Texas Cultural Competence Guidelines for Behavioral Health Organizations[1]

The Behavioral Health Services (BHS) Section at Texas Health and Human Services (HHS) serves widely diverse populations, each with unique experiences and needs. The development of culturally competent services is therefore a leading goal and challenge in the field of behavioral health care.

Cultural Competence

Cultural competence means to be respectful and responsive to the health beliefs and practices including cultural and linguistic needs of diverse population groups.[2] In health care, cultural competence describes the ability of organizations to provide care to clients with diverse values, beliefs and behaviors, including tailoring delivery to meet clients social, cultural, and linguistic needs. [3] Developing cultural competence is an evolving, dynamic process that takes time and occurs along a continuum.[4]

The National Culturally and Linguistically Appropriate Services (CLAS) Standards

The National CLAS Standards in Health and Health Care, 2013[5] are the gold standard for providing culturally competent services in the most responsive and responsible way (Appendix A). The National CLAS Standards were developed by the Office of Minority Health at the U.S. Department of Health and Human services are endorsed by the Substance Abuse and Mental Health Services Administration (SAMHSA). The National CLAS Standards aim to enhance health equity, improve quality of care, and eliminate health care disparities by providing a blueprint for health care organizations to serve increasingly diverse communities.

The National CLAS Standards Implementation

The BHS Section at Texas HHS has a cultural competence workgroup to guide policy and implementation of CLAS Standards in the behavioral health system. Based on the workgroup recommendations, Texas HHS should require behavioral health Contractors to follow the National CLAS Standards in Health and Health Care, 2013 for all served populations with emphasis on the following aspects:

1. Contractor shall demonstrate good-faith efforts[6] to engage under-served populations. These include but are not limited to racial/ethnic minorities, people with low educational or socioeconomic status, people with Limited English Proficiency (LEP), people with disabilities, Native American Tribes, military and veteran personnel, people experiencing homelessness, people who live in Colonias[7], and people who identify as Lesbian, Gay, Bi-sexual, Transgender, and Queer and/or Questioning (LGBTQ).
2. Contractor shall demonstrate competence in working with people with disabilities. Examples include having policies and procedures for addressing

accommodation needs for people with disabilities, ensuring facilities are accessible to people with mobility impairments, and providing reasonable accommodation for people with hearing impairments, vision impairments, speech impairments, etc.

People with disabilities include, but are not limited to, people with physical, mental, behavioral, developmental, cognitive, and sensory disabilities. People receiving Medication Assisted Treatment (MAT) under an Opioid Treatment Program are considered individuals with a disability[8]. People with disabilities and those in recovery from drug addiction, including those receiving MAT, are protected from discrimination by the following statutes:

a. Americans with Disabilities Act (ADA): https://www.eeoc.gov/eeoc/history/35th/1990s/ada.html;
b. Rehabilitation Act of 1973: https://www.access-board.gov/the-board/laws/rehabilitation-act-of-1973;
c. Fair Housing Act (FHA): https://www.justice.gov/crt/fair-housing-act-2;
d. Workforce Investment Act (WIA): https://www.govinfo.gov/content/pkg/PLAW-105publ220/html/PLAW-105publ220.htm;

Health care providers under ADA[9] may not refuse to provide health services to individuals solely because they participate in MAT.

3. Contractor shall have a Cultural and Linguistic Competence (CLC) plan to demonstrate efforts to follow the National CLAS Standards and review the plan at least on a yearly basis. For information and guidelines to develop a CLC plan, please see "Cultural and Linguistic Competence Plan Guidelines for Behavioral Health Organizations" (Appendix B). An appropriately structured CLC plan will help organizations address and accomplish CLAS challenges and goals per their needs. The CLAS challenges and goals will vary from organization to organization and examples include, but are not limited to, the following:
    a. Recruit, retain, and promote staff that reflect the cultural diversity of the population served;
    b. Provide cultural and linguistic competence service training and education for staff members at all levels and disciplines annually;
    c. Provide professional interpreter services for persons with LEP;
    d. Conduct community outreach activities to increase program engagement with underserved populations. The outreach activities undertaken may be documented in a format that may include "date and time of contact, name of person/organization contacted, and brief summary of outreach activity;"
    e. Collaborate with other organizations in the service area that are committed to working with underserved populations;
    f. Conduct client satisfaction surveys[10] regarding the cultural and linguistic experience of people served. The contractor should use the survey results to guide changes in policies, procedures, and service delivery; and

