The CLAS Standards

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El Dorado County
Substance Use Disorder Services
DMC-ODS Quality Assurance Training Series
June 6, 2022

Hello everyone. Thanks for coming. We will be using a Start code and End code that will be sent out to you with a survey. The link will be emailed only to those of you who registered for this training. You will need to complete the entire survey to receive CEUs or Certificates of attendance. Those of you in CCAPP who are registered will also be receiving an exam that also must be completed by CCAPP counselors/registrants to receive CEUs.

The Start Code is 0618

This presentation will be taped and posted to the EDC SUDS webpage under trainings and the PPT will be sent out later this week.

(Start recording)

Welcome to another El Dorado County Substance Use Disorder Services DMC-ODS Quality Assurance Training Series presentation. Today we will be discussing National Standards for Culturally and Linguistically Appropriate Services, otherwise known as The CLAS Standards.

Learning Objectives

Culturally and linguistically appropriate services (CLAS) are a way to improve the quality of services provided to all individuals. CLAS is about respect and responsiveness: Respect the whole individual and Respond to the individual's health needs and preferences. The National CLAS Standards are a set of 15 action steps 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.

At the end of this 1.5 hour Continuing Education Training, participants will have the knowledge necessary to understand the following:
Structure of the CLAS Standards
The Principal CLAS Standard
CLAS Standards section breakdown
Application to SUD Treatment

What are the National CLAS Standards?

The National CLAS Standards describe a framework to deliver services that are culturally and linguistically appropriate and respectful, and that respond to clients' cultural health beliefs, preferences and communication needs. Standards can be employed by all members of a health care organization, state or community.

The National CLAS Standards are a set of 15 action steps 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.

For us, culturally and linguistically appropriate services (CLAS) is a way to improve the quality of services provided to all individuals, which will ultimately help reduce health disparities and achieve health equity. CLAS is about respect and responsiveness: Respect the whole individual and Respond to the individual's health needs and preferences.

Health inequities in our nation are well documented. Providing CLAS is one strategy to help eliminate health inequities. By tailoring services to an individual's culture and language preferences, health professionals can help bring about positive health outcomes for diverse populations.

The provision of health services that are respectful of and responsive to the health beliefs, practices, and needs of diverse patients can help close the gap in health outcomes. The pursuit of health equity must remain at the forefront of our efforts; we must always remember that dignity and quality of care are rights of all and not the privileges of a few.

Reference Page

National Standards for CLAS in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice
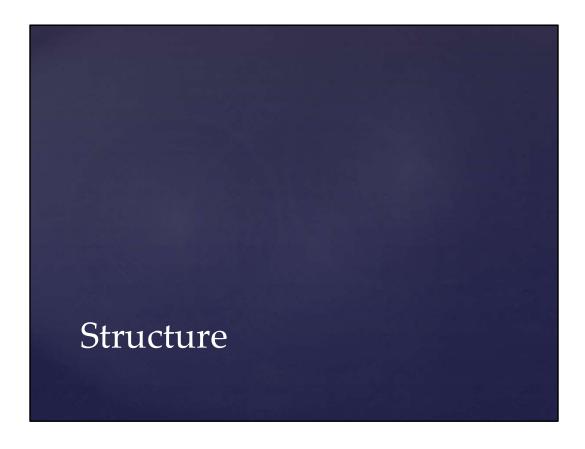*U.S. Department of Health and Human Services Office of Minority Health*

Enhanced CLAS Standards Checklist
Dr. Ebony M. Williams San Francisco County Department of Behavioral Health

Treatment Improvement Protocol 59 (TIP 59) Improving Cultural Competence
Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment

Health Implementation Guide for the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care
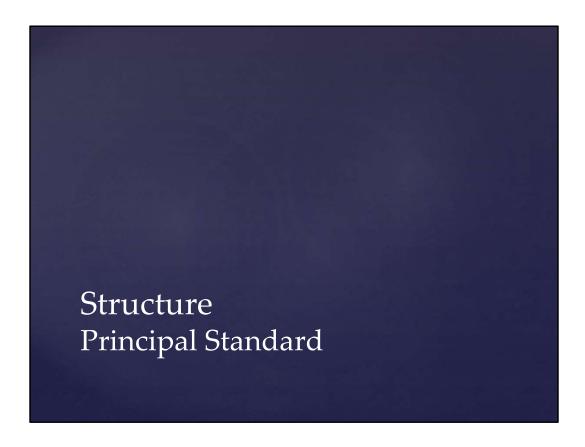*U.S. Department of Health and Human Services Office of Minority Health*

Structure

The National CLAS Standards are divided into 4 sections:
- The Principal Standard-Standard #1
- Governance, Leadership, and Workforce-Standards 2-4
- Communication and Language Assistance-Standards 5-8 and
- Engagement, Continuous Improvement, and Accountability Standards 9-15

The original National CLAS Standards designated each Standard as a recommendation, mandate, or guideline. The enhanced National CLAS Standards, however, promote collective adoption of all Standards to promote optimal health and well-being of all individuals. Each of the 15 Standards should be viewed as an equally important guideline to advance health equity, improve quality, and help eliminate health care disparities.

