



Behavioral Health Partnership Oversight Council

Child/Adolescent Quality, Access & Policy Committee

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Co-Chairs: Steve Girelli & Jeff Vanderploeg

Meeting Summary

Wednesday, February 20, 2019

2:00 – 4:00 p.m.

Call-In Meeting

***NOTE: Change of Room for Next Committee Meeting Date: Wednesday, March 20, 2019 at 2:00 PM at Beacon Health Options in the Litchfield Room- Third (Suite 3D) Floor in Rocky Hill, CT**

Attendees: *Dr. Steve Girelli (Co-Chair), Dr. Jeff Vanderploeg (Co-Chair), Dr. Lois Berkowitz (DCF), Jeana Bracey, Elliot Brenner, Michelle Chase, Sonia Colon-Mora, Mara DeMaio, Tammy Freeberg, Cecelia Frometa, Bet Gailor, Susan Graham, Brenetta Henry, Erin Joudrey, Beth Klink, Sarah Lockery, Tim Marshall (DCF), Christine Montgomery, Maureen O'Neill-Davis, Kelly Phenix, Kathy Schiessl, Gregory Simpson (Beacon), Dr. Stephney Springer (DCF), Janessa Stawitz (Jud), Lori Szczygiel (Beacon), Tammy Trojanowski, and Valerie Wzykowski (OHA)*

Introductions:

Co-Chair Jeff Vanderploeg convened the conference call meeting at 2:06 PM and introductions were made.

Development and Implementations of Culturally and Linguistically Appropriate Service (CLAS) and Health Equity Plans



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a) Overview and Context

i. Tim Marshall (DCF) and Cecilia Frometa (Yale & CHDI)



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Tim explained that the state is in the 5th year of an initiative that included a four-year CONNECT grant that was preceded by a one-year planning grant. With some of the grant funds DCF

engaged consultants to assist providers in incorporating the Culturally and Linguistically Appropriate Services (CLAS) Standards developed by US Department of Health and Human Services. Over the course of the grant period three cohorts of providers numbering 48 agencies went through the consultation. Of these most (40) completed Health Equity Plans that were implemented in their organizations. Although there is neither funding nor plans for additional cohorts, DCF is developing learning collaboratives within each Region to continue these efforts.

Cecilia discussed in more detail the Health Equity Plans as part of the consultation to providers, and offered that they serve to promote health equity, racial justice, and cultural and linguistic competence. She described that each cohort underwent a six-month process with technical assistance, culminating in presentations of the Health Equity Plans that were developed in that process to other members of the cohort and an expert panel. Engagement in the process started with a commitment to the full process by the provider's CEO and Board. The process involved the three phases of 1) commitment and development of a roadmap for moving forward, 2) self-assessment against the CLAS standards and review of internal data, including a presentation of these data to the other members of the cohort, 3) implementation and evaluation of the Health Equity Plan, and 4) Health Equity Plan finalization and sustainability. In addition to the Regional learning collaboratives that Tim had mentioned, Cecilia described the development of a statewide steering committee. Also, she indicated that the toolkit that was developed for the technical assistance will be published.

b) Provider Experiences

i. Sarah Lockery, The Children's Center of Hamden

Sarah provided a copy of the CLAS standards and Children's Center's Equity, Diversity, and Inclusion Policy. She reported that the policy was developed as part of the CLAS initiatives. Sarah described that when Children's Center did the assessment they realized that many people didn't have computers, limiting access to the online assessment. In order to address this, they created a paper and pencil version and aggressively sought-out staff, client, and family input. She described a very inclusive process to develop the Policy. Their biggest challenge was getting a family member on their committee. One of their responses to this challenge was to use FAVOR for input.

Sarah observed a phenomenon of provider bias that very much impacts the work we do. She described that the assessment process was critically helpful in creating a bond among the committee members, as well as informing their work.

Children's Center developed a Health Equity Plan that covered all of the standards, emphasizing the three goals of 1) access, 2) service delivery, and 3) outcomes. Among their operational accomplishments were to establish a grievance process, increase board diversity, and increase self-awareness.

