“The provision of mental health care is highly collaborative and participatory and is shaped by multiple cultures interacting – the culture of the client, the culture of the provider, the culture of mental health, and the culture of the agency.” (Cross, et al, 1989)

INTRODUCTION TO RESOURCE PACKAGE

Purpose of this resource package:
Why are these resources important?
Welcome to this resource package, developed to support Pacific Southwest mental health organizations as you provide culturally and linguistically competent mental health services (see Appendix A for definitions). We applaud the steps you are taking to invest in your organization, staff, program participants, and community. There are many resources out there, and we offer this resource package as a tool that is easy to use, that resonates with the realities of the Pacific Southwest Region, and that you can draw from as needed.

1. How is this resource package organized?
This resource package is organized into six sections each representing a goal area that addresses performance functions within your organization. These are functions that demonstrate your organization’s commitment to the implementation of culturally and linguistically competent services.

- **Governance and Leadership.** Encompasses the development and oversight of strategic directions, plans and policies, accountability, motivation, and partnerships within health organizations.

- **Workforce Development.** Addresses the effective engagement of people in an organization while supporting diverse individuals both personally and professionally.

- **Community Engagement and Partnership.** Encompasses the collaboration between health organizations and their larger communities (local, regional/state, national, global) for the mutually beneficial exchange of knowledge and resources in a context of reciprocal partnership.

- **Adaptation of Services and Supports.** Addresses the structural and behavioral change of a service or support – or introduction of new services and supports – in order to become better suited to the cultural needs of the program participant.

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1 Note that for the purposes of this issue brief, we use the term “trauma-informed schools” to reference policies that develop, ensure, and promote personalized learning environments informed by brain science and centered on positive school climates with relationships as the main driver. See Table 1 for more choices regarding the name or term to use this pedagogical policy and practice approach.
 ● **Communication and Language Supports.** Encompasses the process of providing and receiving information in diverse ways to meet the needs of program participants.

 ● **Continuous Quality and Accountability.** Addresses the process of creating an organization in which management and workers are accountable and function to create constantly improving quality in services and supports.

 Each section includes the following:

**Goal Area.** A description of each specific goal area’s need, purpose, and intended outcomes.

**Strategies.** A list of strategies that can support an organization within each goal area. Included within this list are applicable Culturally and Linguistically Appropriate Standards. (CLAS)

**Relevant Resources.** Each goal area and the relevant strategies will be supported by a listing of resources, some of which are specific to the Pacific Southwest. Where possible, we have identified relevant sections within the resources that address the specific goals and strategies.

2. **How do I use this resource package?**

The information in this package can apply to your organization, regardless of where you are in the process of building cultural and linguistic competence (CLC). You may be ready to address all areas included in this package, or, initially, you may want to focus on areas that are most useful to you at different stages in your efforts to build CLC, or pivot as specific challenges or opportunities appear in your provision of mental health care. Either way, we recommend that you do at least a quick review of the entire package before you focus on a specific goal and strategy. Some resources can be applicable to more than one goal area or may contain additional sections that resonate with your organization’s needs and unique context.

3. **How do I know where to start?**

If you have not already reviewed the Pacific Southwest MHTTC tool “Assessing Workforce Diversity: A Tool for Mental Health Organizations on the Path to Health Equity” ([http://www.cars-rp.org/_MHTTC/docs/Assessing-Workforce-Diversity-Tool.pdf](http://www.cars-rp.org/_MHTTC/docs/Assessing-Workforce-Diversity-Tool.pdf)) you might consider starting there to help you identify specific areas to focus on as you begin or continue to enhance the development and integration of cultural and linguistic competence. There are other good assessment tools for organizational CLC, with a focus beyond workforce diversity. For example, SAMHSA’s Treatment Improvement Protocol (TIP) on Improving Cultural Competence includes: Multiculturally Competent Service System Assessment Guide (p. 268-272), Evaluating Cultural Competence in Treatment Programs and Organizations (p. 264-265) and Organizational Cultural Competence Assessment Profile (p. 266-268). The National Center for Cultural Competence also has several organizational assessment tools. You can also contact the Pacific Southwest MHTTC for one-on-one consultation to achieve your goals.

**BACKGROUND**

Mental health conditions affect 18% of the total U.S. population, and approximately 4% of all adults in the U.S. have a serious mental illness. However, nearly 60% of adults with a mental illness did not receive mental health services in the previous year.

Mental health conditions do not affect all groups in the U.S. equally — disparities in mental health among racial/ethnic minorities and other cultures are pervasive. As Figure 1 on the following page shows, according to a 2015 report, estimates of any mental illness in the past year were highest among minority racial/ethnic groups — specifically, adults who

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See page 18 for a step-by-step guide for designing, delivering, and evaluating the workforce development goal area.

Remember, you can contact the MHTTC Region 9 TA Center for customized assistance.
identified with two or more races and those from American Indian/Alaska Native communities. Also, Figure 2\textsuperscript{vi} shows that racial/ethnic minority groups receive mental health services at a lower rate than Whites. More specifically, Asian communities receive mental health services at less than half the rate of Whites, with Black and Hispanic adults also receiving services at a much lower rate than Whites. Other cultural minorities experience disparate rates of unmet need too – for example, 11% of transgender individuals reported being denied care by mental health clinics due to bias or discrimination.\textsuperscript{vii}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{any_mental_illness_in_the_past_year_among_adults_by_race_ethnicity_2008-2012.png}
\caption{Any Mental Illness in the Past Year Among Adults, by Race/Ethnicity, 2008-2012}
\end{figure}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{percent_receiving_services_among_people_with_any_mental_illness_2015.png}
\caption{Percent Receiving Services Among People with Any Mental Illness, 2015}
\end{figure}
The population in the Pacific Southwest as a whole is more racially/ethnically diverse than the U.S. population—in Pacific Southwest states, on average, racial/ethnic groups make up about 60% of the population. In the territories non-White racial/ethnic groups make up approximately 98% of the population\textsuperscript{viii}. And conditions in the Pacific Southwest are consistent with the trend nationwide; individuals from minority groups are a significant sector of the population, and they are significantly underserved by the mental health field.\textsuperscript{ix}

Some of the most serious mental health conditions nationally—suicide, severe mental illness, and major depressive episode (MDE)—are actually magnified in the Pacific Southwest. Rates of MDE in many Pacific Southwest states (AZ, CA, HI, NV) and jurisdictions (AS, CNMI, GU, FSM, RM, RP) are significantly higher than the national average, and Arizona has one of the highest rates of adolescent MDE in the country.