g. Contractor shall collect and maintain demographic data of the service area and people served. For information and guidelines to collect uniform demographic data, please refer to the "Self-Reporting Demographic Data Collection Questionnaire for Behavioral Health Clients or Participants" (Appendix C). This questionnaire is based on resources including HHS Data Collection Standards[11,12] and should preferably be presented in an electronic format for self-reporting by the client or participant. Please also refer to "Suggested Process for Collecting Demographic Data" for guidance and helpful details (Appendix D).

4. Contractors providing mental health services are required to evaluate clients during the Uniform Assessment with reference to Cultural and Language domains as listed in the Adult Needs and Strengths Assessment (ANSA) and the Children Assessment of Needs and Strengths (CANS) forms. This will help ensure the individuals recovery plan is guided by their cultural and linguistic requirements.

5. Contractor shall submit a short summary sheet at contract procurement and renewal that describes how the contractor will meet the following requirements:
    a. Create/maintain policies & procedures for accommodating people with disabilities
    b. Development and maintenance of a Cultural and Linguistic Competence plan
6. Contractor shall make available documentation mentioned in section 5.a & b for review by Texas HHS upon request.

7. Online resources for education and guidance related to the National CLAS Standards and their implementation, community outreach guidelines, and uniform demographic data standards are available. Examples include but are not limited to:
    a. The National CLAS Standards in Health and Health Care, 2013: https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf;
    b. National Standards for CLAS in Health and Health Care: *A Blueprint for Advancing and Sustaining CLAS Policy and Practice.* The *Blueprint* is an implementation guide for advancing and sustaining culturally and linguistically appropriate services within health and health care organization. The *Blueprint* devotes a chapter to each CLAS Standard, describing the purpose, components, implementation strategies, and additional resources for each Standard: https://www.thinkculturalhealth.hhs.gov/clas/blueprint;
    c. Evaluation of the National CLAS Standards - Tips and Resources Toolkit: https://minorityhealth.hhs.gov/assets/PDF/Evaluation_of_the_Natn_CLAS_Standards_Toolkit_PR3599_final.508Compliant.pdf
    d. CLAS Standards Training Toolkit - Facilitators' Guide for Outreach Workers: https://health.maryland.gov/mhhd/Documents/Toolkit_for_Outreach_Workers.pdf

e. HHS Data Collection Standards (HHS, 2011a): https://aspe.hhs.gov/system/files/pdf/76331/index.pdf;
f. U.S. Department of Health & Human Services, Think Cultural Health: https://www.thinkculturalhealth.hhs.gov/clas;
g. U.S. Department of Health & Human Services, Office of Minority Health: https://minorityhealth.hhs.gov
h. National Outreach Guidelines for Underserved Populations by Health Outreach Partners: https://www.aachc.org/wp-content/uploads/2014/01/HOP_National_Outreach_Guidelines__Apr13.pdf
i. Best Practices for Engaging Underserved Populations: http://journals.sagepub.com/doi/pdf/10.1177/1541931213601516
j. The American Psychiatric Association (APA) DSM-5 Cultural Formulation Interviews (CFI)[13] available at the following links:
    1) Core CFI: https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Cultural-Formulation-Interview.pdf
    2) CFI Informant Version: https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Cultural-Formulation-Interview-Informant.pdf
    3) CFI Supplementary Modules: https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Cultural-Formulation-Interview-Supplementary-Modules.pdf
k. Advancing Health Equity in Texas through Culturally Responsive Care provided by Texas HHS and the Texas Department of State Health Services – Credit hours: 1.75 CE: https://www.txhealthsteps.com/391-advancing-health-equity-in-texas-through-culturally-responsive-care
l. Culturally Effective Health Care provided by Texas HHS and the Texas Department of State Health Services - Credit hours: 1.75 CE: https://www.txhealthsteps.com/134-culturally-effective-health-care

[1] Behavioral health organizations include providers/programs contracted with Texas HHS to provide community mental health and Substance Use Disorder (SUD) services e.g., Local Mental/Behavioral Health Authorities (LMHA/LBHA), Comprehensive providers, Treatment Programs for individuals with SUD and Treatment for Co-occurring Psychiatric and Substance Use Disorders (COPSD) and substance abuse prevention programs.
[2] Culturally and Linguistically Appropriate Services, Think Cultural Health at: https://www.thinkculturalhealth.hhs.gov/clas
[3] Betancourt, J. R., Green, A. R., & Carrillo, J. E. 2002. Cultural competence in health care: Emerging frameworks and practical approaches. New York: The Commonwealth Fund.

