

Georgia Department of Behavioral Health & Developmental Disabilities  
Behavioral Health Symposium 2015:  
*Embracing Change and Opportunity*  
October 8-9, 2015 -  
Legacy Lodge, Lake Lanier

*Lessons Learned: Implementation of the National CLAS Standards In Behavioral Health*

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October 8, 2015

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## OBJECTIVES

Participants will:

1. Describe the role of culture and language in behavioral health status and behavioral health services and the link to Systems of Care
2. Describe the link between CLC and the National CLAS Standards
3. Describe the intent of the National CLAS Standards
4. Examine the application of the National CLAS Standards in daily practice

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\***WHY is this important?**  
RATIONALE FOR CLC IN BEHAVIORAL HEALTH

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### OBLIGATIONS TO CHILDREN, YOUTH, YOUNG ADULTS & THEIR FAMILIES



Relieve emotional distress

- \* Relieve physical signs & symptoms
- \* Resolve difficulties within interpersonal relationships
- \* Facilitate restoration/improvement in performing social roles
- \* Restore to mainstream and to cultural community

Vivian Jackson, 1997

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### \* RESPONSIBILITY OF THE ORGANIZATION



Facilitate and support the interactions between practitioner and family to promote attainment of goals comprehensively, timely, with minimal burden for the family.



Vivian Jackson, 1997

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### \* COMPENSATION MODELS FOR MENTAL HEALTH SERVICES ARE CHANGING....

Value

- \* Effectiveness
- \* Efficiency
- \* Comprehensiveness
- \* Duration of impact



Reward outcomes in contrast to units of service.

Vivian H. Jackson, 2015

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AND.....

-  Demographic changes in the U.S., its territories, and tribal communities
-  Diversity in world views and beliefs about... health and well-being, mental health, disability, chronic illness, health care
-  Improve the quality and effectiveness of and satisfaction with service and supports
-  - Federal and state legislation  
- Regulatory and accreditation mandates
-  Address racial, ethnic, linguistic, socioeconomic, and geographic disparities

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WHAT DO YOU SEE???

<http://www.illusions.org/dp/1-91.htm>

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**Culture** is the learned and shared knowledge that specific groups use to generate their behavior and interpret their experience of the world. It includes but is not limited to:

- communication
- rituals
- roles
- languages
- values
- relationships
- thought
- courtesies
- beliefs
- practices
- customs
- manners of interacting
- expected behaviors

Culture applies to racial, ethnic, religious, political, professional, and other social groups. It is transmitted through social and institutional traditions and norms to succeeding generations. Culture is a paradox, while many aspects remain the same, it is also dynamic, constantly changing.

Data Source: Gilbert, J. Goodé, T., & Dunne, C., 2007

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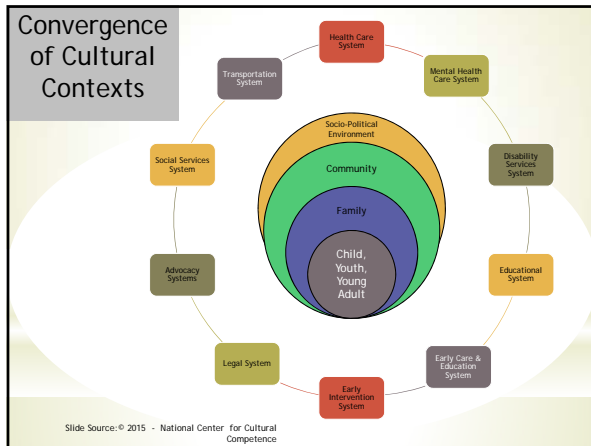
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### Cultural Diversity

The term *cultural diversity* is used to describe differences in ethnic or racial classification & self-identification, tribal or clan affiliation, nationality, language, age, gender, sexual orientation, gender identity or expression, socioeconomic status, education, religion, spirituality, physical and intellectual abilities, personal appearance, and other factors that distinguish one group or individual from another.

