Culturally and Linguistically Appropriate Services (CLAS) Implementation for Behavioral Health Equity in Nursing Facilities

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Today's Event Host

Nikki Harris, MA, CBHC-BS
COE-NF TRAINING AND EDUCATION LEAD

For the past 20 years, Nikki has provided program implementation, development, management, external and internal trainings, policy development, quality assurance, and managed training coordination and technical support throughout the southeast region.

Previously, she served as the program manager for the Division of Behavioral Health and Substance Use Services within the South Carolina Department of Corrections.

She has a B.A. in Psychology from the University of South Carolina, a M.A. in Counseling from Webster University and is a Certified Behavioral Specialist.

Today's Presenter

Niasha A. Fray MA, MSPH

CEO, NIASHA FRAY CONSULTING, LLC

Niasha is the CEO of Niasha Fray Consulting. A native of Raleigh, North Carolina, she has over 20 years of experience as a social behavioral researcher focused on minoritized communities and the health disparities affecting them. Her experience includes topics including substance use disorders, criminal justice, HIV/AIDS patient provider communication, cancer, and more.

She has a bachelor of science degree in psychology from Florida Agricultural and Mechanical University, a master of arts degree from the Clinical Psychology Teachers College at Columbia University, and a master of public health with a concentration in health behavior from the University of North Carolina at Chapel Hill.

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Learning Objectives

By the end of the training presentation, participants will:

1. Be able to recognize the 15 action steps for providing CLAS standards.

2. Gain an awareness of practical ways to implement CLAS standards to enhance behavioral health equity.

3. Be able to identify resources to help with CLAS implementation.

What is CLAS?

The National CLAS Standards are a set of 15 action steps intended to advance health equity, improve quality, and help eliminate healthcare disparities by providing a blueprint for individuals and health and healthcare organizations to implement culturally and linguistically appropriate services.

Behavioral health equity is…

The right of all individuals, regardless of race, age, ethnicity, gender, disability, socioeconomic status, sexual orientation, citizenship, native language or geographical location, to receive treatment and support for their mental health and substance use needs.
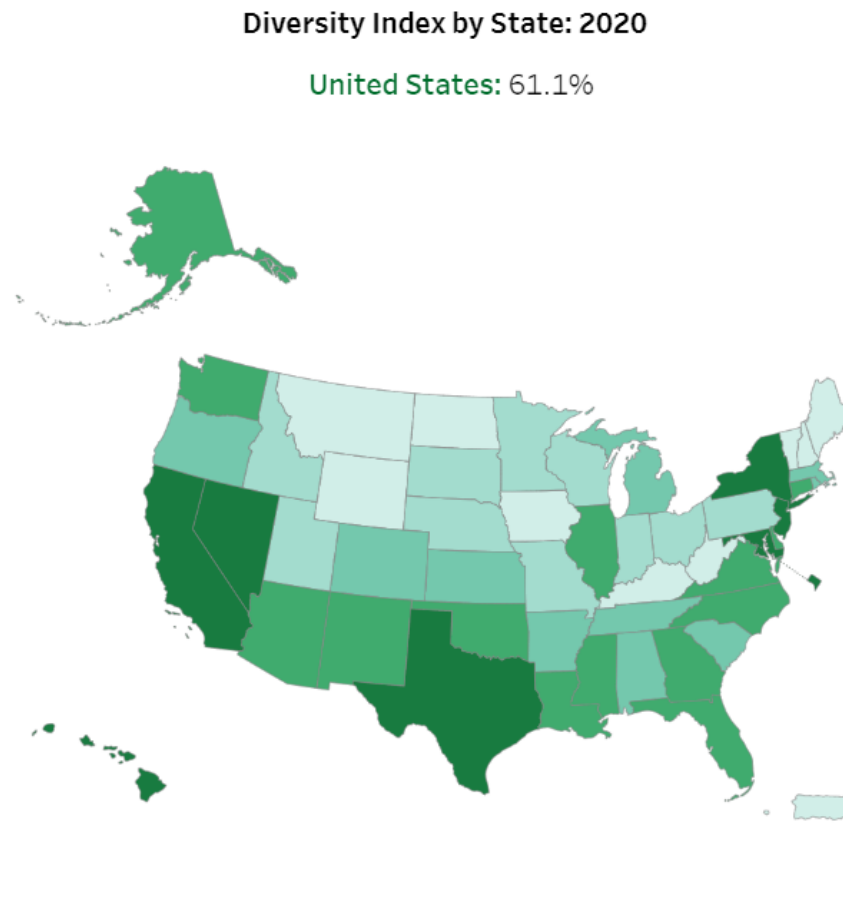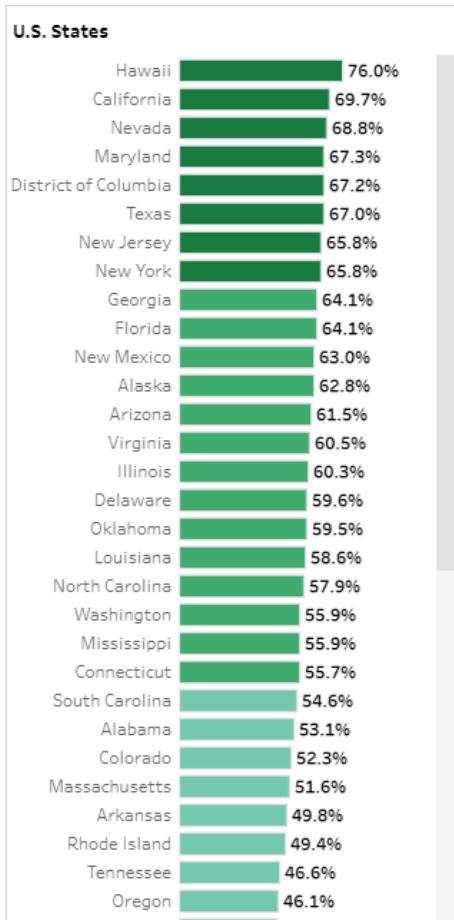
Why is CLAS and Behavioral Health Equity important to Nursing Facilities

