Advancing Behavioral Health Equity: National CLAS Standards in Action

Tuesday, November 16, 2021
2:30 PM – 3:30 PM ET
Tom Coderre

Acting Deputy Assistant Secretary and Region 1 Administrator for Mental Health and Substance Use
Substance Abuse and Mental Health Services Administration
RADM Felicia Collins, MD, MPH, FAAP

Deputy Assistant Secretary for Minority Health
Director, Office of Minority Health
U.S. Department of Health and Human Services
MISSION: The mission of OMH is to improve the health of racial and ethnic minority populations through the development of health policies and programs that will eliminate health disparities.

FUNCTIONS

- Convene Partners
- Collect & Analyze Data
- Disseminate Information
- Conduct Demonstrations & Evaluations
- Promote Policy, Program & Practice Adoption

OMH GOAL: S$^3$P$^3$

- Success
- Sustainability
- Spread

$S^3$ Of Health Disparity Reducing

- Policies
- Programs
- Practices
What is CLAS?

Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care are services that are respectful of and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs and employed by all members of an organization at every point of contact.

https://thinkculturalhealth.hhs.gov/clas/what-is-clas
Why is CLAS important?

CASE FOR CLAS

- Increase Access to Care
- Improve Quality of Services
- Respond to Demographic Changes
- Reduce Litigation
- Meet Legislative Requirements
- Meet Your Mission
- Align with Accreditation Requirements

EXECUTIVE ORDER 13166

Improving Access to Services for Persons with Limited English Proficiency

For information, guidance, and technical assistance on the implementation of the LEP initiative please visit https://www.lep.gov/

Overview of Executive Order 13166

https://www.justice.gov/crt/executive-order-13166
What are the National CLAS Standards?

15 ACTION STEPS that guide health and health care professionals in providing services that are RESPECTFUL, UNDERSTANDABLE, EFFECTIVE & EQUITABLE.
Themes of the National CLAS Standards

1. Principal Standard
2-4. Governance, Leadership & Workforce
5-8. Communication & Language Assistance
9-15. Engagement, Continuous Improvement & Accountability
Behavioral Health E-Learning Program

- Free, accredited, e-learning program that helps behavioral health professionals increase their cultural and linguistic competency.

- Approved for 4 – 5.5 contact hours for counselors, nurses, psychologists, psychiatrists, and social workers.

- Other professionals may earn a Statement of Participation.

thinkculturalhealth.hhs.gov/education/behavioral-health
Behavioral Health Implementation Guide

NEW! BEHAVIORAL HEALTH IMPLEMENTATION GUIDE FOR THE NATIONAL STANDARDS FOR CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES IN HEALTH AND HEALTH CARE
Behavioral Health during the COVID-19 Pandemic

• Younger adults, racial & ethnic minorities, essential workers, and unpaid adult caregivers reported having experienced disproportionately worse mental health outcomes, increased substance use, and elevated suicidal ideation. (CDC, Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020)

• Blacks and Latinos have substantially lower access to mental health and substance-use treatment services. (Double Jeopardy: COVID-19 and Behavioral Health Disparities for Black and Latino Communities in the U.S. (Submitted by OBHE) (samhsa.gov))
Presentation For:
SAMHSA's Advancing Behavioral Health Equity: National CLAS Standards in Action Webinar

November 16, 2021

BE  D·B·H·D·D
Georgia Department of Behavioral Health & Developmental Disabilities

Monica S. Johnson, MA, LPC
Director, Division of Behavioral Health

Jill D. Mays, MS, LPC,
Director, Office of Behavioral Health Prevention, Federal Grants
CLAS Standards: Governance, Leadership & Workforce – Georgia DBHDD Perspective
Governance

Policy, Planning & Development
Resource Infrastructure Within State Office
Program Development
Utilization of Lived Experience
Collaborations and Partnerships
Workforce

- Annual Symposium
- Webinars
- Technical Assistance
- Learning Series
- Recruitment
- Communication
- Accountability & Outcomes
Are you deaf, communicate in American Sign Language (ASL), & need mental health/IDD services?

DBHDD IS HERE TO HELP

For access to ASL Behavioral Health Clinical Support Services statewide, contact our community-based partner Avita Deaf Services:

avitadeafservices@avitapartners.org
678.513.5767

Example from Georgia – Mental Health & Deaf Services

- Media & Marketing
- Designated Provider
- Recruitment of ASL Fluent Therapists & Case Managers
- ASL Fluent Interpreters (internal and external)
- Policy Development and Planning
- Workforce Training & Development
- Advisory Council
Current Status of the Implementation: New Initiatives and Advancements
Overview of Implementation Highlighted in SAMHSA’s Behavioral Health Guide for Implementation of CLAS Standards

Georgia Department of Behavioral Health and Developmental Disabilities

SAMHSA Grant Program: Strategic Prevention Framework for Prescription Drugs (SPF Rx)

The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) was addressing prescription drug misuse in the state through the SPF Rx program. Their populations of focus for prevention of substance misuse included 12- to 17-year-old youth and individuals aged 18 and older.