The Pacific Southwest meets, and in many cases exceeds other regions in terms of disparities in unmet need for mental health care. This is true for mental health illness and conditions, and also provider shortages and the availability of racial/ethnic minority providers. In American Samoa, for example, the university employs the sole counselor on the island. All other students rely on family, friends, faifaeu (pastors), and matai (village chiefs) to help them with any mental health problems\textsuperscript{x}. In CNMI, Figure 3\textsuperscript{xi} shows the considerable unmet need of severe mental disorders. While this figure does not break down information by cultural groups, the majority of people in CNMI are from one of two indigenous ethnic groups.

How can my organization provide culturally and linguistically competent mental health care? In 2000, the Office of Minority Health, US Department of Health and Human Services introduced the Culturally and Linguistically Appropriate Services (CLAS) standards as a set of guidelines for improving cultural and linguistic competency in the health care system, with the goal of reducing racial and ethnic health care disparities. In 2013 they introduced a new and enhanced version of the CLAS.

The CLAS standards are a way to improve the quality of services provided to all individuals, which 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. By tailoring services to an individual’s culture and language preferences, health professionals can help bring about positive

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**Figure 3**

<table>
<thead>
<tr>
<th>Estimated Prevalence</th>
<th>Treatment Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEVERE MENTAL DISORDERS</td>
<td>1354 PEOPLE</td>
</tr>
<tr>
<td>MODERATE TO MILD MENTAL DISORDERS</td>
<td>4514 PEOPLE</td>
</tr>
<tr>
<td>TOTAL PREVALENCE MD = 5868</td>
<td></td>
</tr>
</tbody>
</table>

**TREATMENT GAP FOR SEVERE MENTAL DISORDERS IN THE CNMI**
The Vista Community Clinic in San Diego County, California developed a Cultural Awareness Program (CAP) in 2001 to facilitate awareness and implementation of the National CLAS Standards.

In addition to CLC training during orientation, Vista Community Clinic offers a Medical Interpretation and Cultural Competence (MICC) Program, which trains community clinic support staff to improve their linguistic capabilities, become capable interpreters, and increase their knowledge of cultural practices in order to enhance the overall quality of health care. The MICC Curriculum, which addresses both linguistic issues and cultural norms, was developed based on a needs assessment and distributed to clinical staff throughout three counties. Continuing education credits are offered. Fourteen organizations in California and other states have replicated MICC program elements.

Getting Started
Now you have some background information about mental health nationally and in the Pacific Southwest, about the CLAS standards, and about the structure of this resource package developed specifically to help mental health organizations in the Pacific Southwest. There is no right or wrong way to get started or to use the resource package — we wish you well and are here to support you as you review and implement.

Goal Areas
In each of the following six goal areas there is a description of the goal area, suggested implementation strategies (including any relevant CLAS standards), and resources that provide information to support implementation of the goal area.

We have organized the resource section to make it user-friendly. Within each section, regional resources are grouped together and followed by national and/or state resources from outside the Pacific Southwest. The summary points under each resource start with identifying the type of resource (i.e. webinar, guide, tool) and then outline contents.

Where applicable, we have identified sections that are particularly notable (NS), offered tips or special considerations (T), and highlighted other parts of the resource that might be particularly useful in addressing other goal areas (OG).

GOAL AREA.
GOVERNANCE AND LEADERSHIP
This goal area focuses on the overall approach and commitment to cultural and linguistic competence of your organization — leadership, mission, vision, and the leaders who implement programs and services at all levels. As part of the overall approach, this area assures that cultural and linguistic competence strategies are fully and consistently integrated into policies, practices, procedures, and programs throughout your organization. It also focuses on ensuring that leaders have baseline knowledge of cultural and linguistic competence and access to regular knowledge and capacity-building opportunities.

As described in the example to the right, the Vista Community Clinic in San Diego not only provides training for their staff, but as a demonstration of their deep, organization- and community-wide commitment to CLC, they are also a training center for other organizations.xii,xiii
STRATEGIES

1. Identify a senior staff member with authority to implement change to oversee the developmental process of planning, evaluating, and implementing cultural and linguistic competence throughout the organization.

2. Create a committee within the organization to guide the process of becoming culturally and linguistically competent and provide oversight and direction.

3. Develop and promote a vision, mission, policies, and guiding principles that support cultural and linguistic competence throughout the organization.

4. Advance and sustain culturally and linguistically competent services through policy, practices, and allocated resources. (CLAS #2)

5. Recruit, promote, and support a culturally and linguistically diverse governing/advisory body and leadership reflective and responsive to the service population. (CLAS #3)

6. Educate and train governing/advisory body and leadership in culturally and linguistically appropriate policies and practices on an ongoing basis. (CLAS #4)

7. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization’s planning and operations. (CLAS #9)

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

RELEVANT RESOURCES

REGIONAL RESOURCES

CULUALLY & LINGUISTICALLY APPROPRIATE SERVICES

Culturally & Linguistically Appropriate Services Plan: Santa Cruz County Behavioral Health | Santa Cruz County Behavioral Health
http://www.santacruzhealth.org/Portals/7/Pdfs/CLAS%20Plan%20with%20policies%202017.pdf

- Provides a plan that includes examples and language for organizational policies.
- (NS) Includes strategies for implementing Culturally & Linguistically Appropriate Services. (p. 42-45)
- (NS) Contains contract requirements for CLAS Standards. (p. 53-54)
- (NS) Includes information on the availability of culturally & linguistically appropriate service staff. (p. 58-60)

WEBSITE

Cultural Competence Standards in Managed Mental Health Care for Four Underserved/Underrepresented Racial/Ethnic Groups | Western Interstate Commission for Higher Education
https://www.wiche.edu/archive/mh/culturalCompetenceStandards/gen/abstract

- Includes sections on cultural competence planning, governance, guiding principles, and provider competencies.
- Outlines overall system standards, implementation guidelines for the organization, and service implementation.
- Provides implementation guidelines for drafting policies and for training.
- Offers other sections that may also be relevant for governance and leadership including quality monitoring and improvement, and human resource development.
- Provides outcome of panels formed to develop cultural competency standards in mental health services for Latinos, African Americans, Native American/Alaskan Natives and Asian/Pacific Islander Americans.