The enhanced Standards have been reorganized to address feedback obtained from the Enhancement Initiative and to improve their overall intention, clarity, and practicality. The enhanced National CLAS Standards elevate the previous Standard 1 to the status of Principal Standard and reframe the three themes. The names of the three themes have been updated both to clarify intent and to broaden the scope of their interpretation and application.

Structure
Principal Standard

Principal Standard: Standard 1 has been made the Principal Standard with the understanding that it frames the essential goal of all of the Standards, and if the other 14 Standards are adopted, implemented, and maintained, then the Principal Standard will be achieved.

The Principal Standard (No. 1) calls on organizations to "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."

Structure
Governance, Leadership, and Workforce

Standards 2-4 emphasize the importance of CLAS implementation as a systemic responsibility, requiring the endorsement and investment of leadership, and the support and training for all individuals within an organization.

Structure
Communication and Language Assistance

Standards 5-8 includes all communication needs and services, e.g., sign language, Braille, oral interpretation and written translation.

Structure
Engagement, Continuous Improvement, and Accountability

Standards 9-15 underscore the importance of establishing individual responsibility for ensuring that CLAS is supported, while maintaining that effective delivery of CLAS demands action across organizations.

Principle Standard

Standard 1

CLAS Standard 1

CLAS 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.

Standard 1 Purpose

Purpose of Standard 1
• To create a safe and welcoming environment at every point of contact that both fosters appreciation of the diversity of individuals and provides client and family-centered care
• To ensure that all individuals receiving health care and services experience culturally and linguistically appropriate encounters
• To meet communication needs so that individuals understand the health care and services they are receiving, can participate effectively in their own care, and make informed decisions
• To eliminate discrimination and disparities

As discussed earlier, Standard 1 frames the essential goal of all of the Standards. Standard 1 is the Principal Standard because, conceptually, the ultimate aim in adopting the remaining standards is to achieve Standard 1. Standards 2 through 15 represent the practices and policies intended to be the fundamental building blocks of CLAS that are necessary to achieve the Principal Standard. If each of Standards 2 through 15 is implemented and maintained, health care organizations and systems will be better positioned to achieve the desired goal of "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."

CLAS Standards 2-4

Governance, Leadership, and Workforce

CLAS Standard 2

CLAS Standard-Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

Standard 2 is a new Standard that resulted from the National CLAS Standards Enhancement Initiative. Standard 2 has been added to underscore that CLAS must permeate every aspect of the organization, from the top down and from the bottom up. Cultural and linguistic competency has historically been a grassroots strategy.

Standard 2 Purpose

Purpose of Standard 2
• To ensure the provision of appropriate resources and accountability needed to support and sustain initiatives
• To model an appreciation and respect for diversity, inclusiveness, and all beliefs and practices
• To support a model of transparency and communication between the service setting and the populations that it serves

Standard 2
Implementation Strategies

Examples of Implementation Strategies for Standard 2
- *Mission Statement* – Should include inclusive language and promote CLAS and health equity; and speak to the agencies' mission, vision, and/or core values
- *Cultural Competency Committee/Stakeholders* – Should include administrators, staff, practitioners, clinicians, and community members; and the relationships within the respective committees must be egalitarian
- *Commitment to Care/Action Plan* – Create an action plan which promotes internal multidisciplinary dialogue about language and culture issues (Wilson-Stronks & Galvez, 2007)
- CLAS Code of Conduct

CLAS Standard 3

Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.

It is essential that organizations develop focused strategies to recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce. Evidence suggests that organizations with a more diverse and better-trained workforce provide higher-quality care and experience greater patient satisfaction scores.

