

## Subject: National CLAS Standards

### Requirements

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1. **Programs Affected:** All CCBHC Demonstration participants.
2. **Background and Purpose:** Community Mental Health Centers (CMHCs) designated by the Alabama Department of Mental Health (ADMH) as Certified Community Behavioral Health Clinics (CCBHCs) the CQI plan must include an explicit focus on populations experiencing health disparities (including racial and ethnic groups and sexual and gender minorities) and address how the CCBHC will use disaggregated data from the quality measures and, as available, other data to track and improve outcomes for populations facing health disparities. ***This bulletin describes Alabama’s requirements for national CLAS Standard compliance.***
3. **SAMHSA CCBHC Criteria**

Per SAMHSA CCBHC Criteria 1.C, 1.D, and 4.K:

#### *Training*

- 3.1. The CCBHC has a training plan for all CCBHC employed and contract staff who have direct contact with people receiving services or their families. The training plan satisfies and includes requirements of the state behavioral health authority and any accreditation standards on training required by the state. At orientation and at reasonable intervals thereafter, the CCBHC must provide training on several topics including Cultural Competency.
- 3.2. Training shall be aligned with the National Standards for Culturally and Linguistically Appropriate Services (CLAS)<sup>1</sup> to advance health equity, improve quality of services, and eliminate disparities. To the extent active-duty military or veterans are being served, such training must also include information related to military culture. Examples of training and materials that further the ability of the clinic to provide tailored training for a diverse population include, but are not limited to, those available through the HHS website, the SAMHSA website,<sup>2</sup> the HHS Office of Minority Health, or through the website of the Health Resources and Services Administration.
- 3.3. The CCBHC documents in the staff personnel records that the training and demonstration of competency are successfully completed.
- 3.4. Individuals providing staff training are qualified as evidenced by their education, training, and experience.

<sup>1</sup> Access standards at, [What is CLAS? - Think Cultural Health \(hhs.gov\)](https://www.hhs.gov/what-is-clas/) and Behavioral Health Implementation Guide for the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care at [National Minority Mental Health Awareness Month — New CLAS Implementation Guide \(hhs.gov\)](https://www.hhs.gov/health-equity/national-minority-mental-health-awareness-month-new-clas-implementation-guide/).

<sup>2</sup> Suggested resources include the African American Behavioral Health Center of Excellence, LGBTQ+ Behavioral Health Equity Center of Excellence, Engage, Educate, Empower for Equity: E4 Center of Excellence for Behavioral Health Disparities in Aging, and Asian American, Native Hawaiian, and Pacific Islander Behavioral Health Center of Excellence.

- 3.5. All behavioral health care is to be provided with cultural competence.
- 3.6. Any staff who is not a veteran has training about military and veterans' culture in order to be able to understand the unique experiences and contributions of those who have served their country.
- 3.7. All staff receive cultural competency training on issues of race, ethnicity, age, sexual orientation, and gender identity.

#### *Linguistic Access*

- 3.8. The CCBHC takes reasonable steps to provide meaningful access to services, such as language assistance, for those with Limited English Proficiency (LEP) and/or language-based disabilities.
- 3.9. Interpretation/translation service(s) are readily available and appropriate for the size/needs of the Limited English Proficiency (LEP) CCBHC population (e.g., bilingual providers, onsite interpreters, language video or telephone line). To the extent interpreters are used, such translation service providers are trained to function in a medical and, preferably, a behavioral health setting.
- 3.10. Auxiliary aids and services are readily available, Americans with Disabilities Act (ADA) compliant, and responsive to the needs of people receiving services with physical, cognitive, and/or developmental disabilities (e.g., sign language interpreters, teletypewriter (TTY) lines).
- 3.11. Documents or information vital to the ability of a person receiving services to access CCBHC services (e.g., registration forms, sliding scale fee discount schedule, after-hours coverage, signage) are available online and in paper format, in languages commonly spoken within the community served, taking account of literacy levels and the need for alternative formats. Such materials are provided in a timely manner at intake and throughout the time a person is served by the CCBHC. Prior to certification, the needs assessment will inform which languages require language assistance, to be updated as needed.
- 3.12. The CCBHC's policies have explicit provisions for ensuring all employees, affiliated providers, and interpreters understand and adhere to confidentiality and privacy requirements applicable to the service provider. These include, but are not limited to, the requirements of the Health Insurance Portability and Accountability Act (HIPAA) (Pub. L. No. 104-191, 110 Stat. 1936 (1996)), 42 CFR Part 2, and other federal and state laws, including patient privacy requirements specific to the care of minors.

#### **4. ADMH Requirements for CLAS Standard Adherence and Disparity Reduction**

- 4.1. The Culturally Reflective Outreach and Engagement Committee (CROEC) was established in 2023 to plan for and oversee ongoing disparity monitoring and reduction through implementation of the CCBHC model. The CROEC is responsible for developing and administering a statewide CCBHC Disparity CQI plan to monitor and reduce disparities. The group meets monthly during the planning period and will meet at least quarterly once CCBHCs are established to evaluate the status of the plan, establish near and long-term action items, and determine communication and guidance to be issued to the public.
- 4.2. Disparity reduction will occur through a strategic, state-required combination of data evaluation, internal (CQI) expectations for providers, training, CNAs, and state-level continual quality improvement. ADMH will use ongoing data reporting, completion of a CNA at least once every three years, and publicly available data to create and maintain a statewide CCBHC Disparity CQI plan.

- 4.3. The state will require each CCBHC to track specific data around healthcare disparities to identify existing and emerging disparities among the clients they serve (See Continuous Quality Improvement Policy Bulletin - DY-1/Clinical -24-20 for more information). Data that will be required may include:
- Outcomes compared by demographic
    - Based on screening tools as defined by ADMH
  - Retention by demographic, focused on the populations of focus (POF):
    - Opioid Use Disorder with emphasis on African American Population
    - The rural population
    - Those who identify as LGBTQ+, with a particular focus on youth
    - Those at risk of gun violence
    - Pregnant and Parenting Women (PPW)
    - People experiencing homelessness.
- 4.4. ADMH will require cultural competency training for CCBHC staff that occurs at least at point of hire and annually. The training will be aligned with SAMHSA CCBHC Certification and CLAS standards. The CROEC will meet annually to review specific required training topics in light of disparity data reporting and adjust requirements accordingly. Compliance with training requirements will be monitored through ADMH's Site Team through regular audits.
- 4.5. All CCBHCs will comply with ADMH's Military Culture Training Requirements.
- CCBHCs must ensure all staff complete an ADMH approved training on Military Culture which meets current CLAS standards. Training is required for all new employees, direct and non-direct care, within 30 days of hire. Training will be required every other year thereafter.

*Disclaimer: The information contained in this implementation bulletin is for general information purposes only. For more details on the specific subject area covered in this bulletin, please refer to the Certified Community Behavioral Health Clinic (CCBHC) Certification Updated March 2023.*

<sup>1</sup> <https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf>