CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

Champaign County Mental Health Board (CCMHB) and Champaign County Developmental Disabilities Board (CCDDB) Joint Study Session Agenda

Wednesday, November 17, 2021 at 5:45PM

Shields-Carter Room, Brookens Administrative Building
1776 East Washington Street, Urbana, IL
https://us02web.zoom.us/j/81393675682 312-626-6799, Meeting ID: 813 9367 5682

Pursuant to the Governor's Executive Order establishing a pandemic disaster in the State of Illinois that covers the County of Champaign, and the CCMHB and CCDDB Presidents' determination that holding this meeting in person is not prudent at this time due to health concerns with rising numbers of COVID-19 cases and hospitalizations being reported in the county, this study session will be held remotely via zoom. Public comment also will be taken remotely. The public may watch the session live through this link or view it later in archived recordings at https://www.co.champaign.il.us/mhbddb/MeetingInfo.php

Public Input: *All are welcome to attend the Board's meetings, using the Zoom options or in person, in order to observe and to offer thoughts during the "Public Participation" period of the meeting. For support to participate during a meeting, let us know how we might help by emailing stephanie@ccmhb.org. If the time or format of the meeting are not convenient, you may still communicate with the Board by emailing stephanie@ccmhb.org any written comments you would like us to read to the Board during the meeting. Your feedback is appreciated but be aware that the time for each person's comments may be limited to 5 minutes.*

1. Call to Order
2. Roll Call
3. Zoom Instructions **(page 2)**
4. Approval of Agenda*
5. Citizen Input/Public Participation
   The CCMHB and CCDDB reserve the authority to limit individual public participation to 5 minutes and limit total time to 20 minutes.
6. Presidents' Comments – Joseph Omo-Osagie and Anne Robin
7. STUDY SESSION **(pages 3-19)**
   Head Start/Early Head Start Cultural and Linguistic Competence Planning
   Shandra Summerville and representatives of the CCRPC – Champaign County Head Start/Early Head Start program will present on their work together. A presentation is included for information only. No action is requested.
8. Agency Information
   The CCMHB reserves the authority to limit individual public participation to 5 minutes and limit total time to 20 minutes.
9. Board Announcements
10. Adjournment

**Board action requested*

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Instructions for participating in Zoom Conference Bridge for Joint Study Session (followed by MHB Meeting) November 17, 2021 at 5:45 p.m.

You will need a computer with a microphone and speakers to join the Zoom Conference Bridge; if you want your face broadcast you will need a webcam.

Go to Join Zoom Meeting
https://us02web.zoom.us/j/81393675682
Meeting ID: 813 9367 5682

One tap mobile
+13126266799,,81393675682# US (Chicago)
+13017158592,,81393675682# US (Washington D.C)

Dial by your location
+1 312 626 6799 US (Chicago)
+1 301 715 8592 US (Washington D.C)
+1 646 558 8656 US (New York)
+1 669 900 9128 US (San Jose)
+1 253 215 8782 US (Tacoma)
+1 346 248 7799 US (Houston)
Meeting ID: 813 9367 5682
Find your local number: https://us02web.zoom.us/u/kclgvKiumy

When the meeting opens, choose to join with or without video. (Joining without video doesn't impact your participation in the meeting, it just turns off YOUR video camera so your face is not seen. Joining without video will also use less bandwidth and will make the meeting experience smoother).
Join with computer audio.

Once you are in the meeting, click on "participants" at the bottom of the screen.
Once you've clicked on participants you should see a list of participants with an option to "Raise Hand" at the bottom of the participants screen. **If you wish to speak, click "raise hand" and the Chair will call on you to speak.**

If you are not a member of the CCMHB or a staff person, **please sign in by writing your name and any agency affiliation in the Chat area.** This, like the recording of the meeting itself, is a public document. There are agenda items for Public Participation and for Agency Input, and we will monitor the 'raised hands' during those times.