Standard 3 Purpose

Purpose of Standard 3
• To create an environment in which culturally diverse individuals feel welcomed and valued
• To promote trust and engagement with the communities and populations served
• To infuse multicultural perspectives into planning, design, and implementation of CLAS
• To ensure diverse viewpoints are represented in governance decisions
• To increase knowledge and experience related to culture and language among staff

Standard 3
Implementation Strategies

Examples of Implementation Strategies for Standard 3

- Advertising job opportunities/job announcements in targeted preferred language and minority health professional associations' job boards, publications, and other media (e.g., social media networks, professional organizations' email Listservs, etc.), and post information in multiple languages.
- Develop relationships with local schools, colleges and universities, training programs, and faith-based organizations to expand recruitment base
- Cultural Brokerage
- Recruit at minority health fairs
- *Welcoming, inclusive therapeutic environment* – Trauma Informed Care approach: muted paint colors, soft furniture, warm lighting, neutral scents, etc.; inclusive and culturally-responsive media (posters, brochures, paperwork, gender-inclusive bathrooms, etc.)

CLAS Standard 4

Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

In order for CLAS to be fully implemented, education and training for professionals working in health and human services must be ongoing. Cultural and linguistic competency concepts — including effective communication and client-, family-, and community-based practices — should be incorporated not only into all formal educational curricula but also into new and existing staff training and curricula.

Standard 4 Purpose

Purpose of Standard 4

- To prepare and support a workforce that demonstrates the attitudes, knowledge, and skills necessary to work effectively with diverse populations
- To increase the capacity of staff to provide services that are culturally and linguistically appropriate
- To assess the progress of staff in developing cultural, linguistic, and health literacy competency
- To foster an individual's right to respect and nondiscrimination by developing and implementing education and training programs that address the impact of culture on health and health care

Standard 4
Implementation Strategies

Examples of Implementation Strategies for Standard 4

- Incorporate cultural competency and CLAS into staff evaluations
- Inclusive Employee Policy and Procedure
- Provide opportunities for CLAS training that include regular in-services, brown-bag lunch series, orientation materials for new staff, and annual update meetings
- Mandatory Trainings for ALL staff and administrators
    Provide ongoing in-service training on ways to meet the unique needs of the population, including regular in-services on how and when to access language services for individuals with limited English proficiency

CLAS Standards 5-8

Communication and Language Assistance

CLAS Standard 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.

Language assistance services are mechanisms used to facilitate communication with individuals who do not speak English, those who have limited English proficiency, and those who are deaf or hard of hearing. These services can include in-person interpreters, bilingual staff, or remote interpreting systems such as telephone or video interpreting, as well the translation of written materials or signage, sign language, or braille materials.

Standard 5 Purpose

Purpose of Standard 5
- To ensure that individuals with limited English proficiency and/or other communication needs have equitable access to health services
- To help individuals understand their care and service options and participate in decisions regarding their health and health care
- To increase individuals' satisfaction and adherence to care and services
- To improve patient safety and reduce medical error related to miscommunication
- To help organizations comply with requirements such as Title VI of the Civil Rights Act of 1964; the Americans with Disabilities Act of 1990; and other relevant federal, state, and local requirements to which they may need to adhere

Standard 5
Implementation Strategies

Examples of Implementation Strategies for Standard 5

- *Language Lines/Certified Interpreters/Bilingual Staff* :
  Establish contracts with interpreter services for in-person, over-the-phone, and video remote interpreting.
- Use cultural brokers when an individual's cultural beliefs impact care communication.
- Collaboration with other organizations demonstrating the ability to provide comprehensive services in consumer's preferred language.
- *Process for identifying individuals who speak a preferred language*:
  Develop processes for identifying the language(s) an individual speaks (e.g., language identification flash cards or "I speak" cards) and for adding this information to that person's health record

CLAS Standard 6

Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

The provision of language assistance services is critical to ensuring quality, safety, satisfaction, and improved outcomes, and informing individuals that such services are available helps ensure their use. Organizations should take the appropriate steps to notify individuals of the availability of language assistance services and that they are available free of cost. Individuals in need of communication and language assistance may not know such services are available to them upon request.

Standard 6 Purpose

Purpose of Standard 6

• To inform individuals with limited English proficiency, in their preferred language, that language services are readily available at no cost to them

• To facilitate access to language services

• To help organizations comply with requirements such as Title VI of the Civil Rights Act of 1964; the Americans with Disabilities Act of 1990; and other relevant federal, state, and local requirements to which they may need to adhere

Standard 6
Implementation Strategies

Examples of Implementation Strategies for Standard 6
* Signage in threshold languages/ Information is Publicly Accessible/Plain Sight
* Easy-to-read/Comprehend (sixth-grade literacy level)
* *"Cultural Mediator"* - act as a liaison between the culture of the organization and the culture of the individual.
* *Community Outreach* – providing notification throughout the community is also important for reaching those who may be unaware of the organization or what services the organization may provide.
* *Initial Point of Contact* - it is recommended that organizations standardize procedures for staff members who serve as the initial point of contact for individuals, whether that is by telephone or in person. It may be appropriate to provide staff with a script to ensure that they inform individuals of the availability of language assistance and to inquire whether they will need to utilize any of the available services. Multilingual phone trees and voice mail should also be used to inform individuals of the available language assistance services and how to access them.
* "I speak" (fill in the blank language) cards
* Website advertising language assistance services