NATIONAL/STATE RESOURCES

GUIDE

A Treatment Improvement Protocol (TIP): Improving Cultural Competence (TIP 59), Chapter 4: Pursuing Organizational Cultural Competence (p.73-96) | CDM Group, Inc. with the Substance Abuse and Mental Health Services Administration (2014)
Includes detailed information and examples about tasks related to governance, organizational values, evaluation, and monitoring.

(NS) Includes example of mission statement and philosophy. (p. 78)

(NS) Provides strategies to engage communities in developing culturally responsive treatment services. (p. 80)

(NS) Provides criteria for developing an organizational cultural competence plan. (p. 82)

GUIDE

Contains a compilation of system of care best practices, strategies, resources, and tools that can be applied more broadly to mental health programs.

(NS) Contains six domains, including: “Governance and Organizational Infrastructure” (p. 3-29) and “Financial/Budgetary”. (p. 21)

Includes implementation strategies, community examples/best practices resources, and tools to guide implementation, adequate allocation of funds and other resources, and performance indicators and measures specific to cultural and linguistic competence.

ORGANIZATIONAL SELF-ASSESSMENT GUIDE
A Guide to Planning and Implementing Cultural Competence Organizational Self-Assessment | National Center for Cultural Competence, Georgetown University Child Development Center
https://nccc.georgetown.edu/documents/nccorgselfassess.pdf

Outlines steps for planning and implementing organizational self-assessment.

Includes topics such as getting “buy-in,” assuring community collaboration, allocating resources, handling the data, and next steps.

GOAL AREA.
WORKFORCE DEVELOPMENT

This goal area focuses on the overall approach and commitment to enhancing cultural and linguistic competence of the organizational staff and contractors who implement programs and services at all levels. It focuses on ensuring that all division employees and subgrantees have baseline knowledge of cultural and linguistic competence and access to regular knowledge and capacity-building opportunities. It also includes staff recruitment, retention, and performance monitoring as addressed by the WICHE Mental Health Program

STRATEGIES

1. Recruit, support and promote a culturally and linguistically diverse workforce reflective of the populations in the service area. (CLAS #3)

2. Educate and train the workforce in culturally and linguistically appropriate policies and practices on an ongoing basis. (CLAS #4)

Partnering with training programs that promote diversity can be a key in building workforce diversity, and in workforce development, which extends far beyond recruitment and retention.

“I am from Kauai and this HI-PIC internship through WICHE has enabled me to live and work where I want to be. I’m able to learn about the population in the community I want to work in, and I’ve gained significant experience in both assessment and intervention. I have also learned to work within a school system, which I now know is crucial in our field.”

- Christina Uemura, Doctoral Student
Clinical Psych, HI Psychology Internship Consortium
WICHE Mental Health Program
3. Ensure that cultural and linguistic competence requirements are integrated into Human Resources processes, policies, and ongoing employee review.

4. Promote and support mentoring and experiential training where possible to strengthen understanding of CLC concepts.

**RELEVANT RESOURCES**

**REGIONAL RESOURCES**

**TOOL**

Assessing Workforce Diversity: A Tool for Mental Health Organizations on the Path to Health Equity | Developed by the Southwest Pacific Mental Health Technology Transfer Center (2018)


- Addresses the need to do organizational CLC assessment, understand community demographics, connect with community partners, and provide ongoing training.
- Identifies specific areas related to workforce diversity that may be helpful to address within the organization.
- Includes an assessment of areas related to staff recruitment and retention.

**GUIDE**

Western Interstate Commission for Higher Education (WICHE) Mental Health Program: Behavioral Health Program | Developed by the Western Interstate Commission for Higher Education’s Mental Health Program

https://www.wiche.edu/mentalhealth

- Provides examples of programs that help build and sustain a quality behavioral/mental health workforce.
- Describes a doctoral clinical psychology internship program in Hawaii, Nevada, Oregon, and Alaska that WICHE maintains.
- Promotes strategies for increasing mental health capacity and provider availability in otherwise-underserved areas.

**CLC PLAN**

Culturally & Linguistically Appropriate Services Plan | Santa Cruz County Behavioral Health

http://www.santacruzhealth.org/Portals/7/Pdfs/CLAS%20Plan%20with%20policies%202017.pdf

- Provides a Cultural Competence Plan focused at the county mental health system level and includes much information relevant at the organizational level.
- (NS) “Employee Culturally & Linguistically Appropriate Services Feedback Form,” (p. 61), an optional form to use during an employee’s annual evaluation to assess the need for professional development, and to help guide a conversation about cultural competence with the employee.
- (T) Provides effective examples of a cultural competence plan, language to demonstrate organization- or system-wide commitment to CLC, training topics, workforce development, and language assistance and communication.

**NATIONAL/STATE RESOURCES**

**TRAINING CURRICULA**

LGBT Training Curricula for Behavioral Health and Primary Care Practitioners | Resources from the Substance Abuse and Mental Health Services Administration’s Addiction Technology Transfer Network LGBT

https://www.samhsa.gov/behavioral-health-equity/lgbt/curricula

- Provides examples of training resource for providers serving the LGBT population.
- Includes a list of training curricula for behavioral health and primary care practitioners to help assess, treat, and refer LGBT clients in a culturally sensitive manner.
- Contains a curriculum that cover topics such as: the “coming out” process as it relates to behavioral health; how to make a provider organization more LGBT-welcoming; and specific clinical guidance for addressing the needs of each of the LGBT populations.

**SELF-ASSESSMENT CHECKLIST**

Promoting Cultural Diversity and Cultural Competency: Self-Assessment Checklist for Personnel Providing Services and Supports to
Individually and Families Affected by Sudden Infant Death Syndrome and Other Infant Death

National Center for Cultural Competence, Georgetown University Center for Child and Human Development

https://nccc.georgetown.edu/documents/Checklist.SIDS-ID.pdf

- Provides a self-assessment checklist that can be provided to new and veteran staff as a way to heighten their awareness and sensitivity about the importance of cultural diversity and cultural competence in service provision.
- (T) Includes specifics for working with individuals and families affected by infant death but can be adapted for broader application.

