# Host

Nikki Harris, MA, CBHC-BS
Training and Education Lead

Nikki serves as the training and education lead for the Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF). 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.

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Presenter
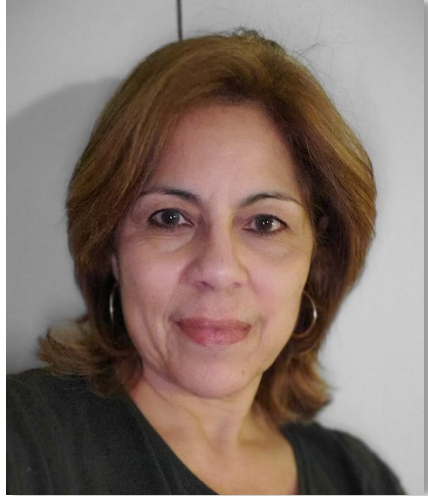
Diana Padilla, MCPC, CTSS, CARC
Research Project Manager

Diana Padilla has worked in the behavioral health field for more than 26 years. Using a person-centered, recovery-oriented perspective, Diana teaches how to enhance and tailor strategies and interventions to effectively address health and behavioral health needs, particularly in the intersection of trauma, stress, and substance use.

Diana is also the SBIRT (Screening, Brief Intervention and Referral to Treatment) Technical Assistance and Implementation Specialist for the NeC-ATTC, helping agencies to effectively intervene with communities at risk of psychosocial and health problems related to substance use or other unhealthy behaviors.

Health Equity

Health equity is defined as the attainment of the highest level of health for all people.

Everyone has a fair and just opportunity to access their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.

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What's the Difference Between…?

Equality means each individual or group of people is given the same resources or opportunities

Equity recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome.

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Social Determinants of Health (SDoH)

Health and Health Care Disparities

Occur and are not limited to…

- Differences in health outcomes, such as life expectancy, mortality, health status, and prevalence of health conditions.

- Differences between groups in measures such as health insurance coverage, affordability, access to and use of care, and quality of care.

- Occur across multiple factors including race and ethnicity, socioeconomic status, age, geography, language, gender, disability status, citizenship status, and gender identity and orientation.

KFF, What are Health and Health Care Disparities? August 2024, https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/

Why Culturally and Linguistically Appropriate Services Matter

Gregory Figaro
President and CEO
CultureSmart, Inc.
Boston, MA

U.S. Department of Health & Human Services, Think Cultural Health, In Your Words.

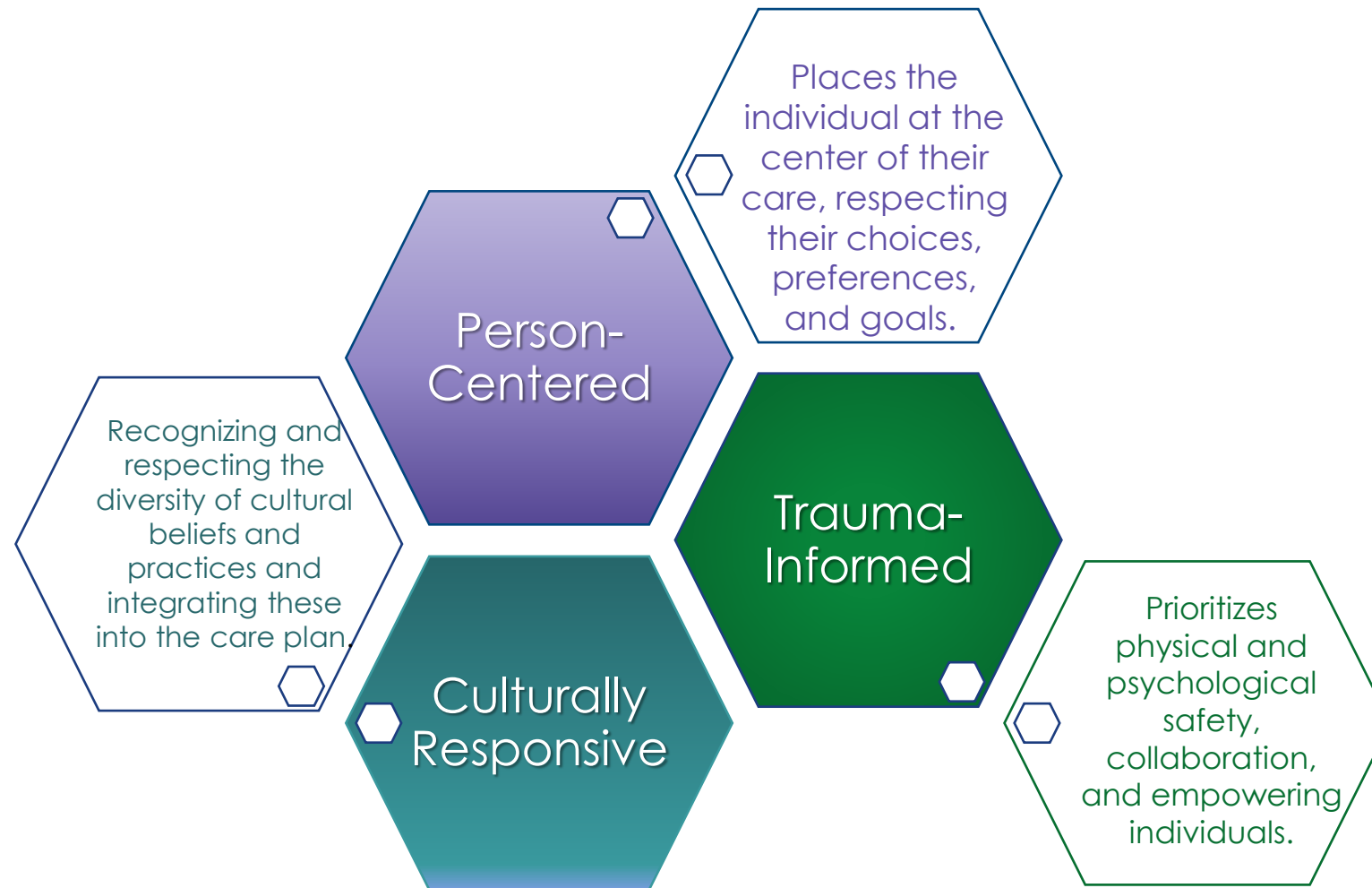# Culturally and Linguistically Appropriate Services (CLAS)