CLAS Standard 7

Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

Before one can be considered qualified to interpret, translate, or provide other communication assistance, he/she must be assessed to determine his/her competence. Language ability alone does not qualify an individual to provide language assistance. Leading organizations in the field of language assistance have identified the requisite skills and qualifications of interpreters as follows:

- Active Listening Skills
- Message conversion skills
- Clear and understandable speech delivery
- Familiarity with regionalisms and slang in both languages
- Ability to identify differences in meaning due to dialects or regionalisms to ensure effective and accurate message conversion
- Ability to communicate in all registers and at varying levels of formality
- Understanding of colloquialisms and idiomatic expressions in all working languages
- Working knowledge of anatomy and physiology
- Extensive knowledge of the vocabulary and terminology related to diagnosis, prevention, treatment, and management of illness and disease
- Understanding of key concepts in health care, such as confidentiality, informed consent, and patients' rights
- Command of the vocabulary related to the provision of health care in both languages

Standard 7 Purpose

Purpose of Standard 7

- To provide accurate and effective communication between individuals and providers
- To reduce misunderstanding, dissatisfaction, omission of vital information, misdiagnoses, inappropriate treatment, and patient safety issues due to reliance on staff or individuals that lack interpreter training
- To empower individuals to negotiate and advocate, on their own behalf, for important services via effective and accurate communication with health care staff
- To help organizations comply with requirements such as Title VI of the Civil Rights Act of 1964; the Americans with Disabilities Act of 1990; and other relevant federal, state, and local requirements to which they may need to adhere

Standard 7
Implementation Strategies

Examples of Implementation Strategies for Standard 7
- Certification of Interpreters – Research Resources
- Provide Multi-Faceted Model of Language Assistance
- Train Bilingual Staff/Provide Differential Pay
- Assess providers' ability to provide specific services
- Procedure for identifying individuals who speak a preferred language

CLAS Standard 8

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

Print and multimedia materials offer an effective way of communicating with large numbers of people, supplementing information provided by clinicians, service providers, and other staff, and reinforcing key messages from a health care or service encounter. Therefore, ensuring that an individual can read, comprehend, and act upon written materials is essential.

Standard 8 Purpose

Purpose of Standard 8

- To ensure that readers of other languages and individuals with various health literacy levels are able to access care and services
- To provide access to health-related information and facilitate comprehension of, and adherence to, instructions and health plan requirements
- To enable all individuals to make informed decisions regarding their health and their care and services options
- To offer an effective way to communicate with large numbers of people and supplement information provided orally by staff members
- To help organizations comply with requirements such as Title VI of the Civil Rights Act of 1964; the Americans with Disabilities Act of 1990; and other relevant federal, state, and local requirements to which they may need to adhere

Standard 8
Implementation Strategies

Examples of Implementation Strategies for Standard 8

> • Issue plain language guidance and create documents that demonstrate best practices in clear communication and information design.
> • Develop materials in alternative formats for individuals with communication needs, including those with sensory, developmental, and/or cognitive impairments as noted in Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals.
> • Formalize processes for translating materials into languages other than English and for evaluating the quality of these translations.
> • Written Materials/Location of materials
> • Complaint/Grievance Policies/Clients' Rights Notifications

It is also important to translate materials that are essential to individual's accessing and making educated decisions about health care, including materials on the internet. Examples of relevant material include:

> • Administrative and legal documents – materials requiring informed consent, obligation, or acknowledgement of certain legal or financial rights and responsibilities; waiver of rights; living wills and advance directives; emergency room release and discharge forms; marketing materials; documents establishing and maintaining eligibility for services; explanations of benefit coverage packages; evidence of coverage cards; and notices of non-coverage
> • Clinical information – prevention and treatment instructions, including how to prevent transmission of a communicable disease; what to do before, during, and after a procedure or treatment (e.g., surgery, chemotherapy); how to take medicine; and how to perform routing self-care or self-monitoring
> • Education, health prevention and promotion, and outreach materials – brochures, fact sheets, pamphlets, promotional flyers and posters, health advisories, and other materials that support treatment programs (e.g., for chronic disease or mental health) and prevention activities (e.g., cancer or high blood pressure screenings)

CLAS Standards 9-15

Engagement, Continuous Improvement, and Accountability

CLAS Standard 9

Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area. Provide easy-to-understand print and Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.

