



Northeast & Caribbean (HHS Region 2)

**PTTC**

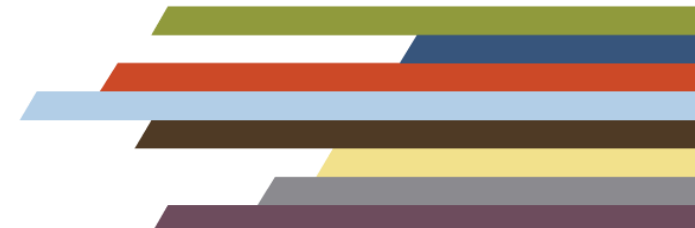
Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

# Using Culture Elements and Brief Interventions to Reduce Substance Use with Hispanic and Latinx Communities



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Technical Assistance & Implementation  
SBIRT / Equity & Inclusion



# 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 credentialing.
- You must attend the entire session.

# Northeast & Caribbean PTTC Team



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# Disclaimer



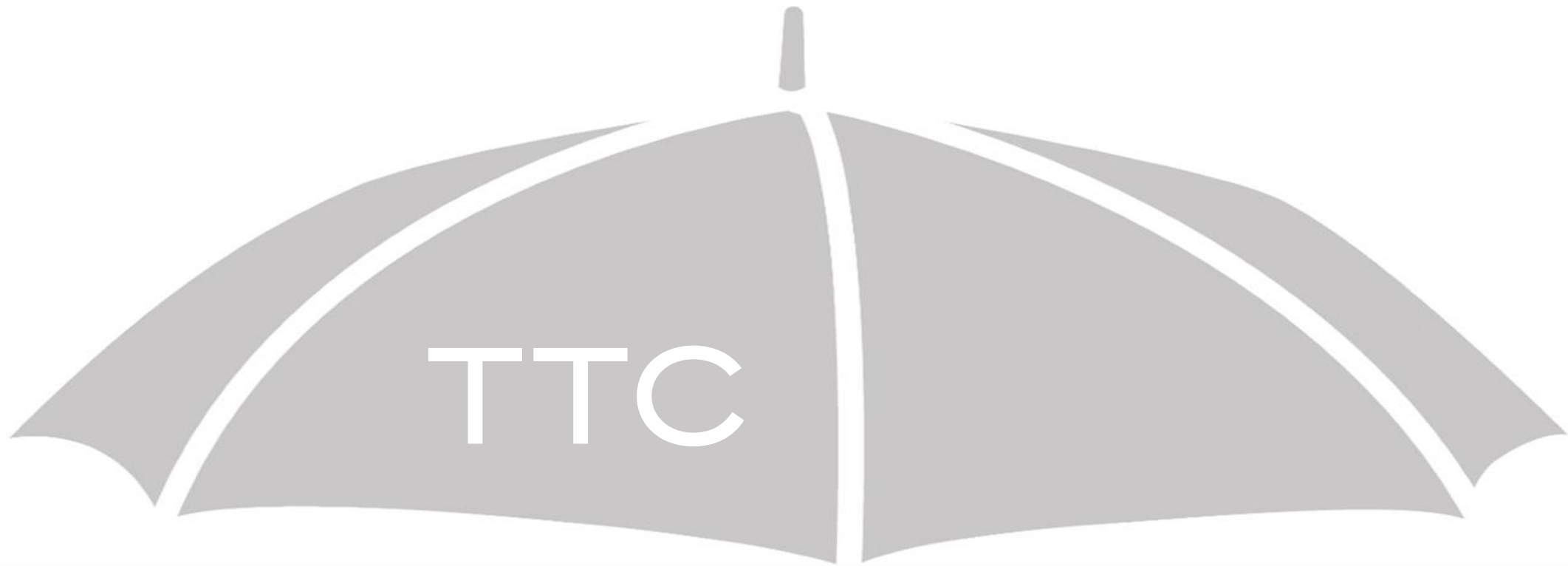
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# Purpose of SAMHSA's Technology Transfer Centers

The purpose of the Technology Transfer Centers (TTC) program is to ***develop and strengthen the specialized behavioral healthcare and primary healthcare workforce*** that provides substance use disorder (SUD) and mental health prevention, treatment, and recovery support services.

Help people and organizations incorporate ***effective practices*** into substance use and mental health disorder prevention, treatment and recovery services





ATTC



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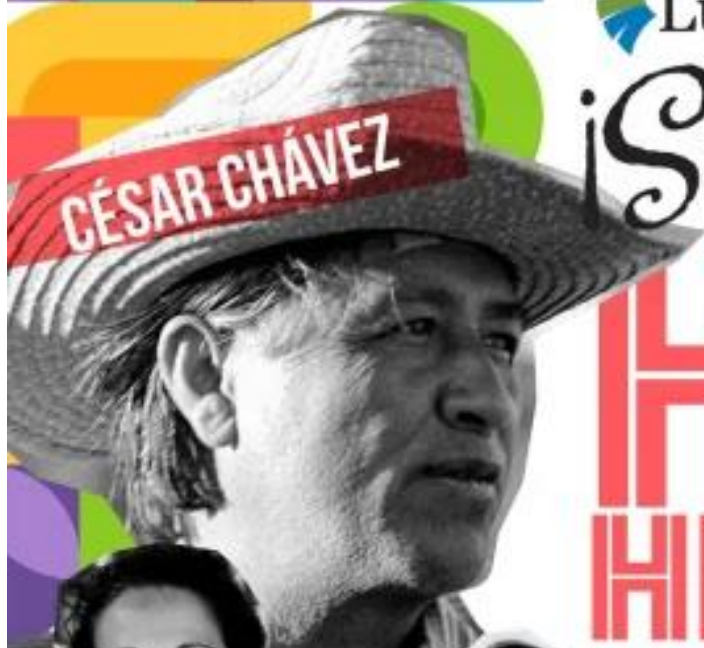
PTTC





*¡Salud!*  
to

# HISPANIC HERITAGE MONTH



**JULIA ALVAREZ**

**LIN MANUAL MIRANDA**

**ELLEN OCHOA**

**ROBERTO CLEMENTE**

**DOLORES HUERTA**

**ALBERTO PEDRO CALDERON**

**SONYA SOTOMAYOR**

The use of affirming language inspires hope and advances recovery.

