Implementation of the National CLAS Standards in Behavioral Health: Lessons Learned

MODERATOR: VIVIAN H. JACKSON, NATIONAL TA CENTER FOR CHILDREN’S MENTAL HEALTH AND NATIONAL CENTER FOR CULTURAL COMPETENCE, GEORGETOWN UNIVERSITY CENTER FOR CHILD AND HUMAN DEVELOPMENT

DARCI L. GRAVES, THE HEALTH DETERMINANTS AND DISPARITIES PRACTICE AT SRA INTERNATIONAL, INC.

JANE FLOURNOY, MANAGER, CULTURALLY INFORMED AND INCLUSIVE PROGRAMS, COLORADO OFFICE OF BEHAVIORAL HEALTH

DEBORAH WARD-WHITE, EXECUTIVE DIRECTOR, COLORADO MULTI-ETHNIC CULTURAL CONSORTIUM

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care
Intention

Advance Health Equity

Improve Quality

Help Eliminate Health Care Disparities

Enhancements

Health

Culture

Audience

Structure

15
The National CLAS Standards

Culture
- Geography
- Religion or Spirituality
- Language
- Race & Ethnicity
- Biology
- Sociology

Health
- Physical
- Mental
- Social
- Spiritual
The National CLAS Standards

Health and Health Care Organizations

Principal Standard
Standard 1

Governance, Leadership, and Workforce
Standards 2-4

Communication and Language Assistance
Standards 5-8

Engagement, Continuous Improvement, and Accountability
Standards 9-15
Theme 1

governance | leadership | workforce

Theme 2

Communication & Language Assistance

multimedia | spoken | signed | written
Theme 3

engagement | continuous improvement | accountability

Resources

AdvancingCLAS@thinkculturalhealth.hhs.gov
www.ThinkCulturalHealth.hhs.gov
A Practical Approach to Implementation of the National CLAS Standards
Deborah Ward-White, Executive Director
Family Agency Collaborative (FAC)/ Colorado Multi-Ethnic Cultural Consortium (CMECC)

Training Objective

- Bring about a Level of Awareness of Cultural Responsiveness/Competence and The Value of CLC and CLAS Standards Thru Engagement and Dialogue About The Community’s Barriers and Challenges to Health/Behavioral Health Equity and CLC/ CLAS Standards.
Typical Technical Assistance Strategy  
With Colorado Trauma Informed  
System of Care “Communities of Excellence”

- Introduction/ Orientation, Engagement, Includes Opened Dialogue Questions, Clarifications, Expectations, Needs, etc.
- Discussion of What Works and Informed of Communities Highest Expectations – Toward Being Culturally Responsive.
- Insight to Specific Barriers/ Challenges To Being Culturally Responsive( Inform The CTISOC T.A. of Community Issues. 
- Initial Training on the Standards for Culturally and Linguistically Appropriate Services for Health/ Behavioral Health (CLAS Standards) Presented with a Strategic Checklist.
- Initial Assessment Tools ( Provided with Questions and Definitions- Included to Bring Community/County into Culturally/ Linguistically Appropriate Service Awareness.)
- Issues to address with Technical Assistance

CLAS Standards Implementation Strategies  
In Colorado System of Care Communities  
Continued

- Focus Groups ( Strongly Recommended, Designed and Facilitated )
- A list of other training modules provided by CTISOC T.A. or specific cultural expert T.A., based on individual needs, goals of each community.
- Community and/or County discuss, plan and decides which barrier challenge to address with Colorado Trauma Informed System of Care – Culturally Competent Technical Assistance.
- T.A. is Tied to Implementation of CLAS Standards and Reduction of Mental Health Disparities.
- CMECC Consortium Members, Cultural Task Force, Family Organization – Collaboration with Site Visits and T.A.
- Task Force Comprised of Local Community Providers of Color, Culturally Competent Experts, University, Higher Education Cultural Experts, Faith Based, Advocates, Family Members, Some State Agencies, Young Adults, Civil Rights Org’s-
Impact Statement / Resources

• Teach relevance of tying reduction of disparities, disproportionality to SOC/CLAS Standards
• Provide Examples, Templates, Materials and Signage.
• Provide Resource Lists for Specific Needs in Community
• Provide Behavioral Health Assessment Tools

A Learning Community on the Implementation of the National CLAS Standards in Behavioral Health Settings

Background

• GEORGETOWN
  – NASMHPD
    • STATE CLC NETWORK

• SRA INTERNATIONAL, INC
  – Office of Minority Health
    • Think Cultural Health
    • National CLAS Standards
**Learning Community Membership**

- 15 States
- 0 Territories
- 0 Tribal Nations
- 16 States
- 6 Males
- 16 Females
- 2 Hispanic
- 16 Non-Hispanic
- 4 NR
- 9 HHS Regions
- 1 Addictions
- 1 Developmental Disabilities
- 2 Deaf Services
- 1 State Office of Minority Health
- 1 Consumer Services
- 17 SAMHSA Grantees
- Race - 5 AA/B
- 2 B-racial W&B
- 1 AI/NA
- 10 W
- 4 NR
- Disability Status – 1 yes - hearing
- 16 no
- 5 NR

**LEARNING COMMUNITY PROCESS**

- Reading Assignments
- Bi-monthly Webinars
- Social Network Community
- Team Teaching
- Field Practice - Implementation Notes

*Slide Source: 2015 - National Center for Cultural Competence*
SNAP SHOT

• What types of organizations were the focus of implementation efforts?
• What was their assessment of the current breadth and depth of implementation of the National CLAS Standards?
• Was their assessment based on data?
• If so, what was the source of data?