Establishing goals, policies, and management accountability that promote CLAS throughout an organization helps to ensure that an organization is culturally and linguistically competent at every point of contact and ties CLAS to organizational priorities such as individuals' experiences, satisfaction, safety, and outcomes. This also illustrates the relevance of CLAS even in times of budgetary constraints and limited resources.

Standard 9 Purpose

Purpose of Standard 9
- To make CLAS central to the organization's service, administrative, and supportive functions
- To integrate CLAS throughout the organization (including the mission) and highlight its importance through specific goals
- To link CLAS to other organizational activities, including policy, procedures, and decision-making related to outcomes accountability

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Standard 9
Implementation Strategies

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Examples of Implementation Strategies for Standard 9
- Demonstration of Allocation of Resources
- Welcoming Process (Aspects of TIC)
- Satisfaction Client Surveys
- Annual/Semi-Annual Review
- Collaboration with other organizations
- Conflict/Grievance Resolution Process
- LGBTQ-inclusive Sexual Harassment Policy

CLAS Standard 10

Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

In general, the continuous quality improvement process for CLAS includes an assessment phase, a planning phase, an implementation phase, and an evaluation phase. As a key initial step in the continuous quality improvement process, organizational self-assessment is often used to examine factors that might enable or impede a service delivery system's effectiveness and performance.

Standard 10 Purpose

Purpose of Standard 10
- To assess performance and monitor progress in implementing the National CLAS Standards
- To obtain information about the organization and the people it serves, which can be used to tailor and improve services
- To assess the value of CLAS-related activities relative to the fulfillment of governance, leadership, and workforce responsibilities

Standard 10
Implementation Strategies

Examples of Implementation Strategies for Standard 10
- Incorporate CLAS in Quality Assurance Policy
- Cultural Audit-*A cultural audit is an assessment strategy to examine, among other factors, an organization's values, symbols, and routines and identify problems that affect the organization's ability to provide services.*
- Review Results of Internal Staff and Client Evaluations/Organizational Checklists
- Allocation of resources

CLAS-related measures in performance improvement and outcomes assessments include but are not limited to:

- Accessibility of interpreter services
- Effectiveness of cultural and linguistic competency training for providers and nonclinical staff
- Differences in the use of services among diverse populations

CLAS Standard 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.

Health and health care organizations should collect key data from individuals using personnel trained in cultural and linguistic competency. Data collected should include demographic information such as race, ethnicity, sex, language, and disability status. The availability of demographic data, particularly race and ethnicity, is the first step in being able to demonstrate the effectiveness of CLAS in the delivery of quality, equitable care and, ultimately, in reducing disparities.

Standard 11 Purpose

Purpose of Standard 11
- To accurately identify population groups within a service area
- To monitor individual needs, access, utilization, quality of care, and outcome patterns
- To ensure equal allocation of organizational resources
- To improve service planning to enhance access and coordination of care
- To assess and improve to what extent health care services are provided equitably

Standard 11
Implementation Strategies

Examples of Implementation Strategies for Standard 11
- Cal OMS
- Surveys/Intake Forms/Evaluations
- Contact Person for Monitoring and Assessing
- Use assessment tools to measure Strengths/ "Opportunities for Improvement"/Adjustments

CLAS Standard 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.

Conducting a community needs assessment should be just the first step in a comprehensive effort to engage local communities in organizational planning and operations. Data and information collected from regular community assessments can be used to develop a comprehensive profile of the populations in the service area, which could have significant demographic and epidemiological value. Such a profile would help organizations, providers, and policymakers develop appropriate services and evaluate access to and utilization of those services over time. In addition, data from this profile could be used to generate more specific profiles (e.g., linguistic or geographic profiles) that could be used to inform targeted service development and service delivery plans.

Standard 12 Purpose

Purpose of Standard 12

- To determine the service assets and needs of the populations in the service areas (needs assessment)
- To identify all of the services available and not available to the populations in the service areas (resource inventory and gaps analysis)
- To determine what services to provide and how to implement them, based on the results of the community assessment
- To ensure that health and health care organizations obtain demographic, cultural, linguistic, and epidemiological baseline data (quantitative and qualitative) and update the data regularly to better understand the populations in their service areas

Standard 12
Implementation Strategies

Examples of Implementation Strategies for Standard 12
- Update Referral Information/Community Resources
- Collect data from multiple community sources
- Needs Assessment/Focus Groups
- Gaps Analysis

CLAS Standard 13

Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

Community partnerships are an essential component in the provision of cultural and linguistic competency. Only through meaningful community partnerships can an organization truly understand the individual needs of the diverse population it serves, appropriately allocate resources, and develop an accountable system that provides equitable culturally and linguistically appropriate care and services.