[4] Georgetown University: Cultural Competence in Health Care: Is It Important for People with Chronic Conditions? Issue Brief Number 5, February 2004 available at: https://hpi.georgetown.edu/agingsociety/pubhtml/cultural/cultural.html#1

[5] Office of Minority Health, U.S. Department of Health and Human Services. The National CLAS Standards available at: https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53

[6] "Good faith effort" is an implied contractual term and it is defined as "what a reasonable person would determine is a diligent and honest effort under the same set of facts or circumstances."

[7] Colonia – An unincorporated community within 62 miles of the international border with Mexico.

[8] "Know Your Rights: Rights for Individuals on Medication-Assisted Treatment" - U.S. Department of HHS, SAMHSA Center for Substance Abuse Treatment (page 15): https://www.samhsa.gov/sites/default/files/partnersforrecovery/docs/Know_Your_Rights_Brochure_0110.pdf

[9] ADA anti-discrimination requirements apply to places of "public accommodations," which are defined as private facilities that provide goods or services to the public, e.g. hospitals, clinics, health care providers, homeless shelters, senior centers and day care centers. ("Title III"): https://www.eeoc.gov/eeoc/history/35th/thelaw/ada.html

[10] Client Satisfaction Survey: These may be used to assess the patient satisfaction with health care organization. HHSC however, does not sponsor any specific tool and organizations are strongly encouraged to research and use a survey tool that suits their program.

a. Consumer Assessment of Health Care Providers and Systems (CAHPS) Survey- Developed by the CAHPS Consortium at Agency for Health Care Research and Quality (AHRQ), is a series of patient surveys rating health care experiences in the United States. The surveys, conducted annually since 1995, are available in the public domain and focus on health care quality aspects that patients find important to assess.
    1) CAHPS Clinician & Group Survey version 3.0 (CG-CAHPS Survey 3.0) – This is the latest in the CAHPS series and includes standardized questionnaires and optional supplemental items to assess patients' experiences with primary or specialty care. Further detail and overview of the Questionnaires is available at: https://cahpsdatabase.ahrq.gov/files/CGGuidance/Overview_of_Questionnaires_CG30_2350.pdf
    2) CAHPS Clinician & Group Survey version 2.0 Patient Visit Survey – Ask about patients' experiences with providers and office staff at their most recent visit. A template may be accessed at: https://www.surveymonkey.com/mp/cahps-visit-survey-2-0-survey-template/
b. The Client Satisfaction Questionnaire 8 (CSQ-8) - More information about this copy righted survey tool is available at: http://www.csqscales.com/
c. Service Satisfaction Scale-30 (SSS-30) - More information about this copy righted survey tool is available at: http://www.csqscales.com/sss.htm#
d. Patient Satisfaction Survey - A sample of patient survey is available at: https://www.integration.samhsa.gov/pbhci-learning-community/Sample_Consumer_Satisfaction_Survey_-2of4-.pdf

[11] Demographic Data questions are adopted from:

a. HHS Data Collection Standards (HHS, 2011a), available at: https://aspe.hhs.gov/system/files/pdf/76331/index.pdf;

b. A blueprint for Advancing and Sustaining CLAS Policy and Practice, available at: https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedCLASStandardsBlueprint.pdf; and
c. National Content Test Race and Ethnicity Analysis Report available at: https://www2.census.gov/programs-surveys/decennial/2020/program-management/final-analysis-reports/2015nct-race-ethnicity-analysis.pdf

[12] Sex Data questions are adopted from:
a. Behavioral Risk Factor Surveillance Systems (BRFSS) 2015, Youth Risk Behavioral Surveillance System (YRBSS) and National Survey on Drug Use and Health (NSDUH) for 2015 and
b. Federal Regulatory Developments Stage 3 Meaningful Use Electronic Health Record (EHR) Guidelines - According to Center of Medicare and Medicaid services (CMS) and Office of the National coordinator (ONC) for Health Information Technology, Sexual Orientation and Gender Identity (SOGI) data fields must be incorporated in EHR software certified under the Meaningful Use Incentive Program and
c. HRSA: Changes for CY 2016 Uniform Data System (UDS) Reporting (Sexual Orientation and Gender Identity are reported on UDS Tables 3A, 3B).

