Take a journey with the CLAS Roadmap:
Effective and Efficient services for Everyone

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By the end of this session, participants will be able to:

- Understand the ethical, legal, and practical case for providing culturally and linguistically appropriate services in health and health care
- Define the CLAS Standards by theme
- Describe what culturally and linguistically appropriate services look like in practice
- Have an emerging capacity to develop plan for cultural competence in your own organization
Fill Me Out...Please?

Name:

Email:

Phone:

How much do you love forms? *

- Not at all
- Kind of
- I'm indifferent
- I'm fond of them
- Love 'em!

Submit

* Required
**Workshop Rationale**

**Demographics**

As Virginia’s population becomes more diverse and our understanding of the multiple layers of culture expands, we recognize there is a greater need to provide emergency services clinicians and crisis intervention teams with an opportunity to explore their own cultural perspectives and that of those individuals they encounter in a crisis.

**Disparities**

“Minorities experience "greater disability and greater burdens" due to mental illness than whites--"not because the illnesses are more severe...but because of the barriers they face in terms of access to care."

Failure to address these disparities is "playing out in human and economic terms on our streets, homeless shelters, foster-care systems and in our jails."

*Former U.S. Surgeon General David M. Satcher, MD, PhD*

“When it comes to mental health, culture counts”
Levels of Cultural Competence

**Individual Level**
Right skills, knowledge, and attitude to work for a diverse population

**Organizational Systems**
Policies and procedures in place and an infrastructure that supports diverse communities

**System’s Levels**
Laws and regulations in place and an infrastructure that supports diverse communities
The National CLAS Standards

A BLUEPRINT FOR ADVANCING AND SUSTAINING CLAS POLICY AND PRACTICE

There are 15 standards

with 3 key intentions:

1. advance health equity
2. improve quality
3. help eliminate health care disparities

The Blueprint

is the implementation guide for the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care

The Blueprint outlines

- Quality of care
- Changing demographics
- Marketplace
- Health disparities
- Legal mandates
- Risk of liability

discusses the results of the 2010-13 enhancement initiative

and explains each Standard

- Purpose
- Meaning
- Strategies
- Resources

expanded definition of culture

a broad understanding of health

an audience of health & health care organizations
National CLAS standards in health and health care

- Principal Standard
- Governance, Leadership, and Workforce
- Communication and Language Assistance
- Engagement, Continuous Improvement, and Accountability
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 communications needs.
Top Destinations

1ST LEG OF OUR JOURNEY
Governance, Leadership, and Workforce

Advance and sustain governance and leadership that promotes CLAS and health equity

Recruit, promote, and support a diverse governance, leadership, and workforce

Educate and train governance, leadership, and workforce in CLAS

Virginia Department of Behavioral Health & Developmental Services
“Go Where the Locals Go”

- Policies
- Planning
- Accountability
- Data Driven
- Community Engagement
Take the Dirt Road

• Consistent
• Self-Awareness
• Courageous
• Strategic
• Transparent
• Champion
• Connected
• Realistic
YOUR TURN!
Change the route you take to get there

- Recruitment, Selection, Retention
- Performance Management
- Training
- Organizational Development
- Employee Engagement
What the experts are saying

Identify and develop champions throughout the organization.

Ensure that the necessary fiscal and human resources, tools, skills, and knowledge to support and improve culturally competent policies and practices are available.

National Quality Forum

Provide space for internal multidisciplinary dialogues about language and culture issues.

Create financial incentives to promote, develop, and maintain accessibility to qualified health care interpreters.

The Joint Commission
(Wilson-Stronks & Galvez)
Top Destinations:

2nd Leg of Our Journey
Communication & Language Assistance
Does your staff understand how and when language selection happens for individuals who speak more than one language?

Do you offer materials in alternative formats? (e.g., audiotape, Braille, enlarged print)

Do you have policies in place regarding the use of interpreters and train staff on how to access and work with them?

Do you use qualified translation services, especially for legally binding documents?

Do you print materials in easy to read, low literacy, picture and or symbol formats?
Think it is just a nice thing to offer?

“..."I would tell the doctor ‘OK,’ but I didn’t understand anything [about taking my medications].”"

Youdelman, Mara and Jane Perkins. 2002. Providing Language Interpretation Services in Health Care Settings: Examples from the Field

https://cccdpcr.thinkculturalhealth.hhs.gov/AudioPlayer/AudioPlayer.asp?AudioFileName=17_3-4-2.mp3

Federal Compliance Consulting LLC and Bruce L. Adelson, 2013
Think ...

GNINAELC — Ot erussa hghih emnamrofrep, yllacidoirep naelc eht epat sdaeh dna natspac revenehw uoy eciton na noitalumucca fo tsud dna nworb-der edixo selcitrap
Cleaning — To assure high performance, periodically clean the tape heads and capstan whenever you notice an accumulation of dust and red-brown oxide particles.
Individuals’ Right to Know
• 52% Omission
• 16% False Fluency
• 13% Substitution
• 10% Editorialization
• 8% Addition
Hi! My Name is Rachel!

Welcome! Me quiero beber!
Cool! Mi nombre es Rachel!
Run! I love you to the moon and back!
Hola! Me llamo Rachel!
Create your Language Toolbox!

- Train **ALL** staff to use language assistance services, and understand policies, and procedures (HHS OMH, 2005).

- Develop processes for identifying the language(s) and for adding this information health records (QSource, 2005).

- Establish contracts with interpreter services (in-person, telephonic & video remote) (HHS OMH, 2005).

- Provide on-site resources to support communication for individuals who experience communication issues related to other factors. (The Joint Commission, 2010).

**ONE SIZE DOES NOT FIT EVERY LANGUAGE NEED!**
Top Destinations

3rd Leg of Our Journey
Engagement, Continuous Improvement, and Accountability

You gotta expand your definition of “community” and incorporate their voice.

You gotta look in the mirror from time to time.

You gotta know who lives among you.

You gotta know the health status of the folks in your community.

You gotta understand where the issues lie.

To understand how to provide effective service delivery, you gotta travel in YOUR OWN BACKYARD.
What do you want from an Organizational Assessment?

What kind of demographic information do you need?

Understand the Community Health Assets & Needs
Effectiveness & Efficiency?

Employee Development & Learning?

Quality Assurance?

Regulatory Compliance?

Client Satisfaction?

Contribution to Community Wellbeing?
Planning for your own backyard

Governance & organizational infrastructure

Communication

Collaboration

Workforce Development

Planning & continuous quality improvement

Services and Supports

Planning & continuous quality improvement

Governance & organizational infrastructure

Communication

Collaboration

Workforce Development

Services and Supports
In groups of two answer the following questions...

- What do you think is the most important cultural proficiency challenges in your organization at the moment?
- Do they impact your ability to achieve any organizational goals?
- What are some ways that you might begin to address these challenges (THINK OUT OF THE BOX!)
- What is the first step you might make in this process?
Want more info?

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