- One in five people over age 65 lives with a mental health condition

- Nursing facility residents who received alcohol or drug treatment are often younger than 50 and may have comorbid conditions.

- Individuals with serious mental illness are more likely than adults without mental illness to spend time in a nursing facility

- Staff awareness, training, and technical support helps to address the behavioral health needs of nursing facility residents.

(Miller & Hamler, 2019); (Laws et al., 2022); (Gerlach & Maust,2023)

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Did you know?

U.S. States

State	Diversity Index
Hawaii	76.0%
California	69.7%
Nevada	68.8%
Maryland	67.3%
District of Columbia	67.2%
Texas	67.0%
New Jersey	65.8%
New York	65.8%
Georgia	64.1%
Florida	64.1%
New Mexico	63.0%
Alaska	62.8%
Arizona	61.5%
Virginia	60.5%
Illinois	60.3%
Delaware	59.6%
Oklahoma	59.5%
Louisiana	58.6%
North Carolina	57.9%
Washington	55.9%
Mississippi	55.9%
Connecticut	55.7%
South Carolina	54.6%
Alabama	53.1%
Colorado	52.3%
Massachusetts	51.6%
Arkansas	49.8%
Rhode Island	49.4%
Tennessee	46.6%
Oregon	46.1%

Diversity Index by State: 2020

United States: 61.1%

Interested in viewing counties?
Use the filter to select a state then click the arrow to view counties.

Alabama ▾

→

Change the year
◉ 2020
○ 2010

Diversity Index
- 65.0% or more
- 55.0% to 64.9%
- 45.0% to 54.9%
- 35.0% to 44.9%
- Less than 35.0%

United States
Census
Bureau

U.S. Department of Commerce
U.S. CENSUS BUREAU
census.gov

Note: U.S. diversity index and state rank do not include Puerto Rico. Ranking based on unrounded numbers. Percentages may not add to 100 due to rounding.
Source: 2010 Census Redistricting Data (Public Law 94-171) Summary File; 2020 Census Redistricting Data (Public Law 94-171) Summary File. Additional information is available for: Diversity Index, Race, Ethnicity, Race and Ethnicity Data in the 2020 Census.

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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.

GOVERNANCE, LEADERSHIP, AND WORKFORCE

2. Advance and sustain organizational governance and leadership that promote CLAS and health equity through policy, practices, and allocated resources.

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

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

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Implementation Strategies to Address Governance, Leadership, and Workforce

- Identify and designate a CLAS champion or champions.

- Hire highly qualified behavioral healthcare professionals who are reflective of your residents.

- Allocate resources to provide CLAS training, professional development, and tools

- Involve all Nursing facility interdisciplinary teams, staff, and administration in the implementation of CLAS.

COMMUNICATION AND LANGUAGE ASSISTANCE

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.

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

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

8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the residents in the nursing facility.

IMPLEMENTATION STRATEGIES TO ADDRESS COMMUNICATION AND LANGUAGE ASSISTANCE

- Partner with qualified and trained interpreter service providers.

- Assess the communication and language assistance needs of your residents.

- Develop literacy and translated screening tools and questionnaires.

- Inform residents of the different types of free communication and various language assistance services that are available, at the nursing facility.

ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.

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

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.

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ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY

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.

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

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

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

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Implementation Strategies for Engagement, Continuous Improvement, and Accountability

- Develop a resident assessment form that considers the resident's holistic health needs.

- Conduct an organizational needs assessment.

- Involve residents in decision-making.

Implementation Strategies for Engagement, Continuous Improvement, and Accountability (Cont.)

Elements of Accountability

ASK QUESTIONS → DELIVER FEEDBACK

CLARIFY COMMITMENTS

- Modify data collection methods and instruments to align with the National CLAS standards

- Collaborate with Quality Assurance (QA) Committee to analyze assessment data.

- Evaluate data to determine policy, practice, and program effectiveness.

- Change/Adapt any policies, practices, or programs as needed.

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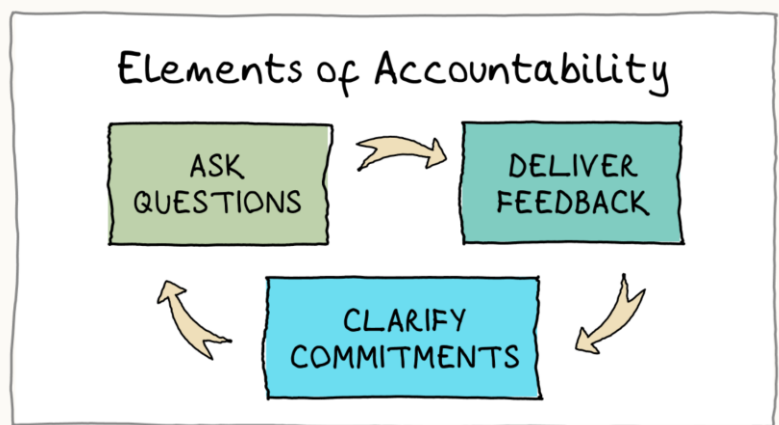
What You Can do Tomorrow

- Learn more about the CLAS standards.

- Share your ideas about CLAS standards with your team lead.

- Inform your team lead about the implementation strategies from this presentation.

- Encourage your team lead and Nursing facility administration to utilize the [Evaluation of the National CLAS Standards toolkit](#) for a guide to evaluating the implementation of the National CLAS Standards.

- Schedule a technical assistance call with the COE-NF team to adapt these strategies to best suit your Nursing Facility

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Resources to Assist Your Nursing Facility

- **US Department of Health and Human Services Office of Minority Health**:

  - Behavioral Health Implementation Guide for CLAS in Health and Healthcare

  - A Blueprint for Advancing and Sustaining CLAS Policy and Practice

  - An Implementation Checklist for CLAS Standards

- **Think Cultural Health** (website)

- **SAMHSA TIP 59: Improving Cultural Competence**

- **Behavioral Health Resources for Long Term Care Providers**

- **Center of Excellence for Behavioral Health in Nursing Facilities** (COE-NF)

- **A Practical Guide to Implementing the National CLAS Standards**

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Thank You!

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