[13] Center for Practice Innovations at Columbia Psychiatry offers online Cultural Formulation Interview training for a fee at: https://rfmh.csod.com/selfreg/register.aspx?c=222333444555666

Appendix A -The National CLAS Standards[1,2]

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.

Theme 1 - 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 is 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.

Theme 2 - 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.

Theme 3 - 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 assessment 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

[1] The National CLAS Standards may be accessed at: https://www.thinkculturalhealth.hhs.gov/clas/standards.

[2] The enhanced CLAS Standards are accompanied by the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: *A Blueprint for Advancing and Sustaining CLAS Policy and Practice* (The *Blueprint*). The document may be accessed at: https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedCLASStandardsBlueprint.pdf

Appendix B - Cultural and Linguistic Competence Plan Guidelines for Behavioral Health Organizations

Introduction

Texas Health and Human Services support the development of a culturally and linguistically appropriate delivery system across behavioral health organizations[1]. All behavioral health providers/programs are encouraged to use the National CLAS Standards in Health and Health Care, 2013 as these are the gold standard for providing culturally and linguistically competent services in the most responsive and responsible way (see Appendix A - The National CLAS Standards).

The National CLAS Standards Implementation

Implementation of the National CLAS Standards will vary from organization to organization given their size, mission, scope, type of service, and geographic location. Organizations will create the most effective cultural and linguistic competence (CLC) plan and monitor the performance of these programs to identify areas for improvement and next steps. The CLC plan will help organizations identify challenges pertaining to cultural competence. A CLC plan structured per the organization's CLAS needs will enhance access to services, promote client engagement and retention and improve health outcomes.[2,3]

Instructions to Structure Cultural and Linguistic Competence Plan

- Contractors shall use the National CLAS Standards to create a CLC plan.
- It is suggested that organizations conduct a self-assessment to determine the extent to which their services and programs align with the National CLAS Standards. This exercise will uncover CLAS strengths and needs in the services delivered.
- The CLAS needs identified through the organizational self-assessment or other means should be prioritized and one or more needs selected as CLAS challenges or goals to develop a CLC plan.
- The CLC plan will include a brief description of the proposed efforts as CLAS activities, person(s) responsible, and timeline to address or achieve the CLAS challenge or goal.
- The CLAS activities included in the CLC plan should be Specific, Measurable, Attainable, Relevant, and Time-bound (SMART) and appropriate to program goals and staff capacity.
- Each identified CLAS challenge or goal included in the CLC plan may need a separate set of CLAS activities to advance the cultural and linguistic competency in the services delivered by the organization.

Cultural and Linguistic Competence Plan Template

1. Identify cultural competence challenges or goals of your organization:
   List CLAS challenges or goals here. (Example: *Increase diversity among health care staff to reflect the population of the service area*)

2. What will you do to address or achieve your CLAS challenge or goal?
   List activities here.
   Examples:
   - *Recruit, retain, and promote diverse employees from the service area with a recruiting plan and financial incentives*
   - *Collaborate with local schools and community organizations to identify diverse candidates for vacancies*
   - *Advertise employment opportunities at community health fairs and in job boards, publications, and other media that target minority audiences*

3. How will you measure progress in addressing or achieving your identified CLAS challenge or goal?
   Identify and list your measures here.
   Examples:
   - *Tracking racial and ethnic data on the population residing in the service area*
   - *Tracking changes in the race and ethnicity of the workforce*
   - *Tracking data on the languages spoken by the population in the service area*

4. What impact on health outcomes do you expect as a result of these activities?
   List desired impact here. (Examples: *increased client satisfaction, improved access, engagement and health outcomes*)