If you have called in, please speak up during these portions of the meeting if you would like to make a contribution. If you have called in and therefore do not have access to the chat, there will be an opportunity for you to share your 'sign-in' information. If your name is not displayed in the participant list, we might ask that you change it, especially if many people join the call.

Members of the public should not write questions or comments in the Chat area, unless otherwise prompted by the Board, who may choose to record questions and answers there.

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. 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.

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 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.

Engagement, Continuous Improvement, and 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.
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.

The Case for the National CLAS Standards

Health equity is the attainment of the highest level of health for all people.[1] Currently, individuals across the United States from various cultural backgrounds are unable to attain their highest level of health for several reasons, including the social determinants of health, or those conditions in which individuals are born, grow, live, work, and age,[2] such as socioeconomic status, education level, and the availability of health services.[3]

Though health inequities are directly related to the existence of historical and current discrimination and social injustice, one of the most modifiable factors is the lack of culturally and linguistically appropriate services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals.

Health inequities result in disparities that directly affect the quality of life for all individuals. Health disparities adversely affect neighborhoods, communities, and the broader society, thus making the issue not only an individual concern but also a public health concern. In the United States, it has been estimated that the combined cost of health disparities and subsequent deaths due to inadequate and/or inequitable care is $1.24 trillion.[4]

Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality of care and services.[5,6] By providing a structure to implement culturally and linguistically appropriate services, the National CLAS Standards will improve an organization's ability to address health care disparities.

> **Of all the forms of inequality, injustice in health care is the most shocking and inhumane.**
>
> **— Dr. Martin Luther King, Jr.**

The National CLAS Standards align with the HHS Action Plan to Reduce Racial and Ethnic Health Disparities[7] and the National Stakeholder Strategy for Achieving Health Equity,[8] which aim to promote health equity through providing clear plans and strategies to guide collaborative efforts that address racial and ethnic health disparities across the country.

Similar to these initiatives, the National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.

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Head Start/Early Head Start Cultural and Linguistic Competence Planning

SHANDRA SUMMERVILLE, CLC COORDINATOR CCMHB/DDB

Presentation Topics

CLC PLANNING PROCESS CHAMPAIGN COUNTY HEAD START

TRAINING AND IMPLEMENTATION

RESULTS AND OUTCOMES OF THE CLC PLANNING PROCESS

RESOURCES

Timeline and Activities

July 2020

Meeting with Head Start Staff/RPC CLC Committee Chair to review CLC Plan submitted to program application for PY 21

Aug. 2020

Develop Training Calendar for Head Start Staff

Sep. 2020

Reviewed CLC Organizational Assessment Results Developed a CLC Organizational Process

Sep. 2020 – Aug. 2021

Monthly Meetings with Staff, Administration, Site Managers.

November 2021- Present

Process to CCMHB/DDB

Learning Opportunities for Administration/Staff

- Incorporating CLC into Supervision
- Being Mission Minded
- Understanding Role Clarification
- Celebrating Wins
- Ethical Communication
- Understanding Technical and Adaptive Work

Basic Definitions

CULTURAL COMPETENCE

"Cultural Competence is a set of **congruent behaviors** attitudes, and policies that come **together** in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations."

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CULTURE

" the integrated patterns of human **behavior that include, ideas, attitudes, values, habits, beliefs, customs, language, rituals, ceremonies, and practices**

LINGUISTIC COMPETENCE

The ability to provide information in a manner that can be understood by diverse audiences and groups....