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LANGUAGE MATTERS.

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**Words have power.**

**PEOPLE FIRST.**

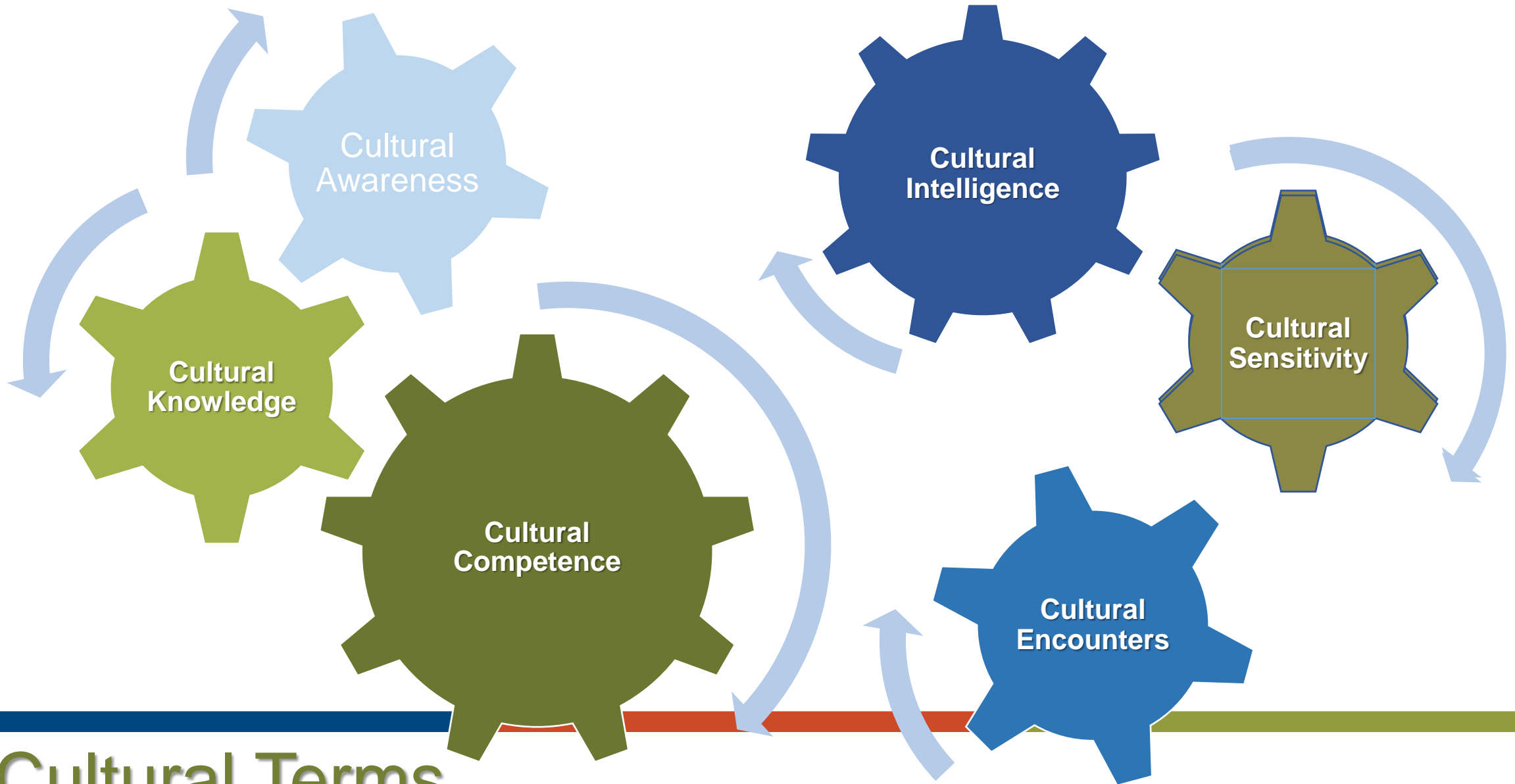
The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.



# Goal



Participants will become informed on how to develop cultural responsiveness when facilitating substance use screening, brief intervention, and referrals for further assessment to effect successful outcomes for Hispanic and Latinx communities.



# Cultural Terms

# 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.

# 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.

# The Cultural Communities

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**Hispanic:** usually refers to language and those whose ancestry comes from Spain or Spanish speaking countries.

**Latino:** usually refers to geography and specifically, to Latin America which includes individuals from the Caribbean, South America, and Central America.

**Latinx:** a gender-neutral term and refers to a person of Latin American origin or descent.

**Latine:** is also a gender-neutral term, but the “e” ending is viewed as a more common and grammatically correct Spanish ending, such as in the word “estudiante” which translates to student in English.

