, communication nuances.
- Patient/client feedback of experiences of care and services accessed.
- Confidential staff assessment of workplace conditions and satisfaction.

Affirming Environment

Develop an atmosphere of trust (culturally appropriate, trauma informed, inclusive) and comfortability to initiate and engage individuals in care.

Ensure a welcoming environment:

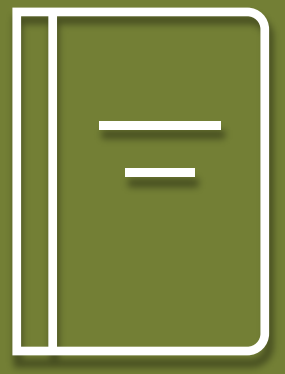
- Physical space can be welcoming when staff reflect community diversity, wall posters, cultural items.
- Cognitively with a congenial self introduction including pronouns and asking how they would to be referred to.
- ***Does organizations provide a private space for staff?***

Organizational Assessment Tools

- **Culturally and Linguistically Appropriate Services (CLAS) Needs Assessment Tool (Internal and External)** https://attcnetwork.org/centers/new-england-attc/product/culturally-and-linguistically-appropriate-services-clas-needs
- **Racial Equity Tools, Organizational Assessment Tools and Resources,** https://www.racialequitytools.org/resources/plan/informing-the-plan/organizational-assessment-tools-and-resources
- **Michigan State University, Equity Organizational Self-Assessment,** Microsoft Word - equity org self assessment_11-5-18.docx (systemexchange.org)
- **Annie E. Casey Foundation, Organizational Self-Assessment,** https://www.culturalyork.org/wp-content/uploads/Organizational-Self-Assessment.pdf

THEME 1:
Governance, Leadership, Workforce

Governance, Leadership, 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. (How?)
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Standards 2-4: Application(s) for Practice

- Organizational governance and leadership to promote CLAS and health equity
- Recruitment of culturally and linguistically competent leadership and workforce
- Training and education for culturally and linguistically competent governance, leadership and workforce
- Engage in DEI specific trainings and brainstorming opportunities.

An Implementation Checklist for the National CLAS Standards - handout

Mission Statement to Promote Services

A mission statement is a short, usually sentence- or paragraph-length message that explains the company's purpose and highlights specific factors:

- ***What*** does our agency do (services)?
- ***Who*** does the company matter to (community)?
- ***How*** does our company make a difference (cultural means of service delivery), as it relates to communities?

THEME 2:
Communication and Language

Statement 1

“Niko na shida na nahitaji taarifa fulani. Ningependa kuongea na mtu na sipendi kuongea kiingereza. Je, ni watu wangapi hapa wanaweza kunisaidia? Inua mkono”

Statement 2

“Tengo un problema y necesito información, me gustaría hablar con alguien pero no puedo hablar inglés muy bien. ¿Quien puede ayudarme? Levanten la mano por favor si pueden ayudar.”

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.

Communication and 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.

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

Breakout Activity

Your organization is providing a new service to the community, *(bi-weekly food pantry service and offering other agency services*).