Goode & Jackson, 2009

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**The facts, nothing but the facts ...**



### A NEW DEMOGRAPHIC REALITY

A series of projections from the U.S. Census Bureau estimates:

- In the year 2045 the nation will become “majority-minority” (all people except those that are non-Hispanic, single-race white)
- The population under 18 years of age will reach this status by 2018 or 2019
- The working age population is projected to become majority-minority between 2036 and 2042

Data Source: U.S. Census Bureau. Retrieved on 1/9/15 from <http://www.census.gov/newsroom/releases/archives/population/cb15-001.html>

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### Cultural Factors That Influence Diversity Among Individuals and Groups

#### Internal Factors

- Cultural/Racial/Ethnic Identity
- Tribal Affiliation/Clan
- Nationality
- Acculturation/Assimilation
- Socioeconomic Status/Class
- Education
- Military Status
- Language
- Literacy
- Family Constellation
- Social History
- Perception of Time
- Health Beliefs & Practices
- Health & Mental Health Literacy
- Beliefs about Disability or Mental Health
- Lived Experience of Disability or Mental Illness
- Age & Life Cycle Issues
- Gender, Gender Identity & Expression
- Sexual Orientation
- Religion & Spiritual Views
- Spatial & Regional Patterns
- Political Orientation/Affiliation

Adapted with permission from James Mason, Ph.D., NCCC Senior Consultant

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### Cultural Factors That Influence Diversity Among Individuals and Groups

#### External Factors

- Institutional Biases
- Racism & Discrimination
- Community Economics
- Intergroup Relations
- Group & Community Resiliency
- Natural Networks of Support
- Community History
- Political Climate
- Workforce Diversity
- Community Demographics

Adapted with permission from James Mason, Ph.D., NCCC Senior Consultant

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\*What are the relevant cultural issues in my community?






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\*And the relationship to behavioral health and Systems of Care?

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Substance Abuse and Mental Health Services Administration  
**SAMHSA** Comprehensive Community Mental Health Services for Children and their Families (CMHI) Initiative (1992)

1983 – Child and Adolescent Services System Program (CASSP, NIMH)

1986 – *A System of Care for Children and Youth with Serious Emotional Disturbances* (Stroul and Friedman)

1989 – *Towards a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children Who are Severely Emotionally Disturbed*. (Cross, Bazron, Dennis, Isaacs, and others)

1992 – Comprehensive Mental Health Services for Children and their Families Initiative (CMHI, SAMHSA)

2010 – Updating the System of Care Concept and Philosophy  
*A spectrum of community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them function better at home, in school, in the community and throughout life.* \*  
 (Stroul, B., Blau, G., & Friedman, R., 2010)

2011 – Office of Behavioral Health Equity, SAMHSA (Larke Huang, Director)

2013 – Behavioral Health Disparities Impact Statement – Condition for Award

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### ADDITIONAL INFLUENCES IN THE FIELD

<https://www.thinkculturalhealth.hhs.gov/>

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### CULTURAL COMPETENCE

...requires that organizations have a clearly defined, congruent set of values and principles, and demonstrate behaviors, attitudes, policies, structures, and practices that enable them to work effectively cross-culturally.

(adapted from Cross, Bazron, Dennis & Isaacs, 1989.)

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### Five Elements of Cultural Competence

INDIVIDUAL LEVEL

- 1 acknowledge cultural differences
- 2 understand your own culture
- 3 engage in self-assessment
- 4 acquire cultural knowledge & skills
- 5 view behavior within a cultural context

(Cross, Bazron, Dennis and Isaacs, 1989) Slide Source: © 2015 - National Center for Cultural Competence.

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### Five Elements of Cultural Competence

ORGANIZATIONAL LEVEL

- 1 • value diversity
- 2 • conduct self-assessment
- 3 • manage the dynamics of difference
- 4 • institutionalize cultural knowledge
- 5 • adapt to diversity (values, policies, structures & services)

(Cross, Bazron, Dennis and Isaacs, 1989) Slide Source: © 2015 - National Center for Cultural Competence

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### ESSENTIAL ELEMENTS IN A CULTURALLY COMPETENT SYSTEM

These five elements must be manifested at every level of an organization or system including:

- policy making
- administration
- core behavioral health services and supports
- child, youth, young adult, family
- community

and reflected in its attitudes, structures, policies, practices, and services.

Adapted from Cross, Bazron, Dennis, & Isaacs, 1989 Slide Source: © 2015 - National Center for Cultural Competence

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### Linguistic Competence

is the capacity of an organization and its personnel to

- communicate effectively, and convey information in a manner that is easily understood by diverse groups including persons of limited English proficiency, those who are not literate or have low literacy skills, individuals with disabilities, or those who are deaf or hard of hearing
- requires organizational and provider capacity to respond effectively to the health literacy and mental health literacy needs of populations served
- ensures policy, structures, practices, procedures and dedicated resources to support this capacity



Goode & Jones, Revised 2009, National Center for Cultural Competence Slide Source: © 2015 - National Center for Cultural Competence

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**Title VI - Civil Rights Act of 1964**  
 SEC. 601 TITLE VI--NONDISCRIMINATION IN FEDERALLY ASSISTED PROGRAMS



Title VI of the Civil Rights Act of 1964- Sec. 601 ensures -nondiscrimination in Federally Assisted programs and states that "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance".