# The Landscape - NSDUH 2021

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- 2.3 million heavy alcohol drinkers, more than half were binge drinkers.
- 1.6 million opioid misuse.
- 22% of Latino adolescents had major depressive episode (MDE) and nearly 75% had MDE with severe impairment (almost 70% did not receive treatment).
- 7.8 million Latinos had substance use disorder (SUD)
- Nearly all Latinx people with an SUD who did not get treatment (6.9 million) at a specialty facility did not think they needed treatment.

# Sociocultural Factors Hispanic and Latinx Communities

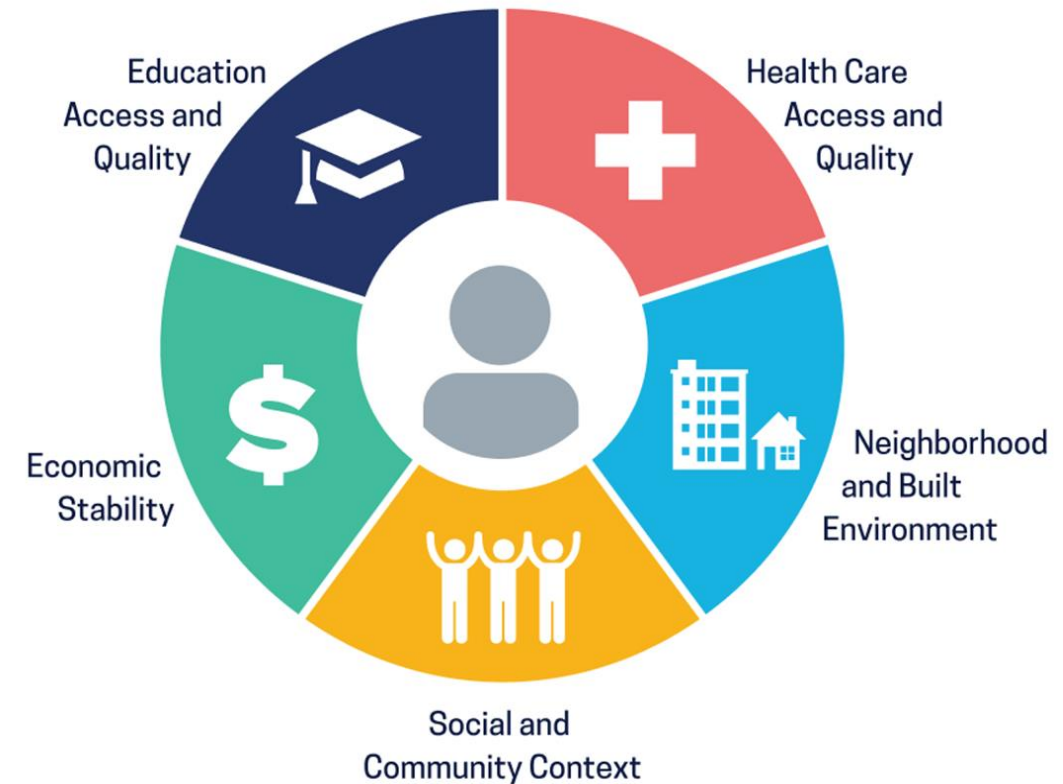
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- Hispanics with substance use disorders (SUD) significantly underutilize treatment compared to Blacks and Whites, disparities which persist even when controlling for insurance status, socio-demographics, and problem severity.
- 2020 NSDUH reports that 18.4% of people with Hispanic or Latinx backgrounds were living with a mental health condition (other than SUD).
- Latinos are more likely than Whites to be court mandated to treatment.

# Social Determinants or Drivers of Health?

*“A man battling diabetes, depression and financial challenges suddenly found himself facing eviction with no time to spare. He was set to be kicked out of his apartment within days for an unpaid bill. **How could he focus on improving his health with no roof over his head?**”*

He needed help and the clock was ticking. His urgent need to secure housing is just one scenario where health can be directly impacted by social factors.





# Latinx Communities and Social Drivers of Health



- Health disparities experienced by groups based on their social, ethnic, and economic status, refer to differences and access to services to address mental health and substance misuse.
- The CDC suggests, *“Hispanic health is often shaped by factors such as language/cultural barriers, lack of access to preventive care and the lack of health insurance,”* (OMH, 2021).
- Poverty, adverse childhood experiences, intergenerational trauma, and intergenerational substance use are all social determinants of health and influenced by structural racism.

# Poll #1



In order of use, which substances are consumed most by adolescents?

- a) Tobacco, Marijuana, Alcohol
- b) Opiates, Tobacco, Alcohol
- c) Alcohol, Marijuana, Tobacco
- d) Marijuana, Alcohol, Opiates

# Differences in Substance Use



- Puerto Ricans have the highest rate of recent illicit drug use (6.9%) and South Americans have the lowest (2.1%).
- Puerto Ricans have the highest rate of recent marijuana use (5.6%) while Cubans and South Americans have the lowest (2.1%).
- Other Hispanics (individuals originating from a Spanish speaking country other than Puerto Rico, Mexico, Cuba, Central America, and South America) have the highest rate of recent cocaine use (1.7%) while Cubans have the lowest (0.5%).

# Perspectives and Attitudes

- *“Good treatment is expensive, okay treatment does not work, and free treatment is a nightmare”*
- *“I think that some of the reasons why some men don’t get treatment is because they simply can’t.*
- *They fear because they are undocumented, or they do not have insurance, or it is too expensive.*
- *I imagine that there are programs that can help but, well, I do not know, I guess there is a lack of information.”*

# Barriers to Substance Use Treatment



- a) Structural factors related to poor treatment access.
- b) Lack of linguistic and culturally responsive substance use treatment services.
- c) Sociocultural factors related perception of alcohol use as a problem, lack of community awareness, societal normalization of consumption
- d) Stigma of substance use and treatment.
- e) Individual factors related to lack of individual knowledge.