GUIDE

Culturally Competent Treatment of Native Americans | Available through the Substance Abuse and Mental Health Services Administration; Author: David Batuner (2013)

https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/culturally-competent-treatment

- Provides example of culture-specific information outlining the role that cultural competence plays in addressing the behavioral health of different cultures. (e.g., Native Americans)
- (T) Provides a case study that outlines culture, context, symptoms, and culturally-responsive treatment that can be used for training.
- Includes broader information about Native Americans, mental illness, and mental health disparities.
- (T) Provides links to information about Society of Truth, a network of Native mental health providers and grassroots movement integrating traditional Native culture as part of the solution to address mental health needs and related issues.

GOAL AREA. COMMUNITY ENGAGEMENT AND PARTNERSHIP

Community engagement is the process of working collaboratively with community groups to address issues that impact the wellbeing of those groups. It is a dynamic relational process that facilitates communication, interaction, involvement, and exchange between an organization and a community for a range of social and organizational outcomes. This engagement leads to meaningful partnership and is critical when engaging in culturally diverse communities. Partnering with community groups can help with promoting mental health services to community members and invites direct input from the community about the needs and priorities of its members. For example, holding monthly events in the community can foster an exchange of information among current and potential program participants and “experts” or providers.

STRATEGIES

1. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness. (CLAS #12)

2. Communicate the organization’s progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public. (CLAS #14)

Asian Americans for Community Involvement (AACI), in California, holds South Bay First Thursdays (SBFT). This is a monthly dinner/discussion to engage young AANHPIs interested in supporting community activities throughout the South Bay area. AACI invites panelists to SBFT to provide expert opinions to audience members and brings professionals to the Strategies to Promote New Health Insurance Opportunities In Asian American, Native Hawaiian, and Pacific Islander Communities events in the community. SBFT provides a forum for incorporating community experiences and expert opinions into discussion about activities and strategies to promote health care.

These are effective strategies to ensure that your staff are familiar with the community and aware of customs, traditions, and sociopolitical histories. These strategies take into consideration local politics, religious beliefs, immigration status, and historical experiences of the community.
3. Engage stakeholders and community partners to 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. (CLAS #10)

4. Engage stakeholders and community partners to 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. (CLAS #11)

5. Communicate information about your organization and services (orally and in writing) that promotes diversity. In an effort to reach diverse populations for recruiting staff and promoting services to the community, use culturally- and linguistically-appropriate photos and images (consider holding a photos session for current and relevant photos), language, and vignettes that reflect the diversity of staff, existing clients, and the broader community.

RELEVANT RESOURCES

NATIONAL/STATE RESOURCES

GUIDE
Sharing a Legacy of Caring: Partnerships between Health Care and Faith-based Organizations | National Center for Cultural Competence, Georgetown University Child Development Center in Collaboration with the Bureau of Primary Care, Health Resources Services Administration of the U.S. Department of Health and Human Services
https://nccc.georgetown.edu/documents/faith.pdf

- Showcases types of partnerships that support community and individual health by strengthening the community safety net.
- Clarifies concerns and misconceptions about the appropriateness of collaborations between health care organizations that receive government funding and faith-based organizations.
- Introduces the challenges and benefits that arise when two organizations, each with its own distinct purpose and culture, forge new relationships for a common goal.

- (T) Includes case studies and vignettes that illustrate new partnership models.

TOOLKIT

HRET Disparities Toolkit: A Toolkit for Collecting Race, Ethnicity, and Primary Language Information from Patients | Health Research & Educational Trust in Partnership with the American Hospital Association
http://www.hretdisparities.org/

- Provides information and resources for systematically collecting race, ethnicity, and primary language data from patients.
- (T) Includes strategies for educating and informing staff about the importance of data collection, implementing a framework to collect data at your organization, and using these data to improve quality of care for all populations.
- (T) Provides links to information on perspectives of specific audiences that provides context for the need and appropriateness of collecting information from patients. (e.g. CEO, patients and consumers, providers, registration staff)

TOOLKIT

Toolkit for Community Action | National Partnership for Action (NPA) to End Health Disparities

- Provides information about how to promote health equity in your community.
- Provides tools – such as talking points -- to engage others in conversations about the problem and solutions.
- Offers strategies – such as how to write a statement of support, an opinion article, or a letter to the editor -- to help individual and organizations take action to bring about change that addresses health in their communities.
- (T) Consider using this toolkit and adapting it with relevant information about mental health disparities that tailored to your own community or the Pacific Southwest. (p 15-23)
GUIDE

- Contains a compilation of system of care best-practices, strategies, resources, and tools that can be applied to mental health programs.
- (NS) Contains six domains, including: “Collaboration: Outreach and Engagement with Community Partners” (p.74-81)
- Includes implementation strategies, community examples/best practices resources, and tools to guide implementation

GOAL AREA. ADAPTATION OF SERVICES AND SUPPORTS

This goal area addresses how organizations can plan, deliver, and facilitate services, supports, and interventions including access, prevention and education, screening and assessment, treatment and supports, and other services.

Valuing and embracing traditional, cultural, and community practices, such as the ancient Hawaiian healing practice, La‘au Lapa‘au (see text box)xix, can not only enrich service delivery by diversifying approaches and integrating innovative strategies, but can also bridge gaps that could otherwise prevent utilization of mental health services.

STRATEGIES

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 (CLAS #1)

2. Utilize health assessment or diagnostic protocols that are adapted for culturally diverse groups wherever possible— for example, this might include gender description; questions about cultural practices that might be used to prevent or address mental health; language, as well as other considerations.

3. Utilize health promotion, disease prevention, engagement, retention, and treatment protocols that are adapted for culturally diverse groups.

4. Connect service populations to natural networks of support within their communities to assist with mental health services and supports.

5. Consider partnering with or starting a community health worker or behavioral health aide program to incorporate a cultural broker model that can help your mental health program reach ethnic/racial and other cultural groups in a culturally- and linguistically-responsive manner.

6. Create a physical environment that is inviting to diverse cultures, enables people to gather, wait, and meet where they can feel welcome, respected, and comfortable. This includes having space that is appropriate for the type of mental health services your organization provides — if it is individual or group therapy it is important to consider aspects of the environment that promote mental health wellness, calm, security, and confidentiality.

