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Equity in Every Encounter: Turning CLAS Standards into Action in the CCBHC Framework

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By the end of this session, participants will be able to...

1. Define the purpose and core principles of the **CLAS** Standards and explain their relevance to achieving health equity in behavioral health settings.

2. Describe how the **CLAS** Standards align with and support the **CCBHC** certification framework, particularly in the areas of accessibility, cultural responsiveness, and community engagement.

3. Identify at least one actionable strategy to integrate **CLAS** Standards into their organization's **CCBHC** implementation or quality improvement plan.

4. Develop an initial Equity Action Plan using the provided worksheet that includes clear goals, responsible parties, timelines, and evaluation metrics.

5. Commit to at least one next step for advancing organizational equity, including workforce development, language access, or culturally responsive service delivery.

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History & Definitions

History

- U.S. Department of Health and Human Services' Office of Minority Health to address health disparities
- Began in the 1990s
- First version published in 2000
- Enhanced version released in 2013

Culturally & Linguistically Appropriate Services

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The enhanced National **CLAS** Standards aim to:

- advance health equity
- improve quality
- eliminate healthcare disparities

They provide a blueprint for individuals and healthcare organizations to implement culturally and linguistically appropriate services.

Expanded Standards	National CLAS Standards 2000	National CLAS Standards 2013
Culture	Defined in terms of racial, ethnic and linguistic groups	Defined in terms of racial, ethnic and linguistic groups, as well as geographical, religious and spiritual, biological and sociological characteristics
Audience	Health care organizations	Health and health care organizations
Health	Definition of health was implicit	Explicit definition of health to include physical, mental, social and spiritual well-being
Recipients	Patients and consumers	Individuals and groups

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Definition

A CCBHC, or Certified Community Behavioral Health Clinics, is a specially designated type of behavioral health clinic in the United States that provides comprehensive, coordinated, and evidence-based care to individuals with mental health and substance use disorders.

Core Purpose

The CCBHC model was created to:

- Increase access to mental health and substance use treatment,

- Improve quality and coordination of care,

- Address health inequities and service gaps, and

- Strengthen community-based behavioral health systems.

| Year	Milestone	Impact
2014	Protecting Access to Medicare Act	Established Section 223 for CCBHCs
2016–2017	8-State Demonstration Launch	First clinics certified; PPS model tested
2018–2020	Expansion Grants	Rapid growth beyond demonstration states
2021–2023	Bipartisan Support	National policy priority, expansion authorized
2024+	National Scale	CCBHC model embedded in behavioral health systems

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Why Equity Matters in CCBHC Transformation

Equity is at the heart of the Certified Community Behavioral Health Clinics (CCBHC) model because it ensures that every person—regardless of race, ethnicity, language, income, ability, or geography—has access to the same high-quality behavioral health care.

CCBHC transformation is not just about expanding services; it's about redesigning systems to remove barriers, address disparities, and build trust with historically underserved communities. Embedding **equity** throughout this transformation:

- Centers the needs of communities most impacted by mental health and substance use disparities, ensuring care is accessible, culturally responsive, and person-centered.

- Builds trust and engagement with communities who have often experienced stigma, bias, or exclusion in health systems.

- Improves outcomes and accountability by using equity-driven data to guide decisions, evaluate impact, and close gaps in access and quality.

- Strengthens organizational capacity to meet certification standards through culturally and linguistically appropriate services, workforce development, and inclusive governance.

- Advances population health and sustainability, because equitable systems produce better engagement, higher quality care, and stronger community partnerships.

Equity is not a "nice to have" in CCBHC transformation—it's a strategic and structural requirement that ensures clinics fulfill their mission to provide comprehensive, coordinated, and culturally responsive care for all.
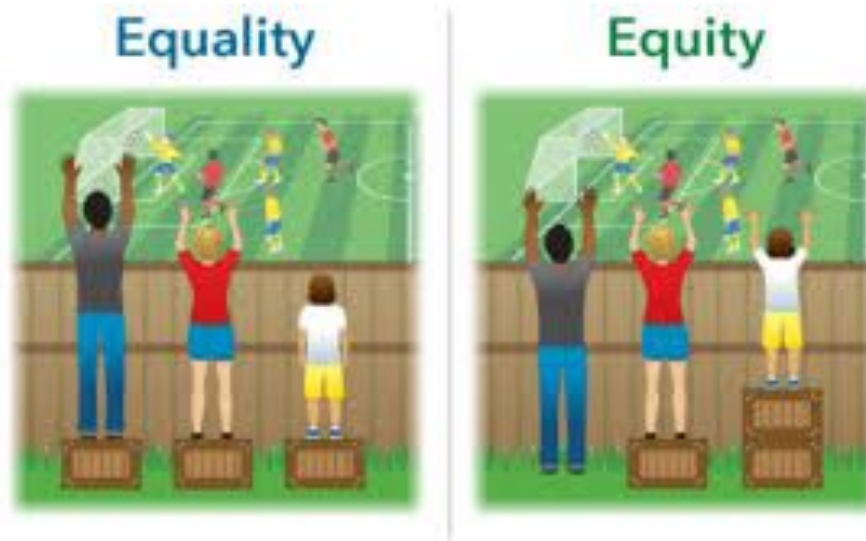
	Health Disparities	Health Inequities
Definition	Measurable differences in health outcomes or access between groups or populations.	Unfair, avoidable, and systemic causes behind those differences in outcomes or access.
Nature	Descriptive — shows **what** the gap is.	Structural — explains **why** the gap exists.
Example (Rural vs. Urban)	Rural residents have fewer behavioral health providers per capita and longer wait times than urban residents.	Rural communities have fewer clinics due to underfunding, provider shortages, lack of broadband for telehealth, transportation barriers, and policy underinvestment.
Moral Component	Neutral — simply reports the gap.	Implies injustice and fixable causes.
Response Needed	Identify and measure disparities.	Address root causes through policy, investment, and system change.
Action Example	Document shortage of providers and wait times.	Expand funding for rural clinics, invest in telehealth infrastructure, recruit and retain rural providers, improve transportation access.