Standard 13 Purpose

Purpose of Standard 13
- To provide responsive and appropriate service delivery to a community
- To ensure that services are informed and guided by community interests, expertise, and needs
- To increase use of services by engaging individuals and groups in the community in the design and improvement of services to meet their needs and desires
- To create an organizational culture that leads to more responsive, efficient, and effective services and accountability to the community
- To empower members of the community in becoming active participants in the health and health care process

Standard 13
Implementation Strategies

Examples of Implementation Strategies for Standard 13
- Monthly Provider Meetings
- PSA/Radio Access/Community Outreach
- Working with Various Organizations
- Focus Groups
- Cultural Brokers

> Cultural brokers are individuals from the community who can serve as a bridge between an organization and people of different cultural backgrounds. Cultural brokers should be familiar with the health system and with the community in which they live and/or from where they originated. They can become a valuable source of cultural information and serve as mediators in conflicts and as agents for change.

CLAS Standard 14

Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

Individuals from diverse backgrounds may encounter situations in which their needs and preferences are not accommodated or respected by the organization or its staff. These situations may range from differences related to informed consent and advance directives, to difficulty in accessing services or denial of services, to discriminatory treatment.

While personal preferences for care should be accommodated as much as possible and equitable nondiscriminatory treatment should be guaranteed, it is inevitable that individuals will have conflicts and grievances. To address this, organizations should ensure that all staff members are trained to recognize and prevent these potential conflicts and must develop a method through which individuals can provide feedback. All individuals must then be informed about, and have access to, these feedback procedures that cover all aspects of their interaction with the organization.

Organizations should anticipate and be responsive to the differences that arise between individuals and the organization and its staff. This responsiveness may be achieved by integrating principles of cultural sensitivity into existing feedback procedures, as well as into policies, programs, and committees charged with responsibility for patient relations and legal or ethical issues. When existing structures are inadequate, new approaches may need to be developed.

Standard 14 Purpose

Purpose of Standard 14
- To facilitate open and transparent two-way communication and feedback mechanisms between individuals and organizations
- To anticipate, identify, and respond to cross-cultural needs
- To meet federal and/or state level regulations that address topics such as grievance procedures, the use of ombudspersons, and discrimination policies and procedures

Standard 14
Implementation Strategies

Examples of Implementation Strategies for Standard 14

- CLAS-Infused Complaint and Grievance Policies
- Language Assistance
- Cross-cultural Communication Training
- LGBTQ-inclusive Sexual Harassment Policy

CLAS Standard 15

Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Being accountable to the public supports the continuous quality improvement process by documenting publicly the organization's ability to provide quality care and services in a culturally and linguistically appropriate manner. It also informs the organization and community of the areas needing improvement.

Communication about CLAS may serve to actively engage the community in assessing an organization's serve, noting need for improvements, identifying programs that would match its needs, and charting related progress. Accountability is also important in situations in which an organization is using public funds to serve the community. Information provided to the public should be relevant, useful, and understandable to the community. An organization may also communicate CLAS implementation progress as part of its community benefits and other reporting or accountability requirements.

Standard 15 Purpose

Purpose of Standard 15
- To convey information to intended audiences about efforts and accomplishments in meeting the National CLAS Standards
- To learn from other organizations about new ideas and successful approaches to implementing the National CLAS Standards
- To build and sustain communication on CLAS priorities and foster trust between the community and the service setting
- To meet community benefits and other reporting requirements, including accountability for meeting health care objectives in addressing the needs of diverse individuals or groups

Standard 15
Implementation Strategies

Examples of Implementation Strategies for Standard 14
- Annual Reports (Capacity Building)
- Strengths, Weaknesses, Opportunities (for Improvement/Adjustments), and Threats (to proposed changes)
- CLAS – related Cost-Benefit Analysis
- Collaboration with other agencies
- Assessment results based on activities suggested from Standard 10, community data collected in accordance with Standard 12, and the number of complaints and their resolution as collected pursuant to Standard 14

CLAS Standards
Application to SUD Treatment

Culturally responsive skills can improve client engagement in services, therapeutic relationships between clients and providers, and treatment retention and outcomes. Cultural competence is an essential ingredient in de-creasing disparities in substance use disorders treatment.