[1] Behavioral health organizations include providers/programs contracted with Texas HHS to provide community mental health and Substance Use Disorder (SUD) services e.g., Local Mental/Behavioral Health Authorities (LMHA/LBHA), Comprehensive providers, Treatment Programs for individuals with SUD and Treatment for Co-occurring Psychiatric and Substance Use Disorders (COPSD) and substance abuse prevention programs.
[2] U.S. Department of Health & Human Services "A blueprint for Advancing and Sustaining CLAS Policy and Practice" available at: https://www.thinkculturalhealth.hhs.gov/clas/blueprint
[3] U.S. Department of Health & Human Services, "Why Culturally and Linguistically Appropriate Services?" available at: https://www.thinkculturalhealth.hhs.gov/resources/presentations/4/why-culturally-and-linguistically-appropriate-services

Appendix C - Self-Reporting Demographic Data Collection Questionnaire for Behavioral Health Clients or Participants

The Texas Health and Human Services (HHS) would like to encourage behavioral health clients or participants to provide demographic information as outlined in this questionnaire.

Your information is very important to us and will be kept confidential. It will be used to improve care and services you receive and to prevent discrimination or disparities in health care. Please note that the questions marked with "*" are required.

1. Are you of Hispanic, Latino/a, or Spanish origin? (one or more categories may be selected) *
    - ☐ No, not of Hispanic, Latino/a, or Spanish origin
    - ☐ Yes, Mexican, Mexican American, Chicano/a
    - ☐ Yes, Puerto Rican
    - ☐ Yes, Cuban
    - ☐ Other Hispanic, Latino/a, or Spanish origin – please identify, e.g., Guatemalan, Spaniard, Ecuadorian, etc.

      [ ]
    - ☐ Choose not to disclose

2. What is your race? (one or more categories may be selected) *
    - ☐ White
    - ☐ Black or African American
    - ☐ American Indian or Alaska Native
    - ☐ Asian
        - ☐ Asian Indian
        - ☐ Chinese
        - ☐ Filipino
        - ☐ Japanese
        - ☐ Korean
        - ☐ Vietnamese
        - ☐ Other Asian – please identify, e.g., Pakistani, Cambodian, Hmong, etc.

          [ ]
    - ☐ Middle Eastern or North African - MENA (one or more categories may be selected)
        - ☐ Lebanese
        - ☐ Iranian
        - ☐ Syrian

- ☐ Egyptian
- ☐ Moroccan
- ☐ Algerian
- ☐ Others – please identify e.g., Israeli, Iraqi, Tunisian, etc.

  [ ]

- ☐ Native Hawaiian or Other Pacific Islander
  - ☐ Native Hawaiian
  - ☐ Guamanian or Chamorro
  - ☐ Samoan
  - ☐ Other Pacific Islander
- ☐ Choose not to disclose

3. With respect to gender identity, how do you describe yourself? (Mark one answer) *
   - ☐ Male
   - ☐ Female
   - ☐ Transgender Male
   - ☐ Transgender Female
   - ☐ Other
   - ☐ Choose not to disclose
4. With respect to sexual orientation, do you consider yourself to be: (Mark one answer) *
   - ☐ Lesbian or gay
   - ☐ Straight (not lesbian or gay)
   - ☐ Bisexual
   - ☐ Other
   - ☐ Don't know
   - ☐ Choose not to disclose
5. Are you Deaf or do you have serious difficulty hearing? *
   - ☐ Yes
   - ☐ No
6. Are you blind or do you have serious difficulty seeing, even with wearing glasses? *
   - ☐ Yes
   - ☐ No
7. Because of a physical, mental, or emotional condition, or cognitive or developmental disability, do you have difficulty concentrating, remembering, or making decisions? (5 years old or older) *
   - ☐ Yes
   - ☐ No

8. Do you have serious difficulty walking or climbing stairs? (5 years old or older) *
   - ☐ Yes
   - ☐ No

9. Do you have difficulty dressing or bathing? (5 years old or older) *
   - ☐ Yes
   - ☐ No

10. Because of a physical, mental, or emotional condition, or cognitive or developmental disability, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping? (5 years old or older) *
   - ☐ Yes
   - ☐ No

11. How well do you speak English? (5 years old or older) *
   - ☐ Very well
   - ☐ Well
   - ☐ Not well
   - ☐ Not at all

12. Do you speak a language other than English at home? (5 years old or older)
   - ☐ Yes
   - ☐ No

13. For persons speaking a language other than English (answering yes to the question above): What is this language? (5 years old or older)
   - ☐ Spanish
   - ☐ Other language - please identify

14. What language will you prefer for communication with your health care provider?
   - ☐ English
   - ☐ Spanish
   - ☐ Sign
   - ☐ Other - please identify e.g., Hindi, Arabic, Urdu, Chinese, Vietnamese, etc.