”La‘au Lapa‘au is: Solving the problems of body, mind and spirit in Hawaiian. Healing the mental is not separate from the spiritual and physical. Rely on spiritual insight and most of all, guidance from Akua.”
— Papa Henry Auwea, Po‘okela

La‘au lapa‘au is a traditional medical practice. The knowledge of la‘au lapa‘au is shared by past generations that can be traced back over 1,000 years. A Kahuna Lapa‘au is master and expert in the field of la‘au lapa‘au. The Kahuna is responsible for gathering, preparing and administering the herbs according to the needs of the patient and healing properties of the la‘au. The different la‘au used by a Kahuna can consist of plants, animals, and minerals from the land and ocean. Many of the la‘au used for healing contain exceptional healing properties and have become accepted in Western medicine. For example, well- known la‘au include aloe vera, awa, awapuhi, kalo, ma‘ia, noni, and olena. Awa, more commonly known as Kava, can be used for treating anxiety and insomnia.
RELEVANT RESOURCES

REGIONAL RESOURCES

Guide
Community-Defined Evidence: A Culturally-Appropriate Approach to Meeting the Mental Health Needs of Diverse Populations | Southwest Pacific Mental Health Technology Transfer Center Network (MHTTC), funded by Substance Abuse and Mental Health Administration (2018)
https://events-na6.adobeconnect.com/content/connect/c1/1417634307/en/events/event/shared/177955093/event_registration.html?connect-session=na6breezowtqchou4i7gm3wf&sco-id=1777874665&_charset_=utf-8

- Explores what communities do to implement programs and practices that work and help people in the community.
- Discusses criteria for evaluating community-defined evidence in order to identify effective mental health practices within the cultural context.
- Describes the value of community-defined evidence for mental health practice.

NATIONAL/STATE RESOURCES

Toolkit
Toolkit for Modifying Evidence-Based Practices to Increase Cultural Competence: Checklist and Workbook | Wendy Schudrich, Center of Excellence in Culturally Competent Mental Health, The Nathan Kline Institute for Psychiatric Research

- (NS) Provides tools and worksheets and map out a process for convening a collaborative workgroup from within the organization and in the community to evaluate the cultural appropriateness of practices. (p. 7-11)
- (T) Includes worksheets to help your organization evaluate the cultural appropriateness of evidence-based practices in order to select the evidence-based practice that has the best clinical and cultural fit. (p. 14-16)
- (NS) Provides worksheets in the “Identify the Need for Cultural Modifications” (p.18) section to help you map out how much and what modifications of the practice are needed in order to tailor it to the needs of your community or population.

CLC IMPLEMENTATION GUIDE


- Provides best practices, strategies, resources, and tools and performance measures that indicate effective culturally- and linguistically-appropriate strategies and services
- (NS) Contains “Services and Supports” domain (p.31-58) which suggests culturally- and linguistically-appropriate approaches in areas such as treatment, transportation, and decision-making.
- (NS) Contains “Facility/Environment” (p. 29) domain which provides suggestions for ensuring that the physical environment is welcoming and relevant from a cultural perspective.
- (NS) Contains “Technology” (p. 25) domain which ensures that information from culturally-tailored assessments or diagnostic tools is captured effectively within the patient information system or other documentation.

TRAINING

Behavioral Health Training for Community Health Workers (CHW) | Nat’l Council for Behavioral Health
https://www.thenationalcouncil.org/training-courses/community-health-worker-training/

- A one-day, in-person group training for CHWs.
- Engages participants in interactive activities and didactic lecture.
- Expands skills and expertise of CHWs to support people with physical and behavioral health disorders in a culturally responsive way.
• Includes a focus on depression, anxiety, trauma, suicide, recovery, and more.

GUIDE
Community Health Worker Requirements by State | Katharine London, Margaret Carey and Kate Russell, UMass Med School Ctr for Health Law and Economics

• (T) Provides information about community health worker (CHW) certification in various states, including California and Arizona.

• Identifies core competencies incorporated into certification and programs. Describes, for example, “introductory mental health issues, including suicide and other emergencies”.

• (T) Includes information about some CHW/behavioral health aide services that are reimbursable; this can not only be an effective way to implement culturally and linguistically competent programs and services, but also identify (or advocate for) ways for services to be sustainable and funded.

• (T) Consider using this resource to review core competencies and identify appropriate programs or functions within your organization where community/behavioral health workers/aides can play a role or create a new behavioral health aide program.

PROTOCOL
Improving Cultural Competence: A Treatment Improvement Protocol (TIP 59) | CDM Group, Inc. with the Substance Abuse and Mental Health Services Administration (2014)

• (NS) Includes a section on creating culturally responsive treatment environments. (p. 75)

• (NS) Provides guidance on culturally responsive evaluation and treatment planning. (p. 57-71)

• (NS) Provides information about counseling for various ethnic and racial groups in the section on “Behavioral Health Treatment for Major Racial and Ethnic Groups”. (p.101-150)

• (NS) Describes and references specific screening and assessment Instruments, including population(s) of focus and/or for whom the tools have been tailored. (p. 280-281)

GOAL AREA. COMMUNICATION AND LANGUAGE SUPPORTS

Communication and language support address both communication by the organization in support of ensuring culturally and linguistically competent services, and the provision of services to populations through effective communication. With increasing cultural diversity among providers and service populations there are growing concerns relating to the potential for miscommunication, which can have serious impacts on health outcomes and patient safety. Effective communication and language supports are essential in developing rapport with program participants, and providing services such as patient assessment, education, and counselling. At the organization level, consistent communication within the organization and with outside stakeholder is also important.

STRATEGIES

1. Provide public information to the community in a culturally- and linguistically-appropriate manner about available programs and services.

2. Ensure that all staff, especially any staff with direct client/patient contact (not only service providers, but also front desk staff, drivers, phone staff or operators, outreach workers) are able to welcome and communicate with the community in the language they are most comfortable in, even if they also speak English.

3. 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. (CLAS #5)

4. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing. (CLAS #6)
5. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided. (CLAS #7)

6. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area; for example, include culturally-appropriate photos in promotional and educational material. See Kariñu, an early childhood mental health promotion program in Guam’s “Helping Young Children Manage Stress & Anxiety” fact sheet: http://www.karinu.org/sites/default/files/Stress%20handout%20v2.pdf (CLAS #8)

7. Identify and/or develop plain English materials to ensure that the health literacy needs of all individuals are met.

8. Identify the communication modalities for people who have different communication needs; for example, people who are blind, or who are have hearing difficulties will have specific communication requirements.