# Barriers to Care and Interventions



## Accessing Treatment

- Higher rates of unemployment
- Less likelihood of having insurance
- Less access to internet
- Longer travel times to SUD service locations

## When Treatment is Accessed

- Less successful treatment outcomes
- Lower satisfaction with treatment
- Shorter stays in SUD programs

# Variations of Alcohol Use by Community



- Puerto Ricans tend to drink the most and Cubans the least.
- Among women, Puerto Ricans tend to drink the most and Mexicans the least.
- Higher levels of drinking and binge drinking among Puerto Ricans and Mexican Americans, compared with Cuban-Americans and South/Central Americans.
- About 24.7% of Latinos reported binge drinking in the past month, according to the SAMHSA.

# “Care must reflect understanding and values of diverse communities”

- Working with Latinx and Latine populations require the importance of offering personalized, culturally sensitive care that respects patients’ beliefs, preferred languages, and communication needs.
- 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.



# Communication Barriers



- Latinx report difficulties finding services that were available in Spanish, adding that when help is offered in Spanish there are long waits and not enough linguistically competent staff to meet their needs.
- Nearly 6 in 10 Hispanic adults have had a difficult time communicating with a health care provider because of a language or cultural barrier.

# Un-interactive Dialogue...

*“When I tell them I don’t understand them, they’ll bring someone over to speak to me in Spanish and I don’t understand them either,”* said Torres, who is Puerto Rican and was raised in New York.

*“We didn’t grow up speaking that formal Spanish, so I have no idea what they are saying.”*



# Latinx Perspectives on Communication



- The “battle” of managing language barriers
- Preference for bilingual providers
- Negative bias toward interpreted encounters
- “Getting by” with limited language skills
- Fear of being a burden
- Stigma and discrimination due to language barriers

# Stigma, Substance Use and Hispanic Culture

- Stigma includes negative stereotypes about people with substance use disorders (SUD) which can alienate Latinx who adhere to cultural values such as “*personalismo, simpatía, and vergüenza.*”

## Three Types of Stigma:

- Self-stigma is characterized by negative feelings about oneself,
- Social stigma is characterized by groups boosting stereotypes of stigmatized people,
- Structural stigma is the negative attitudes and behavior of those that represent larger groups.



# Considerations for Cultural Adaptation



# Poll #2



## **Evidence-Based Practice is:**

- a) A promising strategy that is effective for targeted behavior.
- b) Based on clinician perspectives and devoid of research evidence.
- c) Strategically outlined randomized controlled trials.
- d) Resulting from the best research evidence with clinical expertise and patient values.

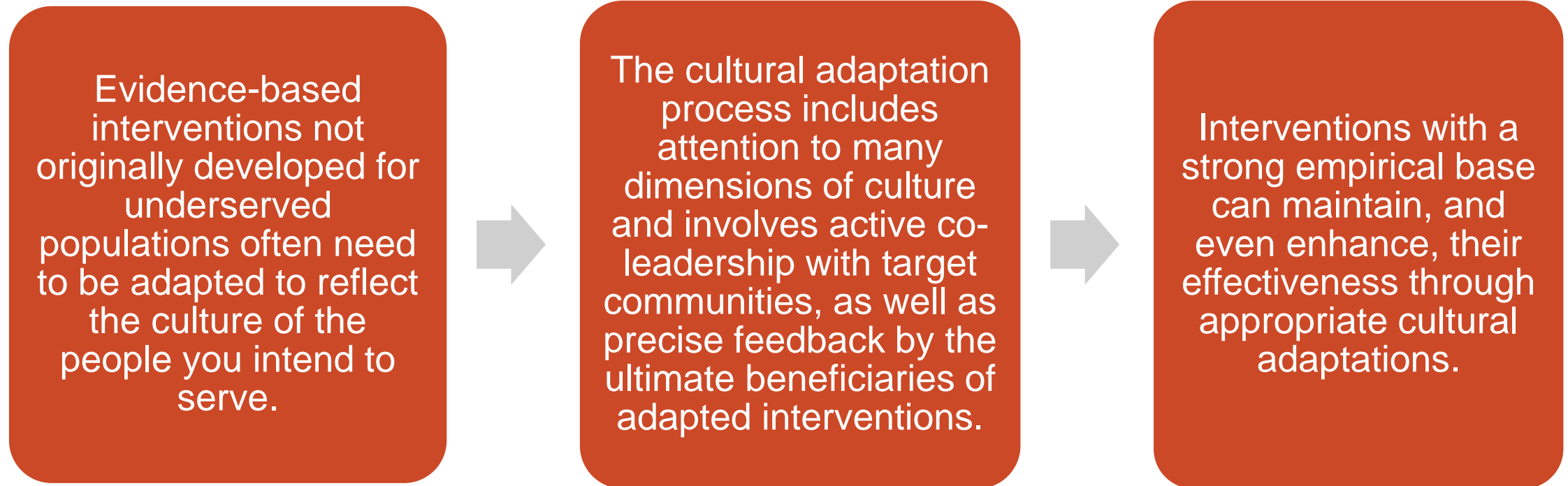
# Evidence-Based Practices (EBP) and Culture

EBP is defined as the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences.



# Cultural Adaptations to Evidence-Based Interventions

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# Potential Benefits of Culturally Adapting SBIRT for Latinx Communities

- Screening, Brief Intervention, and Referral to Treatment is an evidence-based model which includes a person-centered approach which is culturally appropriate for Hispanic and Latinx community members.
- SBIRT can work well with many groups, yet consistent screening and culturally competent care often is not practiced.