15. Have you ever served in US Military?
   - ☐ Never served in the any branch of U.S. Armed Forces, Reserves, or National Guard
   - ☐ Served in Reserves or National Guard, but never activated or mobilized for active duty with any branch of U.S. Armed Forces
   - ☐ On active duty in the past, but not now

- ☐ On active duty now

16. Do you live in a federally recognized tribal reservation in Texas?
    - ☐ Yes
    - ☐ No

17. Do you live in a Colonia?
    - ☐ Yes
    - ☐ No

Appendix D - Suggested Process for Collecting Demographic Data[1]

When?	Ask for data early — ideally, during admission or registration
Who?	Properly trained admissions or reception staff could collect data
What will you tell individual?	Before obtaining information, develop a script to communicate that: • This information is important. • It will be used to improve care and services and to prevent discrimination. • This information will be kept confidential. • Inform of right to interpreter services In addition, address any concerns up front and clearly.
How?	Individual self-report - select their own race, ethnicity, language, etc.
What information will you collect? (Individual Data)	• Race • Ethnicity • Ability to speak English • Language(s) other than English spoken • Preferred spoken/written languages or other mode of communication • Gender identity • Sexual orientation • Disability assessment questions • Request for, and/or use of, interpreter services
Tools to collect and store data	• Use standard collection instruments. • Use demographic data questionnaire in an electronic format for self-reporting • Store data in a standard electronic format.

[1] Adopted from National Standards for CLAS in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice available at: https://www.thinkculturalhealth.hhs.gov/clas/blueprint

Appendix E – Glossary

Access: Degree to which health care services to persons are quickly and readily available.

American Indian or Alaska Native:[1] A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian:[1] A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Behavioral Health Disparity: A difference in substance use or mental health outcomes, linked to social, economic, and/or environmental disadvantage, which adversely affects a subpopulation or group.

Bisexual[2] - A person who self-identifies as having an emotional, sexual, and/or relational attraction to men and women.

Black or African American:[1] A person having origins in any of the black racial groups of Africa. Terms such as ''Haitian'' can be used in addition to ''Black or African American.''

Colonia: An unincorporated community within 62 miles of the international border with Mexico.

Cultural Competence Plan: A written document that outlines a systematic approach to provide culturally relevant services to individuals served by a particular agency/organization. The Plan is used to direct an agency towards culturally responsive services with demographic information, congruent policies, services/programs, ongoing staff development, and quality improvement strategies that come together to enable behavioral programs to provide culturally competent services.

Cultural Competence: The ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles, and traditions based on their distinctive heritage and social relationships.

Cultural Diversity: A constellation of people from distinct ethnic groups, color and races, languages, customs, styles, values, beliefs, genders, sexual orientation, ages, education, income, knowledge, skills, abilities, functions, practices, religions and geographic areas.

Culturally Appropriate: The capacity of individuals or organizations to develop compatible health practices and behaviors of target populations. The information is used to design programs, interventions and services that address cultural and

language needs in order to deliver appropriate and necessary health care services; and to evaluate and contribute to the ongoing improvement of these factors.

Culture: Culture is defined as the integrated pattern of thoughts, communications, actions, customs, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups, as well as with religious, spiritual, biological, geographical, or sociological characteristics. Culture is dynamic in nature, and individuals may identify with multiple cultures over the course of their lifetimes.

Demographic Data: Demographics is defined as statistical data about the characteristics of a population, such as the age, gender, race, ethnicity, and income of the people within the population.

Engagement: The skill and environment to promote a positive personal influence on the client's or participant's commitment to be in treatment or other appropriate services.

Federally Recognized Tribe: American Indian tribal recognition in the United States most often refers to the process of a tribe being recognized by the United States federal government, or to a person being granted membership to a federally recognized tribe. There are 567 federally recognized tribal governments in the United States.