"The CLAS Standards are intended to advance health equity, improve quality of care, 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."

OMH Home, Blog: National Partnership for Action, What Do the New CLAS Standards Mean for Behavioral Health? Huang, L., PhD, 7/30/13

Benefits of Incorporating CLAS

- Nursing homes need to be culturally responsive to the varied cultural and religious needs of their residents.

- The goal is always to provide a safe and comfortable environment that is supportive of the resident's healing and assistance with personal and daily activities.

Rosewood, Introduction to Cultural and Religious Adaptation in Nursing Homes, https://www.rosewood-nursing.com/post/how-nursing-homes-adapt-to-cultural-and-religious-needs#:~:text=This%20focus%20on%20understanding%20and,Multicultural%20Activities

- **Culturally Responsive** services are those that are *respectful of, and relevant to, the beliefs, practices, culture and linguistic needs* of diverse consumer/client populations and communities.

- **Culturally Responsive** services comprehensively address power relationships throughout the organization, on different levels of intervention: systemic, organizational, professional and individual.

Curry-Stevens, A., & Reyes, M. (2014). Protocol for Culturally Responsive Organizations, https://www.semanticscholar.org/paper/Protocol-for-Culturally-Responsive-Organizations-Curry-Stevens-Reyes/47b69f803100df60cd38d8b8c843144c4c62b42e

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Aligned Principles of Nursing Facility Care

Person-Centered

Places the individual at the center of their care, respecting their choices, preferences, and goals.

Recognizing and respecting the diversity of cultural beliefs and practices and integrating these into the care plan.

Culturally Responsive

Trauma-Informed

Prioritizes physical and psychological safety, collaboration, and empowering individuals.

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Introduction to CLAS Standards
Principle Standard 1

Enhanced National CLAS Standards

1 **Principle Standard,** *Standard 1*

2 **Governance, Leadership, and Workforce,** *Standards 2-4*

3 **Communication and Language Assistance,** *Standards 5-8*

4 **Engagement, Continuous Improvement, and Accountability,** *Standards 9-15*

Principle 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.

Cultural Assessments

- **Cultural Competence Assessment Tool (CCAT), Cultural Assessment Tool (CAT).**

- The **Promoting Cultural and Linguistic Competency Self-Assessment Checklist for Personnel Providing Primary Health Care Services** tool.

- The **Cultural Nursing Assessment** tool.

CLAS Standards 2-4
Governance, Leadership, and Workforce

Governance, Leadership, and Workforce

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

3 Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that is 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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Standards 2-4: *Application(s) for Practice*
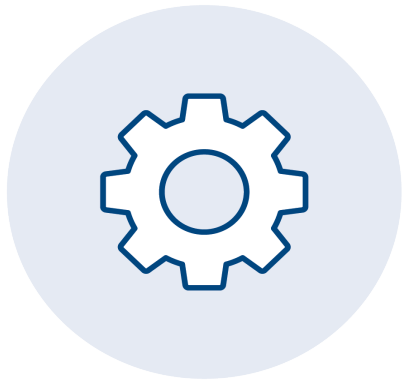
- Organizational nursing home governance and leadership can actively promote CLAS and health equity.

