

Cultural Competency, Equity, and Social Justice Committee
Core Treatment Model Workgroup
Monday, March 9, 2020

Themes Worksheet

How might we provide services and supports that are Equitable?

How might we provide services and supports that are understandable

How might we provide services and supports that are respectful?



BEHAVIORAL HEALTH & RECOVERY SERVICES

CCESJC CORE TREATMENT MODEL WORKGROUP
MARCH 9, 2020

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How can we provide the
best and highest quality
behavioral health care?

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What is the Performance Measures?

Performance measures simply gives BHRS the means to know how well we're doing at providing services and improving lives (Better Off).

What works?

What we propose to do to improve progress?

Feasible, high-impact actions/strategies with specific timelines and deliverables.

Partners?

Partners with roles to play in improving progress.

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Performance Measures

Population: Adults/Children with SMI/SED with functional impairment

Better Off PM: Improved Functioning/Reduced Impairment

What Works: Treatment

- **Medication Services:** Medication prescription, administration, and monitoring.
- **Mental Health Clinical Services**
 - Assessment*
 - Crisis Prevention/Intervention
 - 1:1 & Group Clinical Intervention
 - Rehabilitation*
 - Care & Services Coordination
- **Family, Peer and Community Support**

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Mental Health Treatment RBA Framework (DRAFT)

Population	Adults/Children with SMI/SED with functional impairment		
Performance Measure "Better Off"	Increase functioning / Decreased impairment <i>As measured by the LOCUS/CANS/DCR/Perception Surveys</i>		
Core Treatment Model <i>Strategies to Increase Functioning & Decrease Impairment</i>	Treatment Services	Providers	Clinical Standards
	Medication Services Medication prescription, administration, and monitoring.	Psychiatrist Registered Nurse Other prescribers	TBD
	Clinical Services • Assessment* • Crisis Prevention/Intervention • 1:1 & Group Clinical Intervention • Rehabilitation • Care & Services Coordination	Mental Health Clinicians* Behavioral Health Specialist Clinical Service Technicians	TBD
	Family, Peer and Community Support	Behavioral Health Specialist Behavioral Health Advocate Clinical Service Technician Community Clerical Aid	TBD
Performance Measures "How well we provide services"	Client & Provider Engagement / Access to Services / Medi-Cal Key Indicators / Provider Clinical Skill / Appropriate Level of Care Placement & Interventions		

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Substance Use Disorder Treatment RBA Framework (DRAFT)

Population	Adults/Youth with Substance Use Disorders – Mild, Moderate, Severe		
Performance Measure "Better Off"	Increase functioning and Decreased impairment <i>As measured by the ASAM/CalOMS/TPS/Discharge Codes/Alcohol and Drug Screening</i>		
Core Treatment Model <i>Strategies to Increase Functioning & Decrease Impairment</i>	Treatment Services	Providers	Clinical Standards
	Medication Services* Physical Health Review Medical Necessity Assessment/Diagnosis Withdrawal Management	Physician/Extender* Mental Health Clinicians	TBD
	Assessment Observation Services (W/M only) Individual Counseling Group Counseling Care/Service Coordination Recovery Services	Mental Health Clinicians Behavioral Health Specialist Clinical Service Technicians	TBD
	Substance Use Assistance Engagement	Community Clerical Aid Volunteers	TBD
Performance Measures "How well we provide services"	Alcohol and Drug screening / Client & Provider Engagement / Access to Services / Medi-Cal Key Indicators / Provider Clinical Skill / Appropriate Level of Care Placement & Interventions / Treatment Longevity		

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PRINCIPLE STANDARD

effective, equitable, understandable, and respectful quality care and services

National Standards for Culturally and Linguistically Appropriate Services (CLAS) In Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

- 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. Assess and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
 3. Recruit, develop, and support a culturally and linguistically diverse governance, leadership, and workforce that are 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.
- 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 their access to all health care and services.
 6. Inform all individuals of the availability of language assistance services (orally 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 interpreters should be avoided.
 8. Provide employment-related print and multimedia materials and signage in the languages commonly used by the populations in the service area.
- Engagement, Continuous Improvement, and Accountability**
9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and enforce them throughout the organization's planning and operations.
 10. Conduct regular 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.
 12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the culture 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.



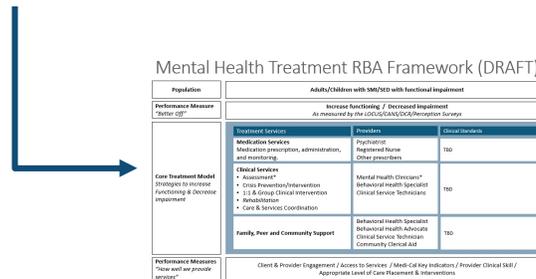
Health Culture Assets
<https://www.hhs.gov/health-equity/>
<https://www.hhs.gov/health-equity/health-equity/>

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CLAS Standards

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.



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CLAS

Standard	Action
Effective	
Equitable	
Understandable	
Respectful Care	

Principle Standard: 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.



Mental Health Treatment RBA Framework (DRAFT)

Population	Adults/Children with SMI/SED with functional impairment		
Performance Measure "Nursing CMI"	Increase functioning / decreased impairment As measured by the LQAS/CONSENSUS/Preception Survey		
Care Treatment Model Strategies to increase functioning & decrease impairment	Treatment Services	Providers	Clinical Standards
	Medication Services Medication prescription, administration, and monitoring. Clinical Services <ul style="list-style-type: none"> • Assessment* • Crisis Prevention/Intervention • I.I. & Group Clinical Interventions • Rehabilitation • Care & Services Coordination 	Psychiatrist Registered Nurse Other prescribers Mental Health Clinicians* Behavioral Health Specialist Clinical Service Technicians	100 100
	Family, Peer and Community Support	Behavioral Health Specialist Behavioral Health Advocates Clinical Service Technicians Community Clerical Aid	100
Performance Measure "How and we provide"	Client & Provider Engagement / Access to Services / After-Care Key Indicators / Provider Clinical Skill / Appropriateness Level of Care Placement & Interventions		

Responsive to...

1. Diverse cultural health beliefs and practices
2. Preferred languages
3. Health literacy: the degree to which individuals have the capacity to obtain, process, and understand basic health information needed to make appropriate health decisions.

Cultural competence requires that organizations have a clearly defined, congruent set of values and principles, and demonstrate behaviors, attitudes, policies, structures, and practices that enable them to work effectively cross-culturally.

National Center for Cultural Competence

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CLAS: Emerging Draft Actions

Standard	Action
Equitable	
Understandable	Health Literacy Plan <ul style="list-style-type: none"> • Develop communication tools to explain the treatment process and how to access services and supports • Develop health literacy training and staff capabilities (Healthcare model)
Respectful Care	Respect and Dignity Plan <ul style="list-style-type: none"> • Develop behavior expectations and standards on how to treat clients and families with dignity and respect • On-boarding and on-going learning sessions Program Hospitality and Welcoming Plan <ul style="list-style-type: none"> • All BHRS programs have baseline look and welcoming process

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