Federally Recognized Tribal Reservation: Also known as "Indian reservation" refers to the ancestral territory still occupied by a Native American nation. While there are 567 federally recognized tribes in the U.S., there are only about 326 Indian reservations. State of Texas has there federally recognized tribes. The Ysleta del Sur Pueblo Tribe of Texas (Ysletas) is located in El Paso, the Alabama-Coushatta Tribe of Texas (Coushattas) is located in Livingston, and the Kickapoo Traditional Tribe of Texas (Kickapoos) is located in Eagle Pass. Both the Ysletas and the Kickapoos are located along the Texas/Mexico border.

Gay:[2] A man who self-identifies as having an emotional, sexual, and/or relational attraction to other men. Note: The term gay may be used by some women who prefer it over the term lesbian.

Gender Identity:[2] A person's internal sense of being male, female, or something else. Since gender identity is internal, one's gender identity is not necessarily visible to others.

Health Disparity: Health disparity is a particular type of health difference that is closely linked to social, economic, and/or environmental disadvantage.

Health Equity: Health equity is attainment of the highest level of health possible for all groups. Health equality is not the same as health equity. While health equality emphasizes sameness, fairness, and justice by giving everyone the same resources, health equity highlights the importance of providing people with access to the same opportunities.

Health Outcomes: Health outcome is "change in the health of an individual, group of people or population which is attributable to an intervention or series of interventions". Tailoring services to an individual's culture and language preferences can help bring about positive health outcomes for diverse populations.

Health: A state of physical, mental, and emotional well-being.

Hispanic or Latino:[1] A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, ''Spanish origin,'' can be used in addition to ''Hispanic or Latino.''

Lesbian:[2] A woman who self-identifies as having an emotional, sexual, and/or relational attraction to other women.

Linguistic Competence: The ability to communicate and provide behavioral health care in both English and the primary language of client/consumers and families. A behavioral health care organization with linguistic competence offers 24-hours access to staff and/or interpreters who are fluent in the client/consumer's language and in English.

Middle Eastern or North African:[1] The category "Middle Eastern or North African" (MENA) includes all individuals who identify with one or more nationalities or ethnic groups originating in the Middle East or North Africa. Examples of these groups include, but are not limited to, Lebanese, Iranian, Egyptian, Syrian, Moroccan, and Algerian. The category also includes groups such as Israeli, Iraqi, Tunisian, Chaldean, Assyrian, Kurdish, etc.

Native Hawaiian or Other Pacific Islander:[1] A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Primary Language: Refers to the language in which an individual is most proficient and uses most frequently to communicate with others inside or outside the family system.

Retention: The result of quality service that helps maintain a client or participant in treatment or other appropriate services with continued commitment.

Sexual Orientation:[2] A person's emotional, sexual, and/or relational attraction to others. Sexual orientation is usually classified as heterosexual, bisexual, and homosexual (i.e., lesbian and gay).

Transgender:[2] A person whose gender identity and/or expression is different from that typically associated with their assigned sex at birth.

Transgender Male:[2] A transgender person who currently identifies as a male. Note: Also known as Female-to-Male "FTM."

Transgender Female:[2] A transgender person who currently identifies as a female. Note: Also known as Male-to-Female "MTF."

White:[1] The category "White" includes all individuals who identify with one or more nationalities or ethnic groups originating in Europe. Examples of these groups include, but are not limited to, German, Irish, English, Italian, Polish, and French. The category also includes groups such as Scottish, Norwegian, Dutch, Slavic, Cajun, Roma, etc.

[1] Under the current Office of Management and Budget (OMB) Standards on Race and Ethnicity, MENA responses are aggregated to the White category. However, for this questionnaire, the cultural competence workgroup at HHSC recommend MENA to be reported as a new minimum reporting category that is distinct from the White category. The categories and definitions for race and ethnicity used are adopted from "2015 National Content Test Race and Ethnicity Analysis Report" available at: https://www2.census.gov/programs-surveys/decennial/2020/program-management/final-analysis-reports/2015nct-race-ethnicity-analysis.pdf

[2] Definitions are adopted from "Top Health Issues for LGBT Populations Information & Resource Kit" from SAMHSA available at: https://store.samhsa.gov/shin/content/SMA12-4684/SMA12-4684.pdf