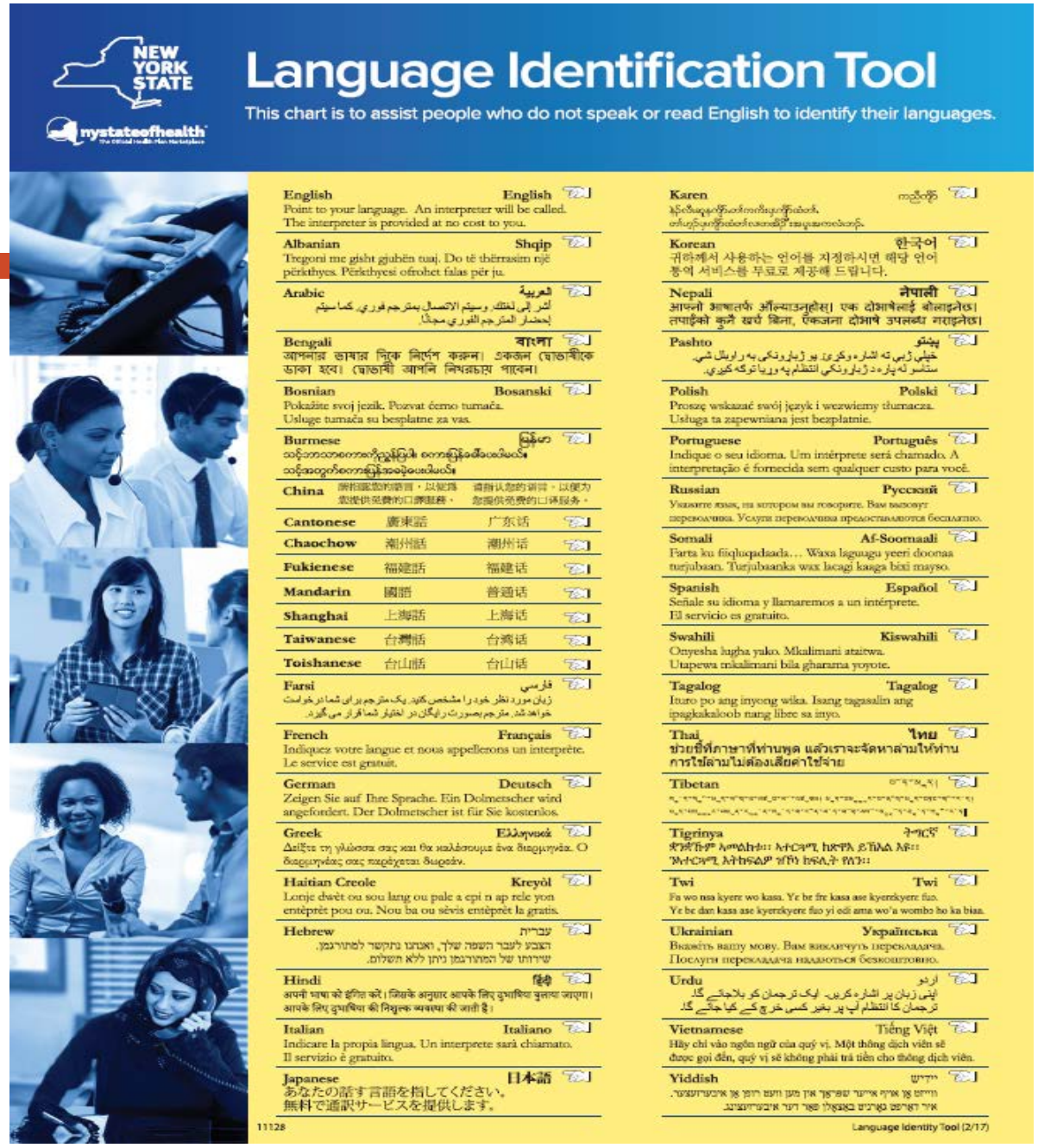
In creating a flyer that will promote this new food pantry service, identify (at least 3) culturally informed and linguistically conducive considerations for promoting to the specific community.

- **American Indian and Alaskan Native**
- **Hispanic, Latin@, Latinx**
- **Black and African American**
- **Asian and Pacific Islanders**

Questions to Consider

- Does agency staff elicit patient's preferred language? If so, when?
- Does agency have a method of notifying consumers of the right to have an interpreter at no cost to them?
- How does organization assure staff are appropriately trained in language access services?
- What protocols are engaged to update literature in community languages?

How do you access language services for someone whose language you're not familiar with?



NEW YORK STATE

nystateofhealth

Language Identification Tool

This chart is to assist people who do not speak or read English to identify their languages.

English — **English**
Point to your language. An interpreter will be called. The interpreter is provided at no cost to you.

Albanian — **Shqip**
Tregoni me gisht gjuhën tuaj. Do të thërrasim një përkthyes. Përkthyesi ofrohet falas për ju.

Arabic — **العربية**
أشر إلى لغتك. وسيتم الاتصال بمترجم فوري. كما سيتم إحضار المترجم الفوري مجانًا.

Bengali — **বাংলা**
আপনার ভাষার দিকে নির্দেশ করুন। একজন দোভাষীকে ডাকা হবে। দোভাষী আপনি বিনামূল্যে পাবেন।

Bosnian — **Bosanski**
Pokažite svoj jezik. Pozvat ćemo tumača. Usluge tumača su besplatne za vas.

Burmese — ** မြန်မာ**
သင့်ဘာသာစကားကိုညွှန်ပြပါ။ စကားပြန်ခေါ်ပေးပါမယ်။ သင့်အတွက်စကားပြန်အခမဲ့ပေးပါမယ်။

China — 所指语言的语言，以便为您提供免费的口译服务。 — 请指认您的语言，以便为您提供免费的口译服务。

Cantonese 廣東話 — 广东话
Chaochow 潮州話 — 潮州话
Fukienese 福建話 — 福建话
Mandarin 國語 — 普通话
Shanghai 上海話 — 上海话
Taiwanese 台灣話 — 台湾话
Toishanese 台山話 — 台山话

Farsi — **فارسی**
زبان مورد نظر خود را مشخص کنید. یک مترجم برای شما درخواست خواهد شد. مترجم بصورت رایگان در اختیار شما قرار می گیرد.

French — **Français**
Indiquez votre langue et nous appellerons un interprète. Le service est gratuit.

German — **Deutsch**
Zeigen Sie auf Ihre Sprache. Ein Dolmetscher wird angefordert. Der Dolmetscher ist für Sie kostenlos.

Greek — **Ελληνικά**
Δείξτε τη γλώσσα σας και θα καλέσουμε ένα διερμηνέα. Ο διερμηνέας σας παρέχεται δωρεάν.

Haitian Creole — **Kreyòl**
Lonje dwèt ou sou lang ou pale a epi n ap rele yon entèprèt pou ou. Nou ba ou sèvis entèprèt la gratis.

Hebrew — **עברית**
הצביע לעבר השפה שלך, ואנחנו נתקשר למתורגמן. שירותו של המתורגמן ניתן ללא תשלום.

Hindi — **हिंदी**
अपनी भाषा की ईंगित करें। जिसके अनुसार आपके लिए दुभाषिया बुलाया जाएगा। आपके लिए दुभाषिया की निशुल्क व्यवस्था की जाती है।

Italian — **Italiano**
Indicare la propia lingua. Un interprete sarà chiamato. Il servizio è gratuito.

Japanese — **日本語**
あなたの話す言語を指してください。
無料で通訳サービスを提供します。

Karen — **ကညီကျိုး**
နိုင်ငံရေးကျိုးတိုးကလိုလားကျိုးဆက်.
တပ်ဟွင်ယာကျိုးဆက်လေးဆယ်ကြိုး အရေးပေးပေးတယ်.

Korean — **한국어**
귀하께서 사용하는 언어를 지정하시면 해당 언어 통역 서비스를 무료로 제공해 드립니다.

Nepali — **नेपाली**
आफ्नो भाषातर्फ औंल्याउनुहोस्। एक दोभाषेलाई बोलाइनेछ। तपाईंको कुनै खर्च बिना, एकजना दोभाषे उपलब्ध गराइनेछ।

Pashto — **پښتو**
خپلې ژبې ته اشاره وکړئ. یو ژباړونکی به راوبلل شي. ستاسو له پاره د ژباړونکي انتظام په وړیا توګه کیږي.

Polish — **Polski**
Proszę wskazać swój język i wezwiemy tłumacza. Usługa ta zapewniana jest bezpłatnie.

Portuguese — **Português**
Indique o seu idioma. Um intérprete será chamado. A interpretação é fornecida sem qualquer custo para você.

Russian — **Русский**
Укажите язык, на котором вы говорите. Вам вызовут переводчика. Услуги переводчика предоставляются бесплатно.

Somali — **Af-Soomaali**
Farta ku fiiqiqadsada… Waxa laguugu yeeri doonaa turjubaan. Turjubaanka wax lacagi kaaga bixi mayso.

Spanish — **Español**
Señale su idioma y llamaremos a un intérprete. El servicio es gratuito.

Swahili — **Kiswahili**
Onyesha lugha yako. Mkalimani ataitwa. Utapewa mkalimani bila gharama yoyote.

Tagalog — **Tagalog**
Ituro po ang inyong wika. Isang tagasalin ang ipagkakaloob nang libre sa inyo.

Thai — **ไทย**
ช่วยชี้ที่ภาษาที่ท่านพูด แล้วเราจะจัดหาล่ามให้ท่าน การใช้ล่ามไม่ต้องเสียค่าใช้จ่าย

Tibetan — **[illegible]**
[illegible]

Tigrinya — **ትግርኛ**
ቋንቋኽም አመልክት። አተርጓሚ ክምጽሕ ይኽእል እዩ። ’አተርጓሚ ኣትክፍልዎ ’ሎኻ ክፍሊት የለን።

Twi — **Twi**
Fa wo nsa kyere wo kasa. Yɛ be frɛ kasa ase kyerɛkyerɛ fuo. Yɛ be dan kasa ase kyerɛkyerɛ fuo yi edi ama wo'a wombo ho ka bisa.

Ukrainian — **Українська**
Вкажіть вашу мову. Вам викличуть перекладача. Послуги перекладача надаються безкоштовно.

Urdu — **اردو**
اپنی زبان پر اشارہ کریں۔ ایک ترجمان کو بلایا جائے گا۔ ترجمان کا انتظام آپ پر بغیر کسی خرچ کے کیا جائے گا۔

Vietnamese — **Tiếng Việt**
Hãy chỉ vào ngôn ngữ của quý vị. Một thông dịch viên sẽ được gọi đến, quý vị sẽ không phải trả tiền cho thông dịch viên.

Yiddish — **יידיש**
דייטש אָן אויער שפּראַך אין מען וועט רופן אַן אינטערפּרעטער. אויר דאַרפט נאָרנים באַצאָלן פאַר דער אינטערפּרעטער.

11128

Language Identity Tool (2/17)

New York State Language Identification Tool https://www.saratogahospital.org/resources/filebrowser/2018/10/language_identifier_nysdoh.png

Standards 5-8: Application(s) for Practice

- Conduct an annual assessment of languages spoken within the target community, include data on people who are deaf/hard of hearing.
- Ensure that language access services include sign language interpretation.
- Ensure that records, patient education, and health/mental health promotion resources are translated into the languages spoken by the patient/client population, including audio or Braille.

An Implementation Checklist for the National CLAS Standards - handout

SAMHSA-HRSA Center for Integrated Health Solutions, Wagner, K., Maya Tech Corp, Using the CLAS Standards to Enhance Cultural Competence in Integrated Care Disparity webinar

Language and Communication Resources

CMS, Centers for Medicare and Medicaid Services, Guide to Developing a Language Access Plan,
https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Language-Access-Plan-508.pdf

Effective Cross-Cultural Communication Worksheet
https://hclsig.thinkculturalhealth.hhs.gov/Content/PDFs/EffectiveCrossCulturalComm.pdf

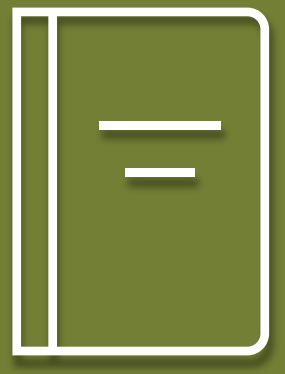
Translator Qualifications Checklist
https://hclsig.thinkculturalhealth.hhs.gov/Content/PDFs/TranslatorQualification.pdf

Signage and Wayfinding Worksheet
https://hclsig.thinkculturalhealth.hhs.gov/Content/PDFs/SignageWayfinding.pdf

Guide to Providing Effective Communication and Language Assistance Services,
https://hclsig.thinkculturalhealth.hhs.gov/Content/Resources/Resource1.asp

THEME 3:
Engagement, Continuous Improvement, and Accountability

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.

Engagement, Continuous Improvement, and Accountability (continued)

12. Conduct periodic 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.

Standards 9-15: Application(s) for Practice

- Integrate implementation of the CLAS standards for behavioral health and HIV/AIDS care, treatment, and related services into the organization's strategic plan.
- Identify and select instruments, tools, data sources, and processes for self-assessment of CLAS-related activities.
- Inform patients/clients that they have the option to share or not share racial, ethnic, and language data, and that their choice will not in any way affect their ability to receive services.

Standards 9-15: Application(s) for Practice (cont.)

- Provide cross-cultural communication training, including how to work with an interpreter, and conflict resolution training to all staff.
- Obtain patient/client and staff input to craft the grievance policy and process.
- Disseminate progress toward implementing CLAS to diverse constituents on at least an annual basis.

An Implementation Checklist for the National CLAS Standards - handout

Accountability and Sustainability

Organizations – To what extent has the implementation of the National CLAS Standards led or contributed to:

- The use of data on race, ethnicity, sex, disability status, and language to monitor and improve health service delivery?
- Improved two-way communication between providers and clients?
- Increased knowledge of culturally and linguistically appropriate care and buy-in from staff?
- Better and earlier detection of health care concerns through appropriate screening?

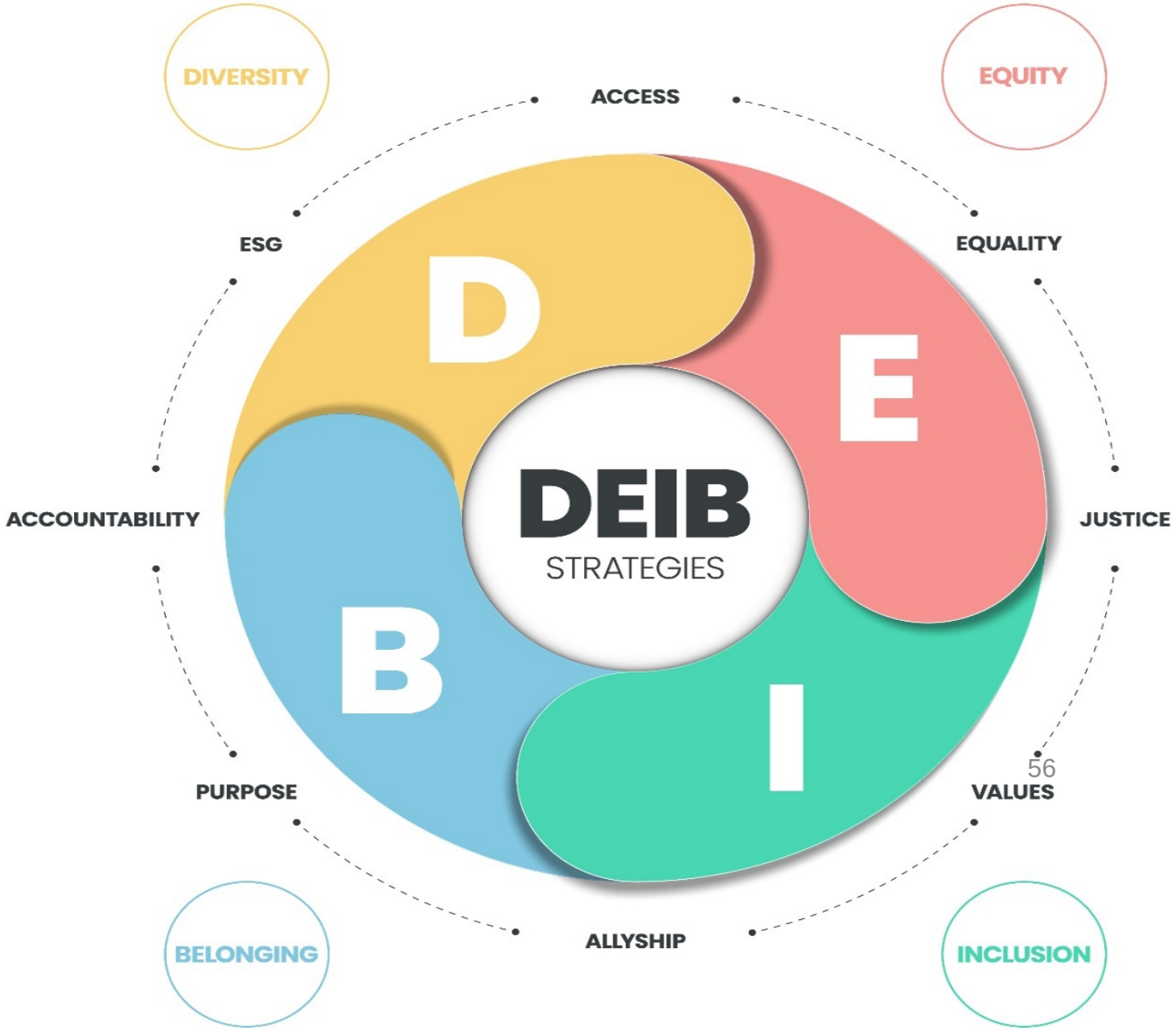
Clients/Individuals – To what extent has the implementation of the National CLAS Standards let to:

- Improved access to high-quality language services for ethnic and minority populations?
- Consumers being better able to access and navigate health care services? If so, in what ways?
- Increased consumer understanding of health care treatment options and to more-informed care decisions?
- Greater adherence to medication, treatment protocols, and follow-up visits?

Guide to Providing Effective Communication and Language Assistance Services, https://hclsig.thinkculturalhealth.hhs.gov/Content/Resources/Resource.asp

A Culture of Respect

- For the provider of health information or health care, these [cultural] elements influence beliefs and belief systems surrounding health, healing, wellness, illness, disease, and delivery of health services.
- The concept of cultural respect has a positive effect on patient care delivery by enabling providers to deliver services that are respectful of and responsive to the health beliefs, practices, and cultural and linguistic needs of diverse patients.