Manuel JK, Satre DD, Tsoh J, Moreno-John G, Ramos JS, McCance-Katz EF, Satterfield JM. Adapting Screening, Brief Intervention, and Referral to Treatment for Alcohol and Drugs to Culturally Diverse Clinical Populations. *J Addict Med*. 2015 Sep-Oct;9(5):343-51. doi: 10.1097/ADM.000000000000150. PMID: 26428359; PMCID: PMC4626638.



# Fidelity and Cultural Adaptation of EBI



One of the most important considerations when implementing an evidence-based practice is fidelity or adherence to the original approach.



Preserving the components that made the original practice effective can directly impact the success of desired outcomes.



Ecological Validity Framework (EVF) for cultural adaptation, where eight dimensions (language, content, persons, metaphors, methods, concepts, goals, and contexts) are mapped out.

# Strategic Prevention Framework (SPF)



- **Assessment:** assess community needs (collect the data) and identify the problem behavior to address
- **Capacity:** identify resources and readiness
- **Planning:** research and choose from potential evidence-based strategies to address problem behavior
- **Implementation:** facilitate practice in chosen service delivery.
- **Evaluation:** examine the process and outcomes of programs and practice.

# Foundational Cultural Principles

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- **Cultural Humility** is a reflective process of understanding one's biases and privileges, managing power imbalances, and maintaining a stance that is open to others in relation to aspects of their cultural identity that are most important to them.
- **Culturally Responsive** services are those that are respectful of, and relevant to, the beliefs, practices, cultural and linguistic needs of diverse communities.

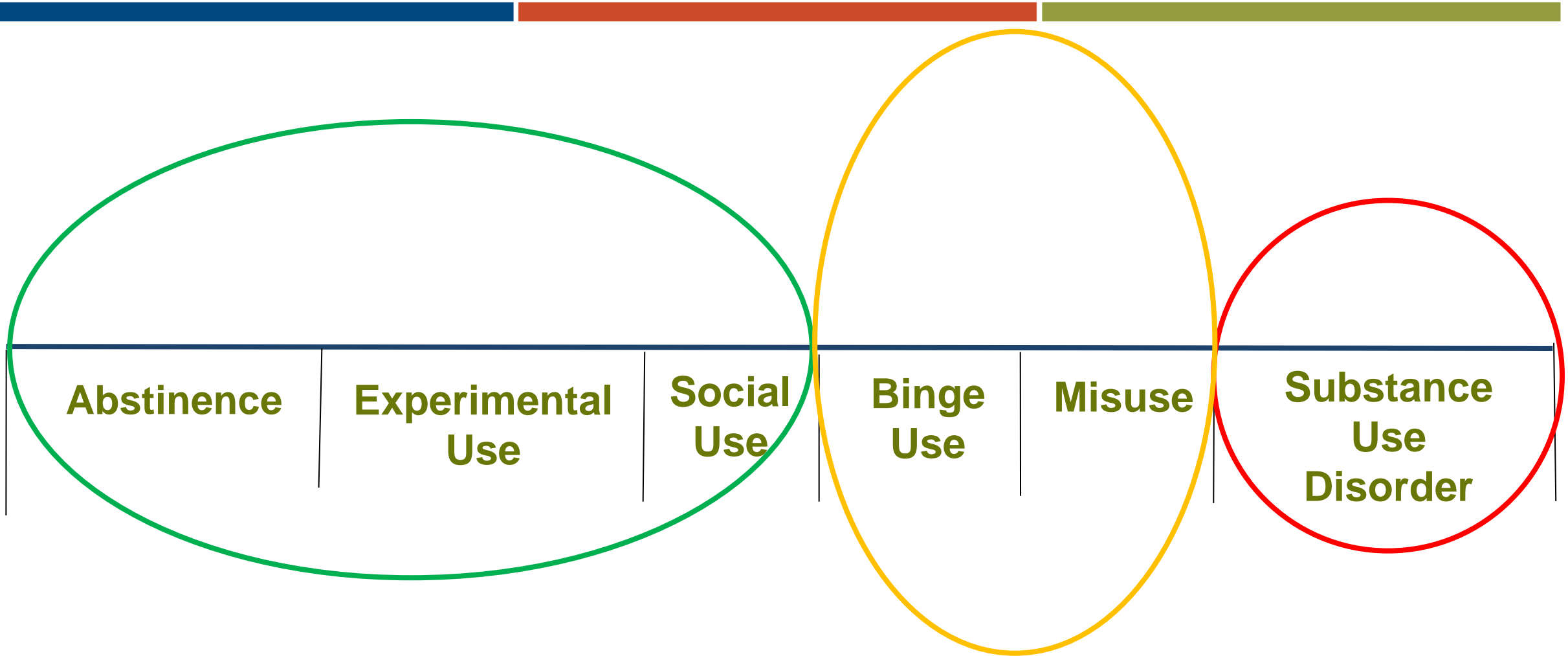
# Stigma Free Language

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What is the difference between Substance Abuse and a Substance Use Disorder?

- **Substance Use (SU)** refers to the consumption of psychoactive substances
- **At-risk Substance Use** refers to consuming at levels resulting in harmful or hazardous consequences
- **Substance Use Disorder (SUD)** meets a diagnostic criteria

# The Continuum of Substance Use





# Screening, Brief Intervention, Referral to Treatment (SBIRT)



# Defining SBIRT Intervention Model

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- SBIRT is an evidence-based practice that helps practitioners identify and intervene with people whose pattern of substance use puts them at risk for or are experiencing substance-related health and other psychosocial problems.
- The primary goal of SBIRT is to **identify** and **effectively intervene** with those who are at moderate or high risk for psychosocial or health care problems *related* to their substance use.