**RELEVANT RESOURCES**

Culture and Language Access Service Partners (CLASP) is a coalition working to address language and cultural barriers in Guam, in order to help address service gaps in the legal, public health, and education systems. In addition to English and Chamorro (heavily influenced by Spanish), immigrant languages in Guam include Japanese, Chinese, Chuukese, Korean, Pingelapese, Filipino/Tagalog, and Palaun. In 2014, CLASP held a forum that enabled service providers and interpreters to join together to underscore the need to address the language barrier and encourage more training for interpreters, translators, and others who can support the provision of language access services.

To emphasize that language barriers can be life-threatening, Dr. Margaret Hattori-Uchima, the interim director of the School of Nursing of the University of Guam, recalled a significant case. It involved the number 11 and the word once (at one time). In Spanish, 11 is spelled as “once,” which is similar in spelling as the English word, once. The prescription called for the patient to take a pill “once a day” but since it was misinterpreted, the patient took 11 pills within the day.

**REGIONAL RESOURCES**

**CLC PLAN**


- (NS) Outlines standards and strategies for providing and improving language capacity for mental health programs. (p. 155)
- (NS) Shares lessons learned around providing accommodations to people with limited English proficiency. (LEP) (p. 120-121)
- (T) Guidance on how to provide language appropriate service by phone (for example, for triage or crisis lines) (p. 117)
- (T) Recommends use of technologies such as video language conferencing to increase language access where needed. (p. 118)
- (T) Suggests training for staff to increase their capacity to use language lines and steps for ensuring clients are offered language assistance services in their primary language; it offers sample language for communicating that information to clients and the community. (p. 119)

**GUIDE**

Moving Forward/Salir Adelante | County of San Diego Health and Human Services Agency’s Behavioral Health Services
**Photonovela (English & Spanish)**

Addresses “How a Family Learns About Mental Health”

(NS) These are links to the English- and Spanish-language photonovelas:


(T) Can be adapted for your own organization or serve as an example of a fotonovela, which can be a particularly effective way to engage Spanish-speakers and bilingual readers about mental health services and how the services might be helpful to increase access to services. Can also be used to educate community members and program participants about a variety of health and mental health issues. Can be adapted to other languages and topics.

(OG) Can also be helpful in Adaptation of Services and Supports by taking information or strategies and translating them not just into a familiar language, but also into a familiar format and communication vehicle.

**DIRECTORY**

**2017 Neni Directory | Kariñu (organization)**

http://karinu.org/sites/default/files/17-010%20Neni%20Directory%202017%20%5BWEB%5D.pdf

(NC) Contains examples of CLC educational materials (p. 10); Language Assistance Service Providers (p. 47-51); and explanation of how to use interpretation services, as well as translations in various languages to encourage families to ask about free interpreter services.

(NC) Includes contact information for various behavioral health specialists, including child and adolescent psychiatrists and early childhood mental health play therapists. (p. 67-69)

(T) Consider using this as an example and working together with other community organizations to develop a local guide

**NATIONAL/STATE RESOURCES**

**GUIDE**

**Cultural and Linguistic Competence Implementation Guide | Technical Assistance Partnership for Child and Family Mental Health**


- Contains system of care best practices, strategies, resources, and tools that can be applied more broadly to mental health programs.

- (NS) Includes a section on “Language and Communication Styles” (p. 82-89) with strategies, community examples, tools, and resources.

**TRAINING**

**Behavioral Health Interpreter Training (BhiT) | National Latino Behavioral Health Association (NLBHA)**


- Provides 14-hour on-site intensive training for bilingual staff interested in becoming trained interpreters in behavioral health settings.

- Includes training content on understanding how culture influences health beliefs and how to interact with limited English proficiency (LEP) clients in a culturally- and linguistically-appropriate manner.

- Offers training for monolingual English-speaking providers on how to work with trained interpreters. (7-hour, onsite training)

**HANDBOOK**

**Handbook of Patients’ Spiritual and Cultural Values for Health Care Professionals | Health Care Chaplaincy (2013)**

http://www.healthcarechaplaincy.org/userimages/Cultural%20Sensitivity%20handbook%20from%20Hea lthCare%20Chaplaincy%20%282013%29.pdf

- Serves as a guide to describe beliefs and practices generally found within a particular cultural or religious group.
• Includes religions, major American cultures, African cultures, Caribbean cultures, Middle Eastern/North African cultures, East Indian cultures, East Asian cultures, and Euro-Asian cultures

• Describes religious beliefs and practices, views on death and dying, food preferences and guidelines, health attitudes, and other customs and practices.

• Outlines characteristics and contributing factors related to various cultures, including important clothing and language; communication (including nonverbal) and greetings; family structure; time orientation; illness beliefs; and spiritual healing.

GUIDE
Culture Clues™ | University of Washington Med Ctr (UWMC) Patient and Family Education Services
http://depts.washington.edu/pfes/CultureClues.htm

• Includes A Communication Guide to all cultures and tip sheets for clinicians about Albanian, Chinese, Deaf, Hard of Hearing, Korean, Latino, Russian, Somali, and Vietnamese cultures

• Designed to increase awareness about concepts and preferences of patients from diverse cultures

• Aims to improve opportunities for health promotion and wellness; illness and disease; injury prevention; and health maintenance and restoration

CONTINUOUS QUALITY AND ACCOUNTABILITY

Continuous quality improvement, or CQI, is a management concept that focuses on increasing work efficiency and reducing waste. It is an ongoing process that evaluates how an organization works and finds ways to improve its processes. CQI is primarily driven by data and feedback. But still there are other important key elements such as accountability, data quality, leadership, input from all levels of stakeholders, teamwork, education, and continuous review of progress that drive continuous quality improvement.

SAN DIEGO’S “CULTURAL COMPETENCE HANDBOOK” ROLLS OUT

San Diego’s “Cultural Competence Handbook” rolls out a comprehensive approach for cultural and linguistic competence accountability. The handbook promotes maintaining a regular schedule for individual and organizational self-assessment, and for outlining expectations and guidance in a cultural competence plan. The handbook identifies clear steps for communicating expectations for accountability and provides a crosswalk of the CLAS standards with the tools to show how the CLAS standards are addressed in this process.