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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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Focus Area	CCBHC Alignment Area	Action Steps	Responsible Party	Timeline	Evaluation / Metric
(1) Organizational Mission & Leadership	Governance, Strategic Planning	Embed equity language in mission, integrate CLAS into strategic plan, establish annual reporting structure	Executive Leadership, Board	Q1–Q2	Mission updated, equity report published annually

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Governance, Leadership, and Workforce

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

#3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that 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.

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Focus Area	CCBHC Alignment Area	Action Steps	Responsible Party	Timeline	Evaluation / Metric
(2) Governance & Accountability	Governance, Leadership	Create DEI/Health Equity Council; define equity KPIs; integrate into board dashboard	CEO, Equity Council	Q1–Q4	Council established, KPIs tracked quarterly
(3) Workforce Diversity & Training	Workforce Development	Develop recruitment strategies to reflect community demographics; create leadership pathways for underrepresented staff	HR, DEI, Training	Ongoing	Workforce diversity benchmarks met
(4) Workforce Diversity & Training	Training, Quality Improvement	Develop required training modules on cultural humility, bias, language access, and CLAS	Training & Career Excellence	Semi-annual	% staff trained; evaluation scores

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Communication & 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 timely access to all health care and services.

#6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

#7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

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

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Focus Area	CCBHC Alignment Area	Action Steps	Responsible Party	Timeline	Evaluation / Metric
(5) Language Access Services	Access & Engagement	Provide interpreter services, translated materials, signage in multiple languages	Access Team, Communications	Q2	% of materials translated; interpreter utilization
(6) Language Access Services	Access & Engagement	Post signage, website banners, patient intake notifications	Communications, Frontline Staff	Q2	Mystery shopper results; patient feedback
(7) Language Access Services	Workforce Development	Train interpreters and bilingual staff; avoid ad hoc family translation	HR, Training	Q2–Q3	Competency records, quality audits
(8) Language Access Services	Access & Engagement	Translate key forms and educational materials; update signage throughout clinics	Communications, Marketing	Q2	% translated content; patient satisfaction

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Engagement, Continuous Improvement & Accountability

#9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.

#10. Conduct ongoing assessments of the 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 cultural and linguistic diversity of populations in the service area.

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Focus Area	CCBHC Alignment Area	Action Steps	Responsible Party	Timeline	Evaluation / Metric
(9) Individual Engagement	Governance, Quality	Integrate CLAS standards into organizational policies and procedures	Quality & Compliance	Q1–Q3	Policy updates completed
(10) Individual Engagement	Community Engagement, Service Planning	Partner with local health departments, conduct CHNA with equity lens	Public Health, Community Engagement	Biennially	CHNA completed, data used in planning
(11) Individual Engagement	Data, Quality Improvement	Expand demographic data fields; train staff in data collection; use for service planning	IT, Quality	Q2–Q4	% completeness of demographic fields
(12) Individual Engagement	Quality Improvement	Include CLAS indicators in QI dashboard; hold quarterly review meetings	Quality, DEI	Quarterly	CLAS QI report

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Engagement, Continuous Improvement & Accountability

#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.

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Our Mission: Providing compassionate, patient-centered care, empowering people to live healthier lives.

Focus Area	CCBHC Alignment Area	Action Steps	Responsible Party	Timeline	Evaluation / Metric
(13) Community & Stakeholder Partnerships	Community Partnerships	Create Community Advisory Board; engage communities in program design	Community Engagement	Ongoing	CAB established; meeting attendance
(14) Conflict Resolution & Grievances	Patient Experience, Compliance	Review complaint process; offer multilingual grievance forms; cultural mediation	Compliance, Patient Experience	Q3	# grievances resolved; satisfaction
(15) Communication & Transparency	Governance, Communications	Publish annual equity & CLAS progress report; share with staff, board, and community	Communications, CEO	Annually	Report distributed, feedback collected

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Action & Commitment

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★ Invite missing voices — ask, *"Who isn't in the room?"* and ensure diverse perspectives shape your plan.

★ Integrate CLAS Standards into organizational culture the same way we do with Quality and Safety — *not an add-on, but a core expectation.*

★ Make equity everyone's responsibility — not just a program, but a way of leading, working, and caring.

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