DBHDD ensured that cultural competency was incorporated in all activities to address prescription drug misuse among all communities. DBHDD prioritized training and educating their workforce to successfully implement the National CLAS Standards throughout prevention efforts. DBHDD required SPF Rx project staff to participate in at least four webinars that provided information about the National CLAS Standards and education on disparities among communities. Some webinar topics have included:

- Introduction to the National Standards for CLAS in Health and Health Care
- Culturally and Linguistically Appropriate Services for African American and Hispanic Populations
- Culturally and Linguistically Appropriate Services for LGBT Populations
- Culturally and Linguistically Appropriate Services for Individuals who are HIV Positive

Upon completing the training, adherence to the National CLAS Standards were monitored. Technical assistance (TA) was available to address challenges and issues that may have arisen and additional training was offered to project and partner staff to enhance their capacity to provide culturally and linguistically appropriate services. DBHDD was committed to addressing the needs of all community members by tailoring project training and TA activities on an ongoing basis.

ANSA CANS Information and Coupon Request

Cultural Competency & CLAS Standards Training Webinars

For assistance with these webinars, contact Deborah Bauer, MPH, Project Coordinator for the Georgia Home for Recovery Project at (404) 876-4788 or dbauer6643@aol.com. These files may not open correctly in your web browser. You may have to download them to your computer before viewing.

- The National Standards for Cultural and Linguistically Appropriate Services (CLAS)
- Cultural Competency with LGBT Populations
- Behavioral Health Services Needs of the Hispanic/Latino(a) & African American Communities
- Working with HIV+ Populations

Questions? Please email DBHDDLearning@dbhdd.ga.gov
Tip: Effective Implementation Must Be Multi-tiered

- Policies & Procedures
- Workforce Development
- Intentional Promotion & Programming
Individual Food Choices and Menus, 03-637

APPLICABILITY

DBHDD Hospitals

POLICY

DBHDD ensures menus that provide well balanced meals for individuals that meet the criteria of recommended daily dietary allowances from the Food and Nutrition Board - Institute of Medicine and National Academy of Sciences Research Council. In addition, each hospital allows for flexibility in menus that meet individual choices in the taste and consistency of foods, religious observances, and ethnic and cultural backgrounds.
Many programs, such as our AD Peer Support Programs, are required to have and *Organizational Plan* addressing, among other things, “A description of the governing body and /or advisory structures indicating how this body/structure meets requirements for peer leadership and cultural diversity.”

I. Required Business Practices and Policies
   A. “The provider’s practice of cultural diversity competency is evident by:
      1. Staff articulating an understanding of the social, cultural, religious and other needs and differences unique to the individual;
         a. That such articulation, respect, and inclusion of cultural diversity will include Deaf Culture.
         b. Staff honoring these differences and preferences (such as worship or dietary preferences) in the daily services/treatment of the individual; and
         c. The inclusion of cultural competency in Quality Improvement processes”

“Within the first sixty (60) days from date of hire, all staff having direct contact with individuals shall receive the following training including, but not limited to:
I. Ethics, cultural competence and cultural responsiveness;”
Workforce Development: Diversity Works!

- The Intersection between Cultural Competency and Behavioral Health
- Safety & Healing Informed Approaches to Self and Community Care
- Language as a Tool to combat Stigma
- Boomer, Millennial, So What? Understanding Generational Differences
- Conversations on Sexuality & Gender
- How to Effectively Incorporate Spirituality into Prevention & Treatment Services
- Exploring Cultural Competence with Race & Ethnicity in Mind
- The Rich and the Poor: Socioeconomic Status and Its Influence
- Providing Services for Returning Citizens
- Serving Veterans and Active Duty Military Service Members
Intentional Promotion and Programming

“IF I knew you were coming...”
The Importance of Cultural Responsivity/Diversity, Equity, and Inclusion in Prevention Services

2020-2021 Major Campaign (Spanish Version)
The Importance of Cultural Responsivity/Diversity, Equity, and Inclusion in Prevention Services

Vietnamese Naloxone Messaging
Georgia’s Prevention Projects to Promote Health Equity

- Deaf Services
- Culture Fests
- Beauty & Barbershops
- Prevention Clubhouses
- African-American Maternal Substance Abuse Prevention
- College Prevention Projects
AASD is Atlanta's only day school for deaf and hard of hearing students, with approximately 190 students ages 3-21 from over 30 countries across Atlanta. Our mission is to provide a language-rich, student-centered learning environment through American Sign Language and English for the purpose of empowering our students to live independent, contributing members of society.

Sources of Strength is a best practice youth suicide prevention project designed to harness the power of peer social networks to change unhealthy norms and culture, ultimately preventing suicide, bullying, and substance abuse.
Clarkston Culture Fest

An Immense CELEBRATION OF CULTURE

Since Clarkston, Georgia is one of the most culturally diverse communities you’ll ever find, it is a perfect display of what ‘culture’ can be

&

a perfect place to provide substance abuse and suicide prevention information for a wide variety of audiences.
The Confess Project is the first and largest organization committed to building a culture of mental health for young men, boys of color, and their families. How? We focus on empowering frontline heroes and sheroes in Communities across America. More specifically, we train barbers to be mental health advocates.
Prevention Clubhouses

• Innovative and unique Prevention Clubhouses

• Each clubhouse is unique to its surrounding community needs and provides a culturally appropriate support to the youth and their families and a safe, engaging, and fun space to learn the skills needed to maximize protective factors and thrive and cope despite risk factors.
African-American Maternal Substance Abuse Prevention

• Partnership with the Morehouse School of Medicine
• Community-based education, problem identification and referral services for African American women at teen clinics, with DFACs, Family Connections, Happy Mothers/Happy Babies, Health Clinics & Departments, and college campus clinics, etc.
• Including a Train-the-Trainer program with incentives for sustaining beyond the grant period
Historically Black Colleges and Universities (HBCU) Prevention & Health Promotion Project

Partnership with African-American Behavioral Health Center of Excellence at the Morehouse School of Medicine to develop culturally appropriate substance use and suicide prevention, as well as mental health promotion, education, and awareness interventions and campaigns to address the health disparities impacting African American youth and their families.
LatinX College and University Students Prevention & Mental Health Promotion Project

• Work in partnership with the Hispanic Association of Colleges and Universities (HACU) to develop culturally appropriate substance use and suicide prevention, as well as mental health promotion education and awareness interventions and campaigns to address the health disparities impacting LatinX youth and their families.

• Georgia Member Institutions of the Hispanic Association of Colleges and Universities [HACU] (Dalton State College, Emory University, Georgia Southern University) + Georgia Gwinnett College and other 2 and 4-year schools with more than 9-10 K students and 10% or more Hispanic student enrollment
Other Strategic Partnerships

DBHDD is in the business of recovery, and that requires us to meet people where they are. It also means we must approach our work in a person-centered and culturally competent fashion.

• **Strategic Partnerships**
  
  • The Division of Aging Services (DAS), other partners in state government, and NCAPPS national technical assistance providers to promote person-centered practices in state health and wellbeing programs
  
  • National Association of State Mental Health Program Directors (NASMHPD) Division of Peer Support subgroup on Diversity, Equity, and Inclusion
  
  • National thought leaders on a racial equity project with **Georgetown University’s National Center for Cultural Competence** to promote racial equity in human service systems and reduce health disparities by teaching members to think critically about the impact of policies, practices and behaviors on diverse populations.
Next Steps

There is still so much work to be done. We must continue to work until everyone has a fair and just opportunity to be as healthy as possible.

Strategic work ahead:

• DBHDD is a strategic partner for SAMHSA’s newly established Center of Excellence for Behavioral Health Disparities (COE-BH) for African Americans, housed at the Morehouse School of Medicine’s Southeast Addiction Technology Transfer Center (SATTC).

• ???
Bhutanese Community of Central Ohio (BCCO)
A Community Based Non-Profit 501(C)3 Organization

Sudarshan Pyakurel
Executive Director
Overview of the Community Served by BCCO

Mission Statement: To Serve community members with culturally appropriate social services and empower them through education and advocacy.

✓ History: Started in 2009,
✓ Serve community members since 2014
✓ Post-Resettlement Services

Bravely fighting COVID-19 and protecting the community
Surviving Bhutan's ethnic cleansing + two decades in refugee camps... now building hopeful future in Ohio
Delivering essential services every day to the most vulnerable
Why implementing the National CLAS Standard is Important

- Since 2009, we have been advocating about Culturally and Linguistically Appropriate Services
- It is in BCCO’s Mission Statement. Why?
- Language and Culture of a community is the Eye and Ear
How That Relates to the National CLAS Standards?
Suffering is Universal

- When Language Change, the Perception Change

- It relates to me

- I am not alone
Challenges

• Mental Health (Trauma, Anxiety, Depression PTSD
• Teens and Youth
  • Chemical dependency and Overdose

Suicide and Suicide-related Behavior among Bhutanese Refugees Resettled in the United States
Success Stories

- BRAVE Project
- Mental Health Awareness
- Outstanding Community Services
Implementing CLAS Standards
Hola
Lilliana St.Clair, MS, LPC
From Redford, TX
Living in Tulsa, OK
Who is Dayspring Community Services?
Preferred Family Healthcare is a dynamic and caring organization committed to providing integrated care to assist individuals in achieving overall health and wellness.