STRATEGIES

1. Conduct ongoing assessments of the organization’s CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities. (CLAS #9)

2. 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. (CLAS #10)

3. 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. (CLAS #11)

4. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness. (CLAS #12)

5. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints. (CLAS #13)

6. Engage diverse stakeholders to cultural and linguistic competence strategic planning and to oversee assessments and results, CLAS benchmarks, review data collection efforts for demographic info, and review policies from cultural/diversity lens.

7. Improve collection of race, ethnicity, and language data.
RELEVANT RESOURCES

REGIONAL RESOURCES


- Provides tools and resources for assessing a program’s or organization’s success in integrating CLC into service delivery
- Includes a crosswalk of the CLAS standards and how these three tools address the standards
- (NS) Includes tools to help programs evaluate CLC:
  - Cultural and Linguistic Competence Policy Assessment (p.19-37)
  - Promoting Cultural Diversity Self-Assessment (p.41-50)
  - Process for Certification of Language Competence (p.52)
  - Survey for Clients to Assess Program’s Cultural Competence (p.55-56)
  - Discussion Questions for Client Focus Groups on Program’s Cultural Competence (p.58)
  - Discussion Questions for Community Focus Groups on Program’s Cultural Competence (p.60)

- (OG) Includes a (p.63-67) summary of cultural competence assessments and multicultural scales; a list of fiction/non-fiction books, movies, web-based video/audio programs; and journal articles to supplement core training (e.g. https://www.youtube.com/watch?v=DvJfblXFxiM “I’m not being difficult” video about making services available in the preferred language, even if the program participant speaks English)

NATIONAL/STATE RESOURCES


- Contains best practices, strategies, resources, and tools that can be applied more broadly to mental health programs.
- (NS) “Planning and Continuous Quality Improvement” (p. 60-69) is one of 6 domains detailed in the guide
- Links to tools including cultural competence assessments, checklists, presentations about measuring cultural competence, guidance about community needs assessment

ASSESSMENT PROFILE


- Includes an analytic framework for assessing cultural competence in health care delivery organizations.
- Identifies specific indicators that can be used in connection with this framework.
- Assess the utility, feasibility, and practical application of the framework and its indicators.

PROTOCOL


- Includes best practice guidelines, protocols, and tools
- Includes questions on topics such as staff understanding of diverse cultural aspects, the cultural appropriateness of the facilities, how
reflective staff members are of patient cultures, and the availability of language services.

- (NS) Includes Iowa Cultural Understanding Assessment Client Form which captures patient feedback about staff cultural competence. (p. 273)

FRAMEWORK FOR ACHIEVING THE STRATEGY

In this section we map an approach to one of the six goal areas presented above. We have taken “workforce development” and linked it the CLAS strategy of recruiting and supporting a culturally and linguistically diverse workforce that reflects the community in which services are delivered. We use SAMHSA’s Strategic Prevention Framework (SFP) to create a step-by-step guide to take an organization through assessment; capacity building; planning; implementing; and evaluating a robust workforce development strategy. We have included many specific tools to support each step in the design, delivery, and evaluation of workforce development strategies.

Goal Area. Workforce Development

Strategy. Recruit, support, and promote a culturally and linguistically diverse workforce reflective of the populations in the service area. (CLAS #3)

Assess: Identify issues, assess resources and readiness to address the issue.

1. Create an internal guiding group (or utilize an existing one) to provide leadership and oversight for the overall strategy of workforce development and determine the readiness of the organization for creating a more diverse workforce reflective of the service population and community. (tool)

2. Determine what information is needed to assess how well the organization’s workforce is situated to respond effectively and competently to the mental health needs of the populations being served. (tool: BHDIS framework)

3. Create a participatory process (in partnership with the organization’s evaluation team) with strong feedback loops for assessing improvement of workforce diversity and capacity to serve the mental health needs of the community.

4. Review census data and other state and county level population data collected through formal processes to determine diversity of service population. For some sources go to https://www.nihlibrary.nih.gov/resources/subject-guides/health-data-resources/demographic-data.

5. Identify additional community data not captured by population surveys to understand the social determinants impacting populations, and mental health needs in the community. Data may be collected through outreach in the community, focus groups, and/or review of other reports.

6. Assess current workforce demographics in your organization – work with the Human Resources department or form a multi-level workgroup to look at staffing gaps in order to address diversity and meet the needs of program participants and the community. (tool: Pacific Southwest MHTTC Workforce Diversity Assessment tool http://www.cars-rp.org/_MHTTC/docs/Assessing-Workforce-Diversity-Tool.pdf)

7. Identify criteria or desired workforce competencies or characteristics using the CLAS standards for staff awareness, knowledge, and capacity/abilities (e.g. consider cultural competencies, language skills, cultural background and experience)

8. Determine strengths and gaps within the existing workforce and the characteristics of potential new recruits.

9. Identify what has worked/not worked with past recruiting efforts; look at job descriptions and announcements; locations where announcements have been posted; the process for responding to candidates, including interviewing, offering positions, and how the resulting hires (or contracts) have matched up with desired outcomes.

10. Determine new and innovative approaches to recruiting and hiring potential new hires.

Build Capacity: Identify resources and build readiness to address issue.

1. Partner with community groups and engage diverse stakeholders both within and outside of the organization to assist in identifying the
characteristics of the new and diverse workforce. (tool: community readiness assessment)


2. Strengthen community collaboration and partnerships to build and maintain a pipeline for ongoing staff recruitment – partner with community groups, host events that expose community members and students to your organization and services, reach out to training and education programs.

3. Prepare the existing workforce through ongoing professional development activities that will build awareness, knowledge, and service skills to enhance equity and address disparities in health care access and utilization of services.

4. Develop a plan for orienting and onboarding new hires to ensure that they understand the culture and climate of the organization and that their entry into the workforce is positive.

5. Determine new and innovative approaches to recruiting and hiring potential new hires.

Plan: Form a workplan for addressing issue and achieving goal.

1. Discuss with the internal Guiding Group (see A.1. above) how assessment findings will be integrated into plan.

2. Determine strategies to implement, monitor, and measure results of the plan.

3. Prioritize staffing needs of the organization with identified needs of the service population and the service community.