# What Is SBIRT?

## Screening

Universal screening for quickly assessing use and severity of alcohol, illicit substances, and prescription misuse.

## Brief Intervention

Brief motivational and awareness-raising intervention given to risky or problematic substance users.

## Referral to Treatment

Referral for further assessment or specialty care for someone whose screen score may indicate the potential for a substance use disorder.



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# Culturally Informed Environment

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Essentials for creating a conducive atmosphere prior to beginning the initial interaction and screen.

- Culturally appropriate
- Trauma informed
- Affirming
- Preferred language

# Hispanic, Latinx Cultural Elements

## Screening

Universal screening for quickly assessing use and severity of alcohol, illicit substances, and prescription misuse.

- Preferred language and cultural context
- Latino clients will view a relationship as positive in part when it has elements of being mutual and reciprocal.
- **Personalismo** in practice is an emphasis on politeness and courtesy, and establishing a good rapport with someone, a personal connection.
- In Latino culture, having **confianza** implies a trust based largely on personal relationships and rapport.
- The rapport that develops brings expectations of responsive mutual behavior such as, **respeto** (respect), **confianza** (trust), **dignidad** (dignity), as well as an allowance for ample space and time.

# Validated Screening Instruments

## Adult:

- **AUDIT:** Alcohol Use Disorder Identification Test
- **DAST:** Drug Abuse Screening Test
- **ASSIST:** Alcohol, Smoking, and Substance Abuse Involvement Screening Test
- **CAGE-AID:** The CAGE Questionnaire Adapted to Include Drugs

## Pregnant Women:

- **TWEAK:** Tolerance, Worried, Eye-opener, Amnesia (blackouts), (K) Cut-down
- **4P's PLUS:** Screen for substance use in pregnancy

## Youth:

- **CRAFFT II:** Adolescent short screening (How many days of alcohol, marijuana, other drugs), along with (Car, Relax, Alone, Forget, Family or Friends, Trouble)
- **S2BI:** Screening to Brief Intervention Tool
- **BSTAD:** Brief Screener for Tobacco, Alcohol, and other Drugs



# Creating a Safe Space

What might you need to consider to create an atmosphere of trust, (***culturally appropriate, trauma informed, affirming***) and comfortability prior to beginning the screen?

*“I would like to ask you some questions that I ask all my patients. These questions will help me to provide you with the best care possible. As with all medical information your responses are confidential. Also, we can stop at any time.”*

# CAGE-AID

1. Have you ever felt you ought to cut down on your drinking or drug use?
2. Have people annoyed you by criticizing your drinking or drug use?
3. Have you felt bad or guilty about your drinking or drug use?
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?

**Scoring:** Item responses on the CAGE-AID are scored 0 for "no" and 1 for "yes" answers. A higher score is an indication of alcohol problems. A total score of 2 or greater is considered clinically significant.

**Interpretation:** One or more "yes" responses is regarded as a positive screening test. It's an indication of possible substance use and need for further evaluation.



**Screening *does not* provide  
a diagnosis!**





# Brief Intervention







# Brief Intervention

## **Brief Intervention**

Brief motivational and awareness-raising intervention given to risky or problematic substance users.

- Justified by screening score
- Essential motivational interviewing skills - person centered, tailored
- Risky behavior
- **Autonomy** – elicit person’s cultural perspective
- MI spirit
- **OARS communication skills** – encourages listening

# Brief Negotiated Interview



1. Build Rapport
2. Pros and Cons
3. Information and Feedback (when using tools)
4. Importance Ruler
5. Action Plan

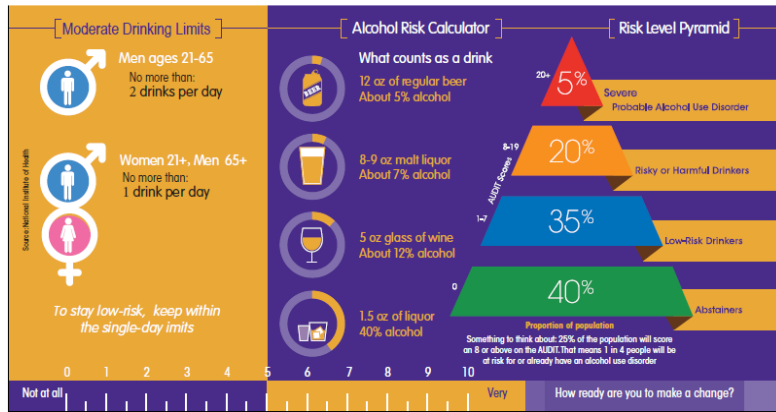
# Moderate Drinking Levels

The [2020-2025 Dietary Guidelines for Americans](#) defines moderate drinking as up to:

- 1 drink per day for women of legal drinking age
- Up to 2 drinks per day for men of legal drinking age



# Brief Intervention Tools



Risk Scoring	Low Risk	Risky	Harmful	Severe
AUDIT Score	0 – 7	8 – 15	16 – 19	20+
DAST Score	0	1 – 2	3 – 5	6+
CRAFT	0	1	2 – 4	5+

Build Rapport	• Introduce yourself and ask permission to discuss alcohol and/or drug use.
Pros & Cons	• Ask the patient to discuss the pros and cons of using alcohol and/or drugs.
Feedback/ Discussion	• Ask permission to discuss AUDIT/DAST/CRAFT scores and identify risk. • Review NAAA guidelines and connect alcohol and/or drug use to health problems. • Ask for patient feedback about results.
Assess Readiness	• Use the readiness ruler to assess readiness for change. • Reinforce positives and ask about a lower number.
Action Plan	• Ask patient what they would like to change about their alcohol and/or drug use. • Write down steps, provide a copy to patient and offer appropriate resources. • Thank patient and negotiate follow-up (if warranted).



To find an available treatment bed go to: [findaddictiontreatment.ny.gov](http://findaddictiontreatment.ny.gov) or call 1-877-8-HOPENY

### BRIEF NEGOTIATED INTERVIEW (BNI) ALGORITHM

- BUILD RAPPORT**

Tell me about a typical day in your life. Where does your current [X] use fit in?

Summarize

Help me understand, through your eyes, the good things about using [X]. What are some of the not-so-good things about using [X]?

So, on the one hand [PROS], and on the other hand [CONS].
- INFORMATION & FEEDBACK**

Elicit

I have some information on low-risk guidelines for drinking and drug use, would you mind if I shared them with you?

Provide

We know that drinking...
 
  - 4 or more (F) / 5 or more (M) drinks in 2 hrs
  - or more than 7 (F) / 14 (M) drinks in a week
  - having a BAC of \_\_\_\_\_
 ...and/or use of illicit drugs such as \_\_\_\_\_

Elicit

...can put you at risk for social or legal problems, as well as illness and injury. It can also cause health problems like [insert medical information].
- READINESS RULER**

What are your thoughts on that?

This Readiness Ruler is like the Pain Scale we use in the hospital. On a scale from 1-10, with 1 being not ready at all and 10 being completely ready, how ready are you to change your [X] use?

Reinforce positives

You marked \_\_\_\_\_. That's great. That means you are \_\_\_\_\_ % ready to make a change.

Ask about lower #

Why did you choose that number and not a lower one like a 1 or a 2?
- ACTION PLAN**

Identify strengths & supports

What are some steps/options that will work for you to stay healthy and safe? What will help you to reduce the things you don't like about using [X]?

Write down steps

What supports do you have for making this change? Tell me about a challenge you overcame in the past. How can you use those supports/resources to help you now?

Offer appropriate resources

Those are great ideas! Is it okay for me to write down your plan, your own prescription for change, to keep with you as a reminder? Will you summarize the steps you'll take to change your [X] use?

Thank patient

I have some additional resources that people sometimes find helpful; would you like to hear about them?
 
  - Primary Care, Outpatient counseling, Mental Health
  - Suboxone, Methadone clinic, Needle Exchange, AA/NA, Smoking cessation
  - Shelter, Insurance, Community Programs
  - Handouts and information

Thank you for talking with me today.

For Educational Purposes Only

BNI-ART Institute, [www.bu.edu/bniart](http://www.bu.edu/bniart)

# Culturally and Affirming Delivery

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Using the recommended drinking guidelines from the [2020-2025 Dietary Guidelines for Americans](#), or from NYS OASAS pocket card, to help inform brief interventions with a transgender and gender diverse person.

# Transgender and Gender Diverse

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- When facilitating a brief intervention with transgender and gender diverse (TGD) communities, you should provide the recommended drinking guidelines with transparency, and honesty.
- Acknowledge that they are developed from a binary perspective but offering to assist in utilizing the appropriate guidelines that they decide best suits them.

# Gender Inclusive (Over 21)

**Information & Feedback (Latina Transwoman):** Well, I have some information about alcohol, would you mind if I share it with you?

- *“Experts recommend drinking guidelines for people. Although these guidelines are based on a binary perspective, and if you are alright with it, you can let me know which one may best apply to you, ...is that ok?”*
- *“The current recommended drinking guidelines suggests limiting intakes to 2 drinks or less in a day for men (not to exceed more than 14 in a week) and 1 drink or less in a day for women, (not to exceed more than 7 in a week).*
- *These guidelines are based on assigned sex at birth of male or female. Male bodies tend to retain more water than female bodies, and water is needed to metabolize alcohol. That’s why there is a difference in guidelines.”*
- *“Which of these do you think might best apply to you?”*

# Gender Inclusive (Over 21) Spanish

**Información y comentarios (mujer trans):** Bueno, tengo información sobre el alcohol, ¿estaría bien que lo comparto contigo?

- *“Los expertos recomiendan pautas de bebida para las personas. Aunque estas pautas se basan en una perspectiva binaria, si estás de acuerdo con ellas, puedo trabajar con usted para comprender cuáles se aplican mejor para ti, ... ¿está bien?”*
- *“Las pautas de bebida recomendadas actuales sugieren limitar la ingesta a 2 tragos o menos en un día para los hombres (que no excedan más de 14 en una semana) y 1 trago o menos en un día para las mujeres (que no excedan más de 7 en un semana).”*
- *“Estas pautas se basan en el sexo asignado al nacer de hombre o mujer. Cuerpos masculinos tienden a retener más agua que los cuerpos femeninos, que es lo que el cuerpo necesita para metabolizar el alcohol. Es por eso que hay una diferencia en las pautas”.*
- *“¿Cuál de estas crees que podría aplicarse mejor para ti?”*



# Adolescent Dialogue (under 21)

**Information & Feedback**– Well, I have some information about alcohol, would you mind if I share it with you?

- *“Recapping what you stated here and that you are drinking on some occasions where you have not remembered the night before...let’s consider the impact alcohol can have.*
- *We know that brain development does well into your twenties and alcohol can result in black outs or poor decision making where sometimes people do things they may regret.*
- *I recommend that you don’t drink until you’re of legal drinking age of twenty-one, so maybe you can think about that. What do you think?”*