Cultural competence is not acquired in a limited timeframe or by learning a set of facts about specific populations; cultures are diverse and continuously evolving. Developing cultural competence is an ongoing process that begins with cultural awareness and a commitment to understanding the role that culture plays in substance use disorders treatment. For counselors, the first step is to understand their own cultures as a basis for understanding others. Next, they must cultivate the willingness and ability to acquire knowledge of their clients' cultures. This involves learning about and respecting client worldviews, beliefs, values, and attitudes toward mental health, help-seeking behavior, substance use, and behavioral health services.

CLAS Standards
Application to SUD Treatment

Cultural competence has come to mean more than a discrete skill set or knowledge base; cultural competence also requires self-evaluation on the part of the practitioner. Culturally competent counselors are aware of their own culture and values, and they acknowledge their own assumptions and biases about other cultures. Moreover, culturally competent counselors strive to understand how these assumptions affect their ability to provide culturally responsive services to clients from similar or diverse cultures.

Culturally competent counselors:
• Frame issues in culturally relevant ways.
• Allow for complexity of issues based on cultural context.
• Make allowances for variations in the use of personal space.
• Are respectful of culturally specific meanings of touch (e.g., hugging).
• Explore culturally based experiences of power and powerlessness.
• Adjust communication styles to the client's culture.
• Interpret emotional expressions in light of the client's culture.
• Expand roles and practices as needed.

CLAS Standards
Application to SUD Treatment

The role of culture should be considered during initial intakes and interviews, in screening and assessment processes, and in the development of treatment planning. Culturally responsive treatment can only occur when the making of clinical and programmatic decisions includes culturally relevant information and practices and is endorsed and supported by clinical staff, supervisors, and the organization as a whole.

Subcultures exist within and across diverse ethnic and racial populations and cultures. Drug cultures are a formidable example—they can influence the presentation of mental, substance use, and co-occurring disorders while also affecting prevention and treatment strategies and outcomes. There is not a single drug culture in the United States today, but rather, a number of distinct (although some-times related) drug cultures that differ according to substances used, geographic location, socioeconomic status, and other factors. Drug cultures focusing on illicit substances may be of greater importance in the lives of people who use substances, but people who use legal substances, such as alcohol, can also participate in a drug culture. Understanding the role that drug cultures play in clients' lives is particularly important be-cause these cultures, more than any other cultural connections, influence clients' sub-stance use.

CLAS Standards
Application to SUD Treatment

Within a treatment program, an understanding of drug cultures will help providers engage new clients and recognize the social and cultural bonds that might lead them back to substance use or other high-risk behaviors that are contraindicated for individuals who are being treated for psychological symptoms and/or mental illness. However, unlike other types of cultural affiliations, the treatment provider's relationship to the drug culture does not just involve understanding; the provider must actively work to weaken that connection and replace it with other experiences that meet the client's social and cultural needs. In many cases, this involves helping the client connect with a "culture of recovery" to meet those needs over the long course of recovery.

CLAS Standards
Application to SUD Treatment

Counselors with a strong belief in evidence-based treatment methods can find it hard to relate to clients who prefer traditional healing methods. Conversely, counselors with strong trust in traditional healers and culturally accepted methods can fail to understand clients who seek scientific explanations of, and solutions to, their substance abuse and mental health problems. To become culturally competent, counselors should begin by exploring their own cultural heritage and identifying how it shapes their perceptions of normality, abnormality, and the counseling process.

Counselors who understand themselves and their own cultural groups and perceptions are better equipped to respect clients with diverse belief systems. Counselors who are aware of their own cultural backgrounds are more likely to acknowledge and explore how culture affects their client–counselor relationships. Without cultural awareness, counselors may provide counseling that ignores or does not address obvious issues that specifically relate to race, ethnic heritage, and culture.

CLAS Standards
Application to SUD Treatment

All counselors have cultural blind spots. It is important for counselors to acknowledge their beliefs and assumptions, even if they are misguided or based on stereotypes. Learning about the nuances of other cultures, particularly as they affect treatment, is not intuitive. Counselors should be willing to learn from their clients. Counselors should be trained to ask questions to learn what substance abuse and addiction mean in the client's culture. Staff members should not make assumptions about clients based on their physical ability, gender, ethnicity, or religion but approach and treat each client as an individual.

CLAS Standards
Application to SUD Treatment

A reasonable starting point to any counselor/client interaction to recognize the need for effective communication. Culture influences how we communicate and how we interpret others' communication styles.

- Be aware of the verbal, nonverbal, and written aspects of communication
- Understand the relationship between communication and cultural identity
- Adapt your communication to each patient, making an effort to understand communication preferences and cues from the client's perspective

CLAS Standards
Application to SUD Treatment

Anyone may struggle to understand the language of SUD treatment, so strive to communicate in a way that almost anyone will understand.