4. Select effective strategies for recruiting, hiring, orientation/onboarding, professional development and retention.

5. Review to ensure the plan, action steps, human, and other resources are realistic; make adjustments as needed.

6. Build a logic model that links problems, factors, interventions, and outcomes (tool: Developing a Logic Model)

Implement: Carry out the plan with related activities.

1. Develop implementation plan protocol and processes so that the plan can be monitored and measured.

2. Develop a clear action plan with launch activities, team members, lead, coordination needs, indicators of success (tool: sample action tool template)

3. Conduct events to continue engaging, motivating, and incentivizing staff and community to keep up momentum, commitment, and awareness.


5. Establish implementation supports (tool: Implementation Science Framework)

Evaluate the Strategy: Quantify results of implementation.

1. Determine processes for evaluating the strategies and outcomes to be achieved.


2. At a minimum, revisit logic model tool and action tool to review what you proposed and identify successful implementation and areas that need additional or revised effort.

3. Communicate evaluation results both within the organization and with the community – aim to communicate progress along the way as well.

4. Identify innovative ways for communicating evaluation results and next steps (for example: case vignettes).

5. Outline a process for using evaluation results to improve workforce development efforts, build on identified strengths, or address gaps.
APPENDIX A: DEFINITIONS

Cultural competence is a set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals; enabling that system, agency or those professionals to work effectively in cross-cultural situations (Cross et al, 1989).

Linguistic competence is the capacity of an organization and its personnel to communicate effectively and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, individuals with disabilities, and those who are deaf or hard of hearing. Linguistic competency requires organizational and provider capacity to respond effectively to the health and mental health literacy needs of populations served. The organization must have policies, structures, practices, procedures, and dedicated resources to support this capacity. (NCCC, 2009)
APPENDIX B: ADDITIONAL RESOURCES

US Department of Health and Human Services
A 2015 webinar presentation and transcript that explores strategies for understanding clients’ and communities’ cultural and linguistic needs, and how to adapt mental health infrastructure and services to fit those needs. It discusses the National CLAS Standards as a framework for improving the quality of mental health services.

National Center for Cultural Competence, Georgetown Center for Child and Human Development
https://nccc.georgetown.edu/curricula/resources_mod1.html
Tools and checklists for Self-Assessment of Cultural and Linguistic Competence (https://nccc.georgetown.edu/curricula/resources_mod2.html#appendixa)
Provides other cultural awareness resources and training video clips
https://nccc.georgetown.edu/assessments/
Outlines useful steps for planning and implementing self-assessment
Cultural and Linguistic Competence Health Practitioner Assessment (CLCHPA)
A self-guided learning activity to enhance the delivery of services for diverse populations.

Community Alliance for Culturally & Linguistically Appropriate Services (CLAS) Guidelines for the Alcohol and Other Drug (AOD) Field: A Toolkit for Providers
https://allianceforclas.org/tools-and-resources/
Guidelines organized around the CLAS standards; includes various tools, resources, checklists, worksheets, and protocols that can be used to integrate cultural competence into a service delivery organization or program. Developed for alcohol and other drug services and systems but can be adapted to mental health programs.

National Association of School Psychologists
https://www.nasponline.org/resources-and-publications/resources/diversity/cultural-competence
Includes various resources that can provide examples and ideas, or be applicable more broadly to mental health programs, including bilingual immersion programs and minority scholarships and recruitment.

http://cfs.cbsc.usf.edu/projects-research/detail.cfm?id=488
Working with the diverse selection of systems of care communities throughout the United States, including urban, rural, Tribal and non-English speaking communities, the CLC Resource Library of the TA network will provide information, training and technical assistance, and evaluation consultation about cultural and linguistic competence.

Toolkit for Modifying Evidence-Based Practices to Increase Cultural Competence: Checklist and Workbook
The Checklist is designed to help Toolkit users keep track of their activities throughout the process of modifying EBPs for cultural groups. Each action item is listed in the order in which it appears in the Toolkit and corresponds to the order in which the activity should be considered. Not all organizations will complete each step, as the modification process is highly individualized. While some tasks may be completed rather quickly, others may last the duration of the project.
The Workbook is designed to be used in conjunction with the Checklist and Toolkit. The worksheets in the Workbook follow the methodology of the Toolkit and provide users with a format for organizing Toolkit activities. The use of the workbook may vary from organization to organization based on individual needs and activities, but it provides a basic structure for working through Toolkit-suggested tasks.

**Culturally and Linguistically Responsive Strategies and Resources for Addressing Criteria for the Demonstration Program to Establish Certified Community Behavioral Health Clinics (CCBHC)**


This resource is a compendium of strategies and resources that are intended to guide behavioral health providers in enhancing and adopting a culturally and linguistically competent approach to behavioral health care. It builds on the six criteria, sub criteria, and suggested strategies for operationalizing CLC criteria, as required by SAMHSA as part of the CCBHC demonstration programs in six readiness categories with various criteria.

**Alaska Behavioral Health Aide Program, Offered by the University of Alaska Anchorage Center for Rural Health and Workforce**


The Behavioral Health Aide program was developed to address behavioral health and substance abuse issues in rural Alaska.

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1. "Addressing Disparities in Mental Health Agencies: Strategies to Implement the National CLAS Standards in Mental Health," Psychological Services 2014, Vol. 11, No. 4, 369–376


“Addressing Disparities in Mental Health Agencies: Strategies to Implement the National CLAS Standards in Mental Health,” Psychological Services 2014, Vol. 11, No. 4, 369–376.


“Addressing Disparities in Mental Health Agencies: Strategies to Implement the National CLAS Standards in Mental Health,” Psychological Services 2014, Vol. 11, No. 4, 369–376.

The Western Interstate Commission for Higher Education is a collaborative group of 16 member states and territories, including some of Pacific Southwest (Hawaii, CNMI, Guam, California, Nevada, and Arizona; American Samoa, the Marshall Islands, the Federated State of Micronesia, and Palau are also eligible to join WHICHE and participate in its student exchange programs under the same membership, but have not yet joined).

“Addressing Disparities in Mental Health Agencies: Strategies to Implement the National CLAS Standards in Mental Health,” Psychological Services 2014, Vol. 11, No. 4, 369–376.


Contact the Pacific Southwest MHTTC Team for more information.

Email: MHTTCPacSWinfo@cars-rp.org Phone: (844) 856-1749 Website: www.MHTTCnetwork.org