- Recruitment of culturally and linguistically informed leadership and nursing home workforce.

- Training and education for culturally and linguistically informed governance, leadership, and nursing home workforce.
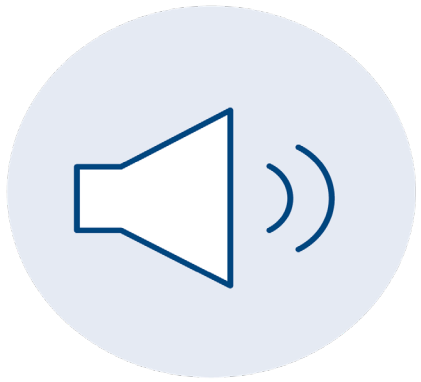
CLAS Standards 5-8
Communication and Language

Language (1)
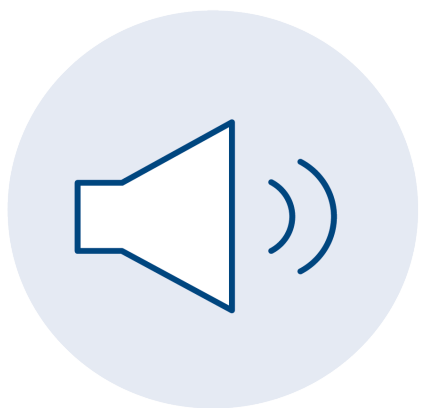
"Tengo un problema y necesito información, me gustaría hablar con alguien pero no puedo hablar inglés muy bien. ¿Quien puede ayudarme? Levanten la mano por favor si pueden ayudar."

Language (2)

"Niko na shida na nahitaji taarifa fulani. Ningependa kuongea na mtu na sipendi kuongea kiingereza. Je, ni watu wangapi hapa wanaweza kunisaidia? Inua mkono"

Communication and Language

5 Offer language assistance at no cost to individuals who have limited English proficiency or other communication needs 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 minors as interpreters should be avoided.

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

Standards 5-8: *Application(s) for Practice*

- Conduct an **annual assessment** of languages spoken within the nursing home care setting, including data on people who are deaf/hard of hearing.

- **Interpreters**: Use professional interpreters to facilitate communication with patients who speak different languages.

- **Translation services**: Use translation services to provide written information to patients in their preferred language.

- **Multilingual staff**: Hire multilingual staff to provide care to patients who speak different languages.

- **Cultural brokers**: Use cultural brokers to facilitate communication and provide cultural insight.

Number Analytics, **Applying Cultural Competence in Geriatric Care, 2025,** https://www.numberanalytics.com/blog/applying-cultural-competence-geriatric-care

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How do you inform someone of language services if you can't speak their language?

New York State Language Identification Tool https://www.saratogahospital.org/resources/filebrowser/2018/10/language_identifier_nysdoh.png

CLAS Standards 9-15
Engagement, Continuous Improvement, and Accountability

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 nursing home 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.

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

Standards 9-15: *Application(s) for Practice*

- Consider CLAS standards for nursing home settings within strategic planning, and resident treatment care plans.

- Identify and select instruments, tools, data sources, and processes for self-assessment of CLAS-related activities.

- Inform residents that they have the option to share or not share racial, ethnic, and language data and that their choice will not affect their ability to receive services.

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Compassionate and Responsive Nursing Home Care

- Cultural beliefs about illness and healing

- Family dynamics and social support systems

- Coping styles

- Reduced disparities

- Enhances resident's satisfaction and trust

- Ethical responsibility and legal and compliance benefits

Quality Residential Nursing Home Care

CLAS standards help residential nursing homes to enhance the quality care they provide to meet unique needs of each resident.

"We are very confident that the skills, knowledge, and compassion are woven into the hearts of so many staff who have dedicated themselves to working in nursing homes."

MetaStar, 2024, Improving Quality Care: Tackling Health Disparities in Nursing Homes, https://metastar.com/improving-quality-care-tackling-health-disparities-in-nursing-homes/#:~:text=Nursing%20homes%20often%20face%20disparities,al%2C%202022).
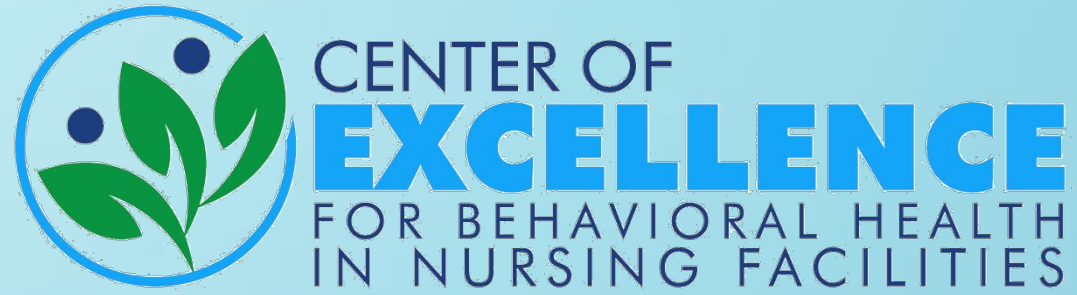
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COE-NF Grant End Information

Grant Ends: Monday, September 29, 2025

- **After This Date:**
  - No longer offering technical assistance consultations or live training events.

- **Resource Access:**
  - Training materials will be hosted on the CMS website (details coming soon).
  - Alliant Health Solutions will continue hosting COE-NF resources at nursinghomebehavioralhealth.org through September 2026.

- **Questions?**
  - Contact coeinfo@allianthealth.org

Request Assistance – Until September 15th
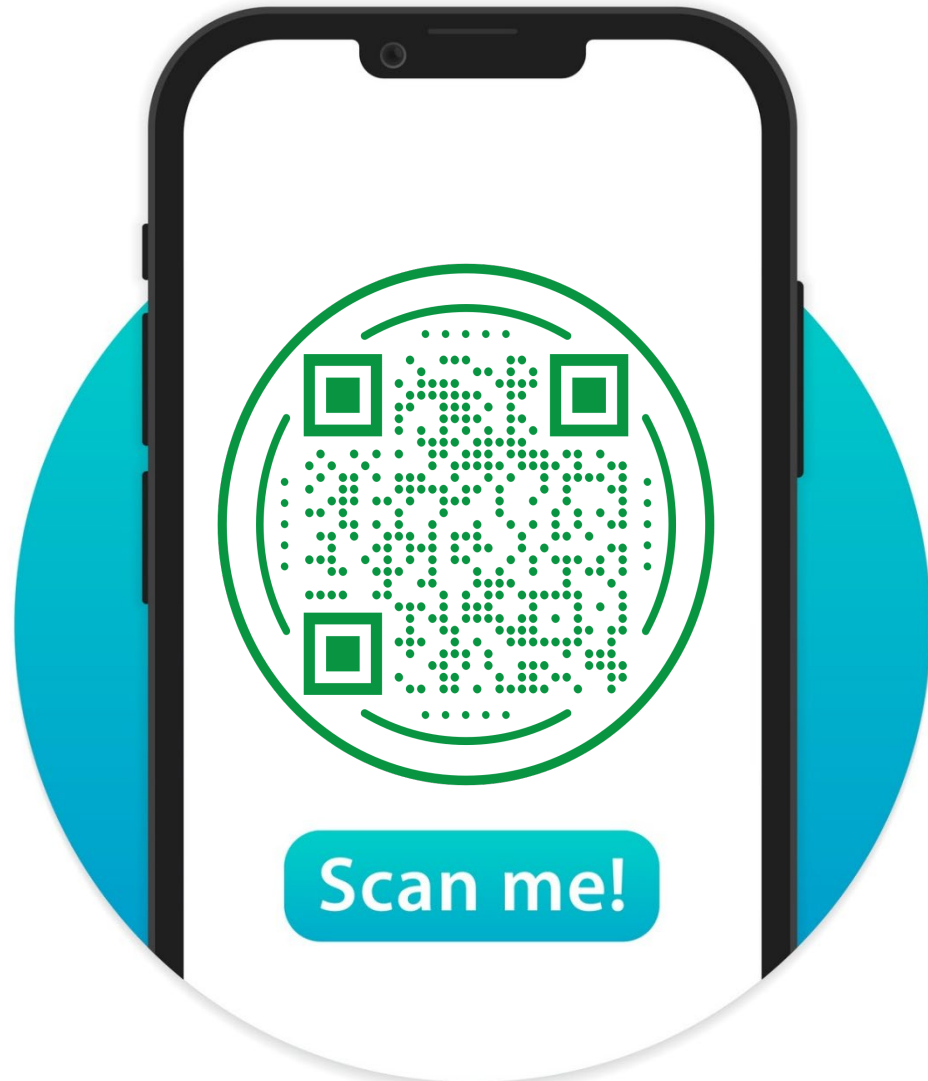
To submit a request for assistance, scan the QR code.

We look forward to assisting you!

Contact us:
For more information or to request assistance, we can be reached by phone at **1-844-314-1433** or by email at coeinfo@allianthealth.org.

Visit the website:
nursinghomebehavioralhealth.org

Scan me!

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How to Submit a Request

Dedicated Website

- Online form where nursing facilities can submit consultation requests
- Include CCN number and full facility name
- Online requests are responded to within **48 hours**
- https://nursinghomebehavioralhealth.org/request-assistance

COE-NF Voicemail Box: (844) 314-1433

- Messages will be responded to within **two (2) business days**

Thank You!

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