• Use plain, non-jargon language. Use common words that you would use to explain information to your friends or family
• Use the client's words. Take note of what words the client uses to describe their use, and use them in your conversation
• Slow down. Speak clearly and at a moderate pace
• Limit and repeat messages. Prioritize what needs to be discussed, and limit information to three to five key points and repeat them
• Be specific and concrete. Don't use vague and subjective terms that can be interpreted in different ways

CLAS Standards
Application to SUD Treatment

A significant aspect of treatment that will go along way to establishing trust is the art of active listening. Respectfully eliciting information and questions from the client, and listening with compassion, will build the trust and give you the information necessary for a productive therapeutic relationship.

- Sit at the same level as the client, look at them instead of the chart or screen, and let them speak with few or no interruptions
- Acknowledge the client's expertise by saying, "You know yourself better than I do" or "You're in the best position to judge." The client knows more than you do about their own addiction as they experiences it
- Ask questions to better understand how the client views their are needs and priorities.
    - Consider asking: What do you fear most? What care do you think you should receive? What are the most important results you hope to receive from treatment?
- Invite questions from the client. Answer their questions fully, clearly, and respectfully, without interrupting.
    - Use the Ask Me 3 method, in which you encourage clients to ask you three questions: What is my main problem? What do I need to do? Why is it important for me to do this?
    - Ask, "What questions do you have?" or "What would you like to know more about?" instead of "Do you have any questions?"

A culturally competent counselor will strive to work with clients as equals in the client's treatment by partnership building. Partnership building means framing the client-counselor relationship as one between collaborating equals or as equal members of a team.

CLAS Standards
Application to SUD Treatment

Counselors who wish to be seen as culturally competent should:
- Filter and interpret client presentation from a broad cultural perspective instead of using only their own cultural groups or previous client experiences as reference points.
- Invest the time to know clients and their cultures, not only through ongoing client interactions, but also through the use of outside resources, cultural training seminars and programs, cultural events, professional consultations, cultural guides, and clinical supervision.
- Be mindful that they will not know everything about a specific population or initially comprehend how an individual client endorses or engages in specific cultural practices, beliefs, and values.
- Be as knowledgeable as possible and attend to a client's cultural attributes—beginning with the intake and assessment process and continuing throughout the treatment relationship.
- Not make assumptions about clients' race, ethnic heritage, or culture based on appearance, accents, behavior, or language.
- Explore with clients their cultural identity or identities.
- Discuss what cultural identity means to clients and how it influences treatment.
- Examine, collaboratively with clients, presenting treatment issues and obstacles to engaging in behavioral health treatment and maintaining recovery.
- Discuss with clients how cultural groups and cultural identities can serve as guideposts in treatment planning.

CLAS Standards
Application to SUD Treatment

Knowledge that counselors need to acquire to work successfully with diverse clients includes:

- Patterns of substance use and treatment-seeking behavior specific to people of diverse racial and cultural backgrounds.
- Beliefs and traditions, including cultural norms, surrounding substance use.
- Beliefs about treatment, including expectations and attitudes toward counseling.
- Community perceptions of behavioral health treatment.
- Obstacles encountered by specific populations that make it difficult to access treatment, such as geographic distance from treatment services.
- Patterns of co-occurring disorders and conditions specific to people from diverse racial and cultural backgrounds.
- Assessment and diagnosis, including culturally appropriate screening and assessment and awareness of common diagnostic biases associated with symptom presentation.
- Individual, family, and group therapy approaches that hold promise in addressing mental and substance use disorders specific to the racial and cultural backgrounds of diverse clients.
- Culturally appropriate peer support, mutual-help, and other support groups (e.g., the Wellbriety movement, a culturally appropriate 12-Step program for Native American people).
- Traditional healing and complementary methods (e.g., use of spiritual leaders, herbs, and rituals).
- Continuing care and relapse prevention, including attention to clients' cultural environments, treatment needs, and accessibility of care.
- Treatment engagement/retention patterns

Questions?

**El Dorado County
Substance Use Disorder Services**

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I want to thank every one for attending today. Please fell free to contact Shaun or myself for any questions you may have.

(End recording)

The End Code 1311

A survey will be sent out. Please use your start and end codes on the survey. For those with CCAPP credentials, an exam will be sent out to you via email.

CUEs and Certificates of Attendance will be sent out soon.

Our next trainings will take place Monday June 20, 2022, where we will present a Special Populations Training and Monday June 27, 2022 where the topic will be Treatment Planning.

Registration for both will be sent starting tomorrow. Until next time, have a great rest of your day everyone.