Sarah recommended as an excellent resource the ten-minute video [Ouch. The Stereotype Hurts.](#)



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ii. Sonia Colon-Mora, Klingberg Family Centers

Sonia described that Klingberg participated in the first cohort in 2015. Among the agencies accomplishments were the development of a vision statement (*Klingberg Family Centers will promote and ensure equality, diversity, and inclusion in all aspects of our work. We are committed to eliminating all discrimination and value our diverse workforce, client population, and community.*); an Equality, Diversity and Inclusion Policy; and an agency Health Equity Plan, which established initial goals related to the standards on governance, leadership, and workforce; communication and language assistance; and engagement, continuous improvement, and accountability.

In order to address linguistic gaps Klingberg has contracted with an off-site translation company and trained and certified internal staff in interpretation. They have also posted their mission statement throughout the organization in multiple languages. A current focus area is increasing the diversity of staff in leadership and professional positions. The organization transformed the CLAS workgroup into a standing Cultural Competence Committee that includes staff from across the various programs and levels within the organization.

With support from DCF and technical assistance from the CT Data Collaborative, Klingberg has been examining the degree to which the clients served in its programs reflect the populations that those programs serve and the degree to which its staff reflects the clients served.

Sonia reported that one of the biggest challenges that Klingberg faces is family and consumer representation in its diversity efforts.



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iii. Christine Montgomery, Clifford Beers Clinic

Christine reported that Clifford Beers had created in response to #blacklivesmatter and the shootings of persons of color a CARE Committee that took on the CLAS initiative as part of Cohort 3. They identified for focus one standard in each of the three broad areas of CLAS standards (i.e., service delivery, leadership promotion of CLAS and health equity, and diversity in the organization) with a focus on cultural humility, as opposed to cultural competence. Clifford Beers created a video on cultural humility and promotes this approach starting with new employee orientation.

Clifford Beers has focused on recruitment efforts of ethnic groups. They have observed that their community staff is more diverse than their clinical staff and more diverse than upper leadership in the organization. Another area of focus has been language support. They have contracted with a language translation vendor and require staff to self-identify their spoken

languages so that they may be qualified as interpreters. The third focus area is examining the relationship between demographics and outcomes among persons served.

Christine reported that Clifford Beers is very involved in the New Haven Community Healing Network for individuals who self-identify as being of African descent.

iv. Tammy Trojanowski, Stratford Community Services

Tammy shared that her own organization is much smaller than the others represented with a budget of \$800,000 and only 16 staff. She reported that Stratford has 6800 students, 62% of whom are ethnic minorities, and that 49 different languages are spoken among students. Forty-seven percent are eligible for free or reduced school lunches.

At the outset of the CLAS initiative key clinical staff left Community Services, but the organization decided to proceed nonetheless. During the assessment they realized that many staff did not understand what culturally and linguistically appropriate services meant. They engaged FAVOR to facilitate a resident focus group. They asked themselves the fundamental question “How do we know if our team was successful?” and concluded that the answer was that they were successful if everyone feels inclusion, equity, empowerment, and access.

In support of this, Community Services determined that kids need to see staff who look like them. They, therefore, focused on the third CLAS standard, which addresses having a diverse workforce. Their efforts included revising position descriptions, and job postings, and resulted in an improvement to 62% diversity among staff.



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Discussion about the CLAS initiative and future work in this area followed. A key concern is language interpretation, which is very expensive. One suggestion was to create a statewide audio/visual language line funded by the state. An observation was made that in-person interpretation is much better, though more costly. A question was raised about Medicaid coverage for this. Another suggestion was the need for training of staff on how to work with an interpreter.

The general consensus was that the CLAS initiative had been a very valuable one. It was suggested that something similar be extended to school-based health centers, where there is a great need. The challenge of organizations embedding CLAS-thinking in their everyday operations was also referenced.

A suggestion was offered that CAQAP could serve as the statewide steering committee. At this point, the group resolved to periodically returning as a committee to the issue of CLAS and diversity in order to inform the BHPOC.

Discussion of Proposed CAQAP Statement- Co-Chairs Steve Girelli and Jeff Vanderploeg

Due to lack of time, this topic was tabled until the next meeting.

Consumer Family Advisory Council (CFAC) - Michelle Chase

Due to lack of time, this topic was tabled until the next meeting.

New Business, Announcements, and Adjournment

There was no other new business or other announcements. Co-chair Jeff Vanderploeg thanked everyone for their participation. He said that due to lack of time, the discussion on CLAS would be continued to the next meeting as would the rest of the agenda items not covered. He then adjourned the meeting at 4:02 PM.

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