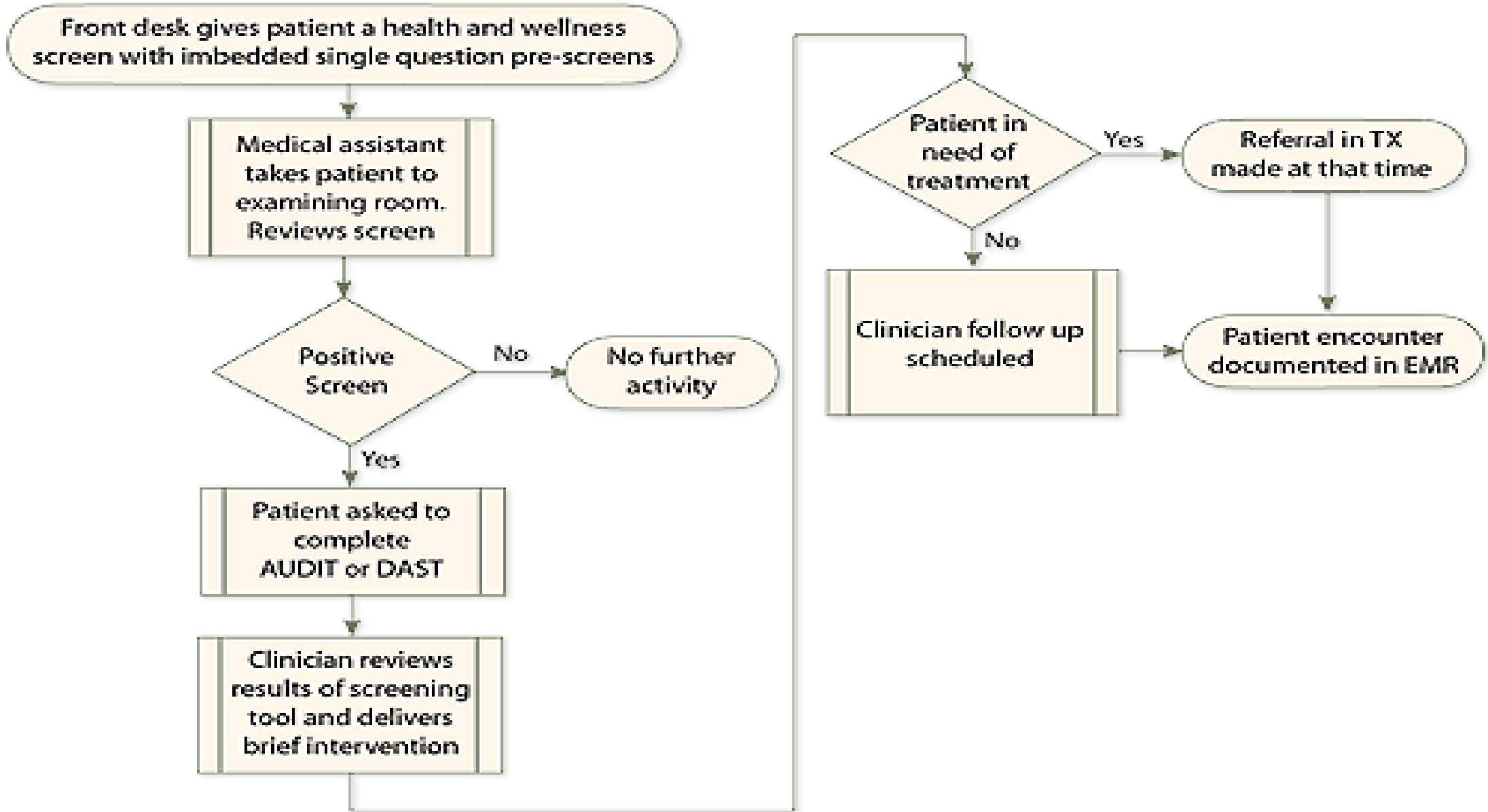


# Referral to Treatment (Assessment)

## Referral to Treatment

Referral for further assessment or specialty care for someone whose screen score may indicate the potential for a substance use disorder.

- List of treatment facilities (Spanish language, culturally matched services)
- Familiarity with levels of care (options)
- Know treatment referral criteria (*Personalismo* - name of contact)
- Schedule appointment immediately
- Warm hand-off (peer professionals)
- Follow up



# Measuring Efficacy of SBIRT

1. An almost 68-percent reduction in illicit drug use over a 6-month period among patients who had received SBIRT services. (Madras, et al, 2009).
2. Among those who reported heavy drinking at baseline, the rate of heavy alcohol use was almost 39 percent lower at the 6-month follow up. (Madras, et al, 2009).
3. Those who received brief interventions or referrals to specialty treatment also reported other improvements, including fewer arrests, more stable housing situations, improved employment status, fewer emotional problems, and improved overall health. (Madras, et al, 2009).

# CLAS Standards as 15 Actionable Steps

## 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.

### THEME 1

#### **Governance, Leadership, Workforce**

- Policies & procedures
- Diversity amongst all professional levels
- Annual culturally informed trainings

### THEME 2

#### **Language and Communication**

- Inform and provide language assistance
- Interpreter services
- Linguistically (signage) conducive materials

### THEME 3

#### **Engagement, Continuous Improvement, and Accountability**

- Establish CLAS goals, policies, management accountability processes
- Ongoing assessment and demographic data collection

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