



Providing Culturally Responsive Mental Health Care for Families: *The Role of National CLAS Standards in Reducing Health Disparities*



The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards) aim to improve the quality of services provided to all individuals to ultimately reduce health disparities and achieve health equity.¹ Health equity means that everyone has a fair opportunity to live a long, healthy life. It implies that health and mental health should not be compromised or disadvantaged because of an individual or population group's race, ethnicity, gender, income, sexual orientation, neighborhood, or other social condition.

Health inequities in our nation are well documented but not readily understood. In order to eliminate disparities, there needs to be a clearer understanding of root causes, beginning with an examination of the social constructs and institutional policies generating inequities. Likewise, integrating a more in depth cultural understanding of an individual or a family in need, such as their language preferences, religious beliefs, gender identity, sexual orientation, immigration or disability status, and many other social variables can decrease health and mental health disparities.

In Connecticut, three out of every ten people are Black, Latino, or Asian. Poverty disproportionately affects Latinos, Blacks, and females across the state and compounds inequities in accessing care. Connecticut also currently has the 12th highest percentage of foreign-born residents in the country. Over 670,000 individuals primarily speak one of 20 different non-English languages, yet may not receive services in their native language.

CLAS Standards Help Organizations Provide Culturally Responsive Care

The National CLAS Standards serve as a health equity mapping framework that can help organizations such as community health and mental health agencies to identify disparities and provide the increasingly diverse communities they serve with culturally responsive care. The National CLAS Standards are guided by a principal standard that ensures that services are effective, equitable and responsive to individual cultural and language needs, and the remaining 14 standards are grouped to address: a) Governance, Leadership, and

Workforce, b) Communication and Language Assistance, and c) Engagement, Continuous Improvement, and Accountability. Together, these guidelines address:

- Fostering cultural responsiveness and humility,
- Building community partnerships,
- Collecting diversity data,
- Establishing benchmarks for provider planning and evaluation,
- Reflecting respect of diversity, and
- Ensuring language access to all communities.

Connecticut is Helping Mental Health Organizations Reduce Health Disparities

Using the National CLAS Standards, CHDI together with the Department of Children and Families (DCF), Beacon Health Options, and Health & Equity, LLC developed a CLAS Change Model consisting of four phases. The project is part of Connecticut's [CONNECTing Children and Families to Care](#), a federally funded system of care initiative integrated with the State's Children's Behavioral Health Plan ([plan4children.org](#)). The initiative's [Statewide CLAS Advisory Council](#) helps community mental health organizations develop and implement health equity work plans using CLAS Standards to reduce health disparities among at-risk populations.

This statewide initiative published a free, self-guided [CLAS Toolkit](#) with practical tools and links to additional resources for organizations to develop their own Health Equity plans using the four phase process. The process guides organizations in assessing their cultural responsiveness; analyzing their ability to provide early identification and access to care; developing strategies to address cultural differences that may be affecting an individual or family's ability to fully engage with the mental health system; and finalizing a health equity strategic plan that can be implemented at the agency level. To date, thirty-six agencies across each region of the state have developed Health Equity plans by participating in the CONNECTing Children and Families to Care CLAS process.

CONNECTing Children and Families to Care

CLAS Four Phase Change Model to Develop Health Equity Plans and to Address Racial Justice and Health Disparities²

Phase 1: Initiation and Engagement

- Obtain the commitment of organizational leadership and governance bodies to participate
- Establish the organizational structures, processes, and procedures to support CLAS-related work and Health Equity Plan development
- Increase knowledge about CLAS and the National CLAS Standards
- Develop partnerships and coalitions to address racial injustice and health disparities, and to advance health equity
- Develop a plan for including family members and, where appropriate, child and youth voice, involvement, and engagement in the change process and in health equity work

Phase 2: Agency-wide Health Equity Organizational Assessment

- Conduct a health equity assessment to inform a Health Equity Plan
- Continue to build and develop your CLAS workgroup to oversee the Health Equity Plan development, implementation, evaluation, and sustainability
- Select priority areas and the National CLAS Standards and strategies that will be documented in the Health Equity Plan

Phase 3: Implementation and Evaluation

- Develop a full Health Equity Plan based on organizational health equity assessment data collected in Phase 2
- Implement strategies associated with two or three priority areas within a six-month period
- Evaluate priority area strategies in a six-month period

Phase 4: Health Equity Plan Finalization and Sustainability

- Finalize the Health Equity Plan
- Sustain CLAS and health equity work

“We knew we had great ideas and feedback from youth and families but did not know how to implement change in an effective manner. CLAS helped us get off the hamster wheel and move from knowing what the problem is to having a plan.”

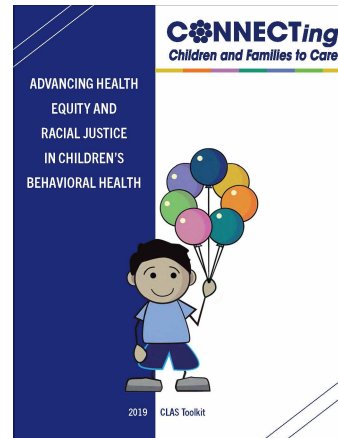
– Agency Lead, Participant in CONNECTing Children and Families to Care

Ensuring a Healthier Connecticut Requires an On-going Commitment to Advancing Health Equity

In addition to providing the CLAS Toolkit, the CONNECTing Children and Families to Care initiative offers the following resources to further the adoption of CLAS Standards throughout the State:

- technical assistance to develop health equity plans,
- a statewide advisory council of families and community providers to assist Connecticut in providing quality culturally responsive care, and
- standardized training and technical assistance to: collect diversity indicators (e.g., race, ethnicity, sexual orientation); disaggregate access, quality, and outcomes data by diversity indicators and; provide technical assistance to organizations to inform practice improvements.

Promoting health equity requires an understanding of the interactions between health care providers, families and the cultural, environmental, and societal factors that influence health, as well as a long-term commitment to providing culturally responsive care. When child- and family-serving organizations and state systems have a more accurate understanding of CLAS Standards they are able to combat barriers to care and ensure a healthier Connecticut.



Download the CLAS Toolkit at www.plan4children.org or www.chdi.org

REFERENCES

1. US Department of Health and Human Services Office of Minority Health Website. Retrieved from <https://www.thinkculturalhealth.hhs.gov/clas/standards>
2. Crusto, C. A. (2019). [Advancing Health Equity and Racial Justice in Children's Behavioral Health](#), Farmington, CT: Child Health and Development Institute of Connecticut.

This Issue Brief was prepared by Cecilia Frometa, Ph.D., consultant to CHDI from the Yale Child Study Center and Jeana Bracey, Ph.D., Director of School and Community Initiatives at CHDI. For more information on CONNECTing Children and Families to Care visit www.plan4children.org or visit www.chdi.org/connect.