DIVERSITY
ACCESS
EQUITY
ESG
EQUALITY
D
E
DEIB
STRATEGIES
ACCOUNTABILITY
JUSTICE
B
I
PURPOSE
VALUES
BELONGING
ALLYSHIP
INCLUSION

DEI and B

Diversity is the presence of difference that may include race, gender, religion, sexual orientation, ethnicity, nationality, socioeconomic status, language, (dis)ability, age, religious commitment, or political perspective.

Equity is the process of fairness. The policy that one would implement to ensure processes and procedures promote justness and impartiality of opportunities.

Inclusion is an outcome to ensure those that are from diverse backgrounds, feel and are welcomed.

Belonging is the emotional sense of feeling leveraged, valued, and celebrated for who one is and what one brings to a given situation.

https://www.google.com/search?q=why+we+need+culturall+competence+for+diversity+equity+and+inclusion&rlz=1C1JZAP_enUS938US938&oq=why+we+need+culturall+competence+for+diversity+eqi&aqs=chrome.1.69i57j33i10i160l3j33i10i299l2.12327j0j7&sourceid=chrome&ie=UTF-8

Racial Equity Framework

A **racial equity lens** is a set of questions we ask ourselves when we are planning, developing or evaluating a policy, document, publication, program or decision.

It helps us assess whether we are taking in the perspectives of the racially and gender diverse people and communities we intend to serve, and whether our policies and documents are resulting in equitable or inequitable outcomes.

Are we practicing these concepts within our own organization?

Benefits of DEIB

When employees feel valued, they're more engaged, motivated, and likely to go the extra mile for their agency, and tend to have…

…31% less voluntary turnover than organizations that don't have any program at all.

…12x more likely to have strong program outcomes.

…are happier to work in a setting where they are supported and highly regarded.

Organizational Models of CLAS

Organization Models of Culturally and Linguistically Appropriate Services Implementation

- **Partners, Improving Lives, Strengthening Communities** https://providers.partnersbhm.org/wp-content/uploads/2017/07/FINAL_CC_Plan_2016-1018.pdf
- **Solano County, HSS, Behavioral Health, Cultural and Linguistic Competency Report** https://www.solanocounty.com/civicax/filebank/blobdload.aspx?blobid=28095
- **Maryland Cultural and Linguistic Competency Strategic Plan** https://bha.health.maryland.gov/Documents/CLCSP%20Final%20Plan%20-%20TA%2004.25.19.pdf
- **Rogers Behavioral Health adapted their locations to communities served. Tour their Miami Office:** https://www.youtube.com/watch?v=C20xvkDUfA8

CLAS Matters!

Health equity is achieved when every person has the opportunity to attain his or her full health potential and no one is "***disadvantaged from achieving this potential because of social position or other socially determined circumstances***."

CDC, Promoting Health Equity A Resource to Help Communities Address Social Determinants of Health, 2008

Building Health Equity and Inclusion

ATTC Network, Building Health Equity and Inclusion, Free Resources

Certificate of Completion

- Before signing off, please ***complete the online evaluation*** (see next slide for chat box link).
- Certificates will be sent out within a week along with a copy of the slides.
- This webinar is approved for 3 hours of CASAC, CPP, CPS credentialing

Contact and Survey

Diana Padilla, MCPC, CARC, CASAC-T
Research Project Manager
SBIRT Technical Assistance
Diana.Padilla@nyspi.columbia.edu

Clyde Frederick
Technologist
NeC-ATTC Program Support
Clyde.Frederick@nyspi.columbia.edu

Division on Substance Use Disorders / New York State Psychiatric Institute
Department of Psychiatry / Columbia University Medical Center
ATTCnetwork.org/northeastcaribbean

If you are sharing a computer with others, please type your names in the chat box.

Please fill out your evaluation forms – it will only take a couple of minutes! Just scan the code with the camera on your smart phone, click on the link in the chat box, or type the link into your browser: https://ttc-gpra.org/P?s=360237

Don't worry if you can't – an email with the link will be sent to you tomorrow, along with a copy of the slides.

Certificates will be sent within a week.

SAMHSA
Substance Abuse and Mental Health Services Administration