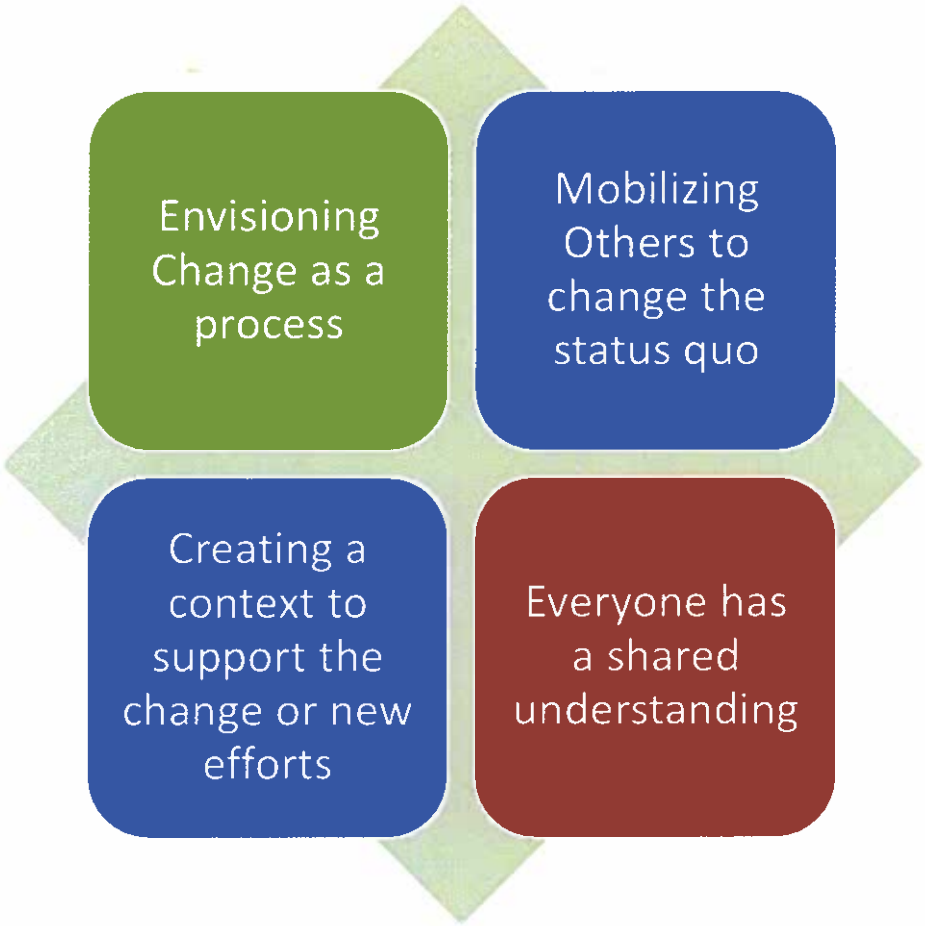
IMPORTANCE OF CULTURAL COMPETENCE IN SERVICES

- Greater Sense of Safety
- A chance the offer the impact of culture(historical and generational events) impact their physical and mental health
- Language Accessibility
- Honor Communication Styles
- Acknowledge that Language accommodating services can have a positive affect on how a person might respond

Understanding Technical Work

- Perspectives are Clear and Aligned
- Definition of the problem is clear
- Solution and Implementation of the problem is clear
- Primary locus of responsibility – Clear accountability and clear designated responsibility

Understanding Adaptive Work



Lessons Learned

- Providing Support to Staff about going through the change process is necessary for the CLC Implementation to address disparities and racism
- Learned about the History of Head Start in Champaign County and How it impacts services offered
- The term "Cultural Competence" is viewed as adversarial until the National CLAS Standards are Clearly communicated.
- Diversity Equity and Inclusion, and Cultural Humility are terms that are starting to replace CLC (Cultural and Linguistic Competence)

Suggested Next Steps

- Providing this intentional support to other funded agencies
- Review the importance of the National CLAS Standards with Funded Agencies
- Continue to provide reading lists and other information about topics regarding Cultural Competence/ Diversity and Inclusion for Boards
- Continue to provide Monthly Trainings through Monthly Service
- Require Agencies to Report 2nd 4th Quarter CLC activities that highlight how they are reducing racism and disparities
- Look at other Funders that have statements about Anti Racism and Cultural Competence.

Questions

Contact Information

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