Our services span various modalities and care types over four states: Missouri, Oklahoma, Illinois, Kansas.
Why Implement CLAS Standards?
Implementing CLAS at PFH: Dayspring

» Services are person centered
» Culturally sensitive
» Effectiveness and impact of care increases
» Individuals achieve overall health
Implementing CLAS at PFH: Dayspring
Interacting with our COMMUNITIES

**Law Enforcement**
Partner with law enforcement to educate on dealing with mental health crisis situations.

**Coalitions**
Our staff are active members of community coalitions tackling multiple issues.

**Policy**
Advocate for policies to be inclusive for all members of the community.

**Accessibility**
We continuously assess if our services are accessible to our clients i.e. location, ease of use.

**Translation**
Work with community partners to ensure that services are provided in clients language.

AND MORE!
Mobile Units help us reach the community where they are!
Interacting with our CLIENTS

- **Technology**
  Obtain hot spots to help rural communities have access to care.

- **Art-C Calendar**
  Our diversity calendar available in print and online is used for groups, personal growth.

- **Otherly Abled**
  We help clients use their voice and choose how to describe their abilities.

- **Accessibility**
  We go where the client is! Home visits, in the community, school based, and/or virtually.

- **Transparency**
  Client’s voice is involved in making policies, procedures.

- **AND MORE!**
Client Centered Care
Interacting with our STAFF

Training
Through access to supervision, internal and external trainings, we ensure our staff are up to date!

Staff Recognition
We host events, give t-shirts, Bilingual stipend, and find small and big ways to show our teams appreciation.

Competent
You have access to a variety of trainings both internally and externally to aid in cultural competency.

Open Door Policy
PFH culture allows for everyone to feel comfortable to have difficult conversations.

Passion
Staff passions and beliefs are honored and space created to learn from one another.

AND MORE!
I.D.E.A.
Interactive Site
CLAS Standards Monitored

Principal Standard

SNAP during Intake

ICARE distribution and staff performance reviews

Monitoring of trends through Chart Reviews and Satisfaction surveys
CLAS Standards Monitored

**Governance, Leadership, and Workforce**

IDEA committee includes representatives from various departments.

HR statistics of workforce backgrounds and skills.

Continuing education is tailored to community needs, pulling in community leaders to teach.
CLAS Standards Monitored

Communication and Language Assistance

PFH Contracted professionals: i.e. LAMP, Spanish interpreters.

Crosstalk language material is available for communities who need it.

Staff address preferences and needs during intake.
Engagement, Continuous Improvement, and Accountability

**CLAS Standards Monitored**

**Plans and Tasks:**
IDEA committee, delegated by leadership, develops an annual fy plan with action items.

Monthly meetings to track and develop ongoing immediate improvements/ tasks).

Development of Cultural Sensitivity Plan.

Both long term goals and short term objectives.
Engagement, Continuous Improvement, and Accountability

CLAS Standards Monitored

Survey Assessments and Service Monitoring:
PFH conducts an annual employee feedback / engagement survey.

PFH conducts an annual client / parent/ stakeholder survey

Ongoing service-based data collection that reflects culture focused groups/ services (collected through EHR).

Demographic data is collected from clients and staff.
Engagement, Continuous Improvement, and Accountability

CLAS Standards Monitored

Communication and Implementation:

PFH uses 3 primary modes of distributive communication.

1. Leadership disseminates down through org chart
2. Mass communication via company newsletter
3. 1x1 communication during QI meetings with local directors

Change process available paper/electronic, TIPS (Thoughts, Improvement, Problem, and Solutions)
THANKS!

Any questions?
Lilliana St.Clair, LPC
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» lstclair@dayspring.pfh.org
CREDITS

Special thanks to all the people who made and released these awesome resources for free:

» Presentation template by SlidesCarnival
» Photographs by Unsplash
Questions & Answers
Tom Coderre

Acting Deputy Assistant Secretary and Region 1 Administrator for Mental Health and Substance Use Substance Abuse and Mental Health Services Administration
Wrap-Up & Closing Remarks
Thank You