\* <http://www.hhs.gov/ocr/civilrights/resources/laws/index.html>

Data Source: Civil Rights Act of 1964, PL. 88-42  
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**\*Who is Covered Under Title VI?**

Recipients of HHS assistance may include, for example:

- \* Hospitals, nursing homes, home health agencies, and managed care organizations
- \* Universities and other entities with health or social service research programs
- \* State, county, and local health agencies
- \* State Medicaid agencies
- \* State, county and local welfare agencies
- \* Programs for families, youth, and children
- \* Head Start programs
- \* Public and private contractors, subcontractors and vendors
- \* Physicians and other providers who receive Federal financial assistance from HHS



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**What are the implications for cultural & linguistic in ...**

- **CORE FUNCTIONS**  
What we do ....
- **HUMAN RESOURCES & STAFF DEVELOPMENT**  
Who we are ...
- **FISCAL RESOURCES & ALLOCATION**  
Where the money goes ...
- **COLLABORATION & COMMUNITY ENGAGEMENT**  
Who our partners are ...
- **CONTRACTS**  
Whom do we entrust to deliver services and supports ...



Slide Source: National Center for Cultural Competence, 2015

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### Characteristics of Culturally and Linguistically Competent Organizations and Systems

Philosophy
Mission statement
Policies, Structures, Procedures, Practices
Diverse Knowledgeable Skilled Workforce
Dedicated Resources & Incentives
Community Engagement & Partnerships
Conduct of Research with and for Diverse Communities
Publish and Disseminate
Advocacy (disparities, equity, inclusion, social justice)

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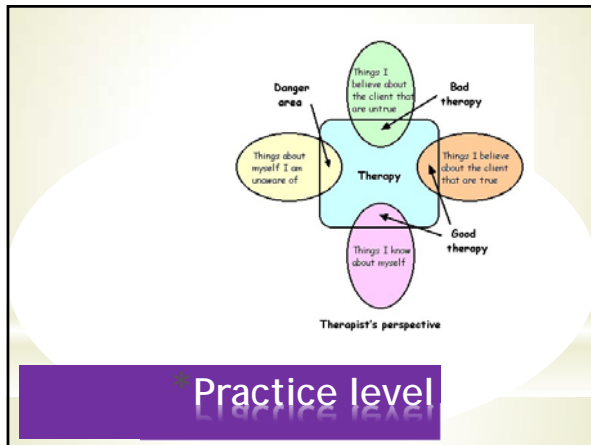
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<p><b>A</b> Age</p> <p><b>D</b> Disability (congenital)</p> <p><b>D</b> Disability (acquired)</p> <p><b>R</b> Religion (spirituality or no affiliation)</p> <p><b>E</b> Ethnicity (or race)</p> <p><b>S</b> Social status</p> <p><b>S</b> Sexual orientation</p> <p><b>I</b> Indigenous heritage</p> <p><b>N</b> National origin</p> <p><b>G</b> Gender (gender identity &amp; expression)</p>	<p><b>ADDRESSING Model</b></p> <p><i>Addressing cultural complexities in practice: A framework for clinicians and counselors</i></p> <p>&amp;</p> <p><i>Addressing the complexities of culture and gender in counseling</i></p>
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Data Source: Hays, Pamela. (2001). Addressing cultural complexities in practice: A framework for clinicians and counselors. Washington, DC: American Psychological Association.  
Hays, Pamela. Addressing the complexities of culture and gender in counseling. Journal of Counseling & Development. 74.4 (Mar./Apr. 1996). 322

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- Labeling
- Help seeking
- Help finding
- Assessment/diagnosis
- Treatment planning
- Treatment implementation
- Treatment completion

**\* STAGES OF CARE**

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$(I + P)O \longleftrightarrow (C + N)SD = T$

*The interaction between an Intervention provided by Practitioner within an Organization and a Client and his/her Network within the context of Social Determinants of mental health equals Treatment.*

Vivian Jackson, 2012

**\* ABOUT TREATMENT**

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**\* Introducing the National CLAS standards**

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## Purpose & Overview



*The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (the National CLAS Standards) are intended to advance health equity, improve quality, 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. Adoption of these Standards will help advance better health and health care in the United States.*

<https://www.thinkculturalhealth.hhs.gov/>

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### National Standards on Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS)

#### 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.






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### GOVERNANCE, LEADERSHIP AND WORKFORCE

National Standards on Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS)

#### Standards 2-4:

- Emphasize that the promotion, adoption, and implementation of CLAS is the responsibility of the organization or system.
- Require the investment in, support of, and that professional development is provided for all staff within the organization or system.