THEORIES FOR CHANGE

Diffusion of Innovation

Transtheoretical Stages of Change
• Prochaska (1992). In search of how people change: Applications in addictive behavior. American Psychologist Vol 47

Implementation Science
• Fixsen, Naoom, Blasé, et.al, (2005). Implementation research: A synthesis of the literature. Tampa, FL: University of South Florida
THEMES FOR EXPLORATION

• What is the system doing relevant to the Standard?
• What are the facilitating factors that support the implementation of the Standard?
• What are the barriers that impede the implementation of the Standard?
• What elements from organizational change theory or implementation science inform the process?

Colorado’s Experience in the National CLAS Learning Collaborative
Current OBH Practices that Align with CLAS Standards: Governance, Leadership and Workforce

- Revision of Office of Behavioral Health Rules to include more of a focus on cultural competence. Impacts designated mental health agencies and licensed SUD agencies because they are required to adhere to OBH Rules
- National Center for Cultural Competence’s Cultural and Linguistic Competence Policy Assessment is offered to all agencies
  - Working with both CMHIFL and CMHIP to advance Culturally Competent practices
- Partnered with Denver University for Research purposes
  - OBH Rules and National CLAS Standards crosswalk
  - Analysis of EBP’s cross-culturally
- Development of a Behavioral Health Equity Report
  - Policy analysis
  - Service data analysis
  - Environmental Scan of Best Practices
  - Reviewing Literature and Conducting Key Informant Groups
  - Regional focus groups
  - Completion of a comprehensive report

Current OBH Practices that Align with CLAS Standards: Communication and Language Assistance

- Tracking client languages through legacy data systems
- www.linkingcare.org allows individuals to search for behavioral health services based on languages offered
- Crisis services hotline, 1-844-493-TALK www.coloradocrisisservices.org
- OBH interpretive services for calls coming to our agency
Current OBH Practices that Align with CLAS Standards: Engagement, Continuous Improvement and Accountability

- The OBH maintains a web site for Culturally Informed and Inclusive Programs as a way of communicating activities related to culture and diversity.
  http://www.colorado.gov/cs/Satellite/CDHS-BehavioralHealth/CBON/1251631904156
- Agency trainings are offered
  - Research Forum in recognition of National Minority Mental Health Awareness Month
- OBH-run Cultural Competency Advisory Council (CCAC) and Providers Network (PACC)
- Partnering Across State Agencies (Coalition for Minority Youth Equity), State Learning Collaborative)
- Statewide National CLAS Standards Learning Collaborative

Understanding Systemic Impact: A Mixed Bag

Factors that support implementation:
- OBH commitment
- Agencies are offered the CLCPA and are given their results, for internal review and planning.
- Agencies have designated CC positions

Factors that are barriers:
- The OBH Rules that outline required practices have some gaps with regards to implementation of the CLAS Standards- DU Report
- Few financial resources to advance efforts
What’s In Place....for some

....BUT NOT ALL!!!

Sample of Implementation Activities

• Expansion or initiation of training on the National CLAS Standards
• New positions established
• New conversations and engagement of new partners – State Medicaid Office, state administrative offices – quality improvement, policy, standards, tribal services, information officer - local champions, local university, managed care organizations, health equity groups outside of behavioral health
• Construction of policies with more enforcement ability and preparation of the “monitors” for that role
Examples of Facilitating Factors

- Leadership support – Governor, Agency Director, Department Director
- Standardized Data Collection
- Lawsuits
- SAMHSA Disparities Impact Statement Requirements
- Medicaid partnership
- Contractual requirements

Examples of Barriers

- Hostile community environment – English only orientation
- Lawsuit – settlement focus on deaf services and eliminated the focus on CLC
- Absence of buy in from senior leadership (lack of information to opposition to the goals)
- The National CLAS Standards are not enforceable (except via Title VI)
- Legislative limitations on the authority of the state agency
Learning Community Member Activities

→ Increasing Awareness
→ Building a ‘Village’
→ Building Capacity
→ Engaging Leadership
→ Embedding into ongoing work

Organizational Practices: within the “Village”

→ Structures
→ Resources
→ Trainings
→ Policy
### Facilitators and Barriers

**Facilitators**
- Preexisting supportive environment
- Leadership buy-in
- Resource allocation
- Dedicated structure(s)
- Champions
- External levers

**Barriers**
- Hostile or non-supportive environment
- Absent leadership buy-in
- “Budget”
- Siloed systems
- Absence of federal mandate for National CLAS Standards

---

**DISCUSSION**

![Questions and Answers Image]
CONTACT INFORMATION

Jane Flournoy
Colorado Department of Mental Health
Jane.flournoy@state.co.us

Darci L. Graves
Health Determinants and Disparities Practice
SRA International
Darci.Graves@sra.com

Vivian H. Jackson
National Center for Cultural Competence
National Technical Assistance Center for Children’s Mental Health
Vivian.jackson@georgetown.edu

Deborah Ward-White
Colorado Multi Ethnic Cultural Consortium
dwardwhite.fac@gmail.com