Data source: <https://www.thinkculturalhealth.hhs.gov/>

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**COMMUNICATION AND LANGUAGE ASSISTANCE**  
 National Standards on Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS)

**Standards 5-8:**

Emphasize that care and services should address all communication preferences and needs of patients, clients, and populations including

- Sign language
- Braille
- Oral interpretation
- Written translation

Should focus attention on literacy and health literacy preferences and needs (both in English and the language of origin of populations) should be addressed

Data source: <https://www.thinkculturalhealth.hhs.gov/>

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**ENGAGEMENT, CONTINUOUS IMPROVEMENT & ACCOUNTABILITY**  
 National Standards on Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS)

**Standards 9-15:**

Focus on the supports necessary to facilitate the adoption, implementation, and maintenance of CLAS

- organizational
- infrastructure
- policies

The responsibility of all organizational staff (contractors, vendors, volunteers) to uphold the values of the *National CLAS Standards*

Data source: <https://www.thinkculturalhealth.hhs.gov/>

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*How might the National CLAS Standards influence my work?*

- \*Consider your function, role, purpose, mission...
- \*Consider those you influence - internal to your organization
- \*Consider those you influence - external to your organization

**\*The National CLAS Standards and "A Day in the my Life"**

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First complete the individual worksheet for your assigned standard. As a group, provide examples of implementation for your assigned standard.

For each example answer the following questions:

- \* Who would have the responsibility to implement the action in your organization?
- \* What would be required to implement the action? (executive decision, policy, money, personnel time, training, etc.)
- \* Who else would need to be involved - internal and external to the organization?
- \* How would you measure "success"?

## \* Individual and Group Activity

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## \* Implications for Leaders

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### **CHANGE** ... Attitudes and Beliefs about Cultural and Linguistic Competence

*Cultural and linguistic competence ...*

- Is a workshop and they already took it.
- Is passé and the new approach is cultural responsiveness.
- Is simply language to include in grant applications to the feds.
- Has few evidence-based practices and evidence-based practices are what drives our system.

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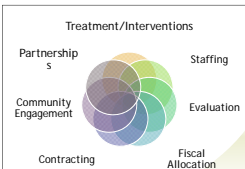

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Creation of cultural and linguistic competence at the organizational level will require change in the very culture of those organizations.



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### CHALLENGE FOR CHANGE

**Resistance** is a characteristic of any major organizational change effort and a major reason why organizational change efforts fail. (Prochaska, Prochaska and Levesque, 2001).

**Resistance** should be expected in different stages of multicultural organizational change because the topics of prejudice, discrimination, oppression, and power are controversial and emotionally charged. (Brantley, Frost and Razak, 1996).

The Transtheoretical Model of Change suggests that it is counterproductive to forge ahead with action without addressing issues such as **resistance**, that stand in the way of individual and organizational readiness for change.

Data Source: Mayeno, L. Multicultural Organizational Development: A Resource for Health Equity, in Cultural Competence in Health Care Series, The California Endowment and Compasspoint Nonprofit Services, April 2007.

Slide Source: National Center for Cultural Competence, 2015

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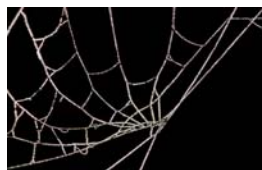
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### \*Implementation



Requires the creation of an intricately designed web of moving parts operating towards a mutual goal.



V. Jackson, 2015

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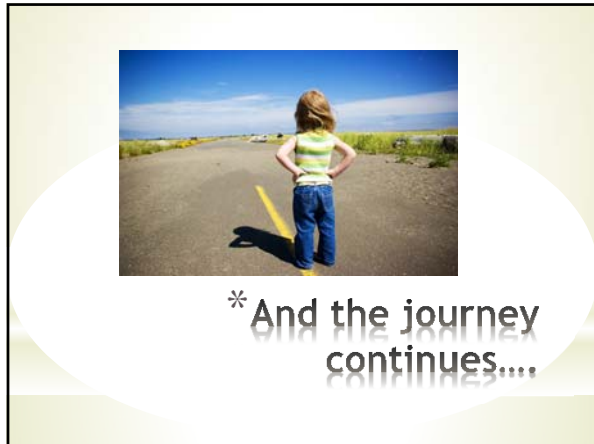
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**CONTACT US**

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