

---

## PROMOTING INCLUSION:

A Culturally Responsive Toolkit for Professionals  
that work with Transition Age Youth (16-25)



Rights.  
Respect.  
Responsibility.

**Advocates  
for Youth**  
Rights. Respect. Responsibility.  
[advocatesforyouth.org](http://advocatesforyouth.org)

# PUTTING IT INTO PRACTICE:

A GUIDE TO HELP  
ORGANIZATIONS  
IMPLEMENT THE  
PROMOTING INCLUSION  
CULTURALLY RESPONSIVE  
TOOLKIT

# ACKNOWLEDGEMENTS

Written by:

Sapna Varkey, Ph.D., MPA (she/her)  
S. Varkey Consulting, LLC.

Art direction and design by:

Bob Davies (he/him) [bobcreative.com](http://bobcreative.com)

Photo credits:

airfocus [airfocus.com](http://airfocus.com)  
Women of Color in Tech #WOCinTech

Date of Publication: April 2022

This document was funded through the Federal Health and Human Services Department (HHS), Substance Abuse and Mental Health Services Agency (SAMSHA), grant number H79SM081978. The project, Missouri Transition Age Youth- Local Engagement and Recovery (MO TAY-LER), is overseen by the Missouri Department of Mental Health (DMH) and seeks to improve access to treatment and support services for transition age youth with serious mental health disorders.

The contents of this guide are owned by the Missouri Department of Mental Health (DMH). Any future modifications of this toolkit can and will be made by DMH citing date of revisions and/or sections adjusted.

Contributors:

Kate Barbier	Michael Maclin
Amy Bellm	Jon Murphy
Shelley Flynn-Harding	Mary Saunders
Britt Grindstaff	Gail Sharpe
Katie Jones	Dana Silverblatt
Kinya Johnson	Victoria Walker
Rebecca Krull	Dani Wilson
Ryan Lindsay	Courtney Winters
Darla Young	

These individuals participated in interviews and meetings to brainstorm what was needed; edited drafts of the guide; and provided valuable feedback all of which were instrumental in the development of the guide. Thank you!

We are also grateful for additional contributions from MO TAY-LER team members from the following agencies: BJC Behavioral Health; Behavioral Health Network of Greater St. Louis ; Behavioral Health Response ; Compass Health Network; Missouri Institute for Mental Health ; and Places for People.

Varkey, S. (2022). Putting it into Practice: A Guide to Help Organizations Implement the Promoting Inclusion Culturally Responsive Toolkit. Missouri Department of Mental Health.

# TABLE OF CONTENTS

## **Stakeholder Actions to Improve Cultural Responsiveness**

<u>Introduction</u> .....	6
<u>Figure</u> .....	7

## **STAKEHOLDER 1**

### **Executive Leadership and Policy Committees**

<u>Section 1</u> .....	8
<u>Section 2</u> .....	12
<u>Resource List</u> .....	17

## **STAKEHOLDER 2**

### **Human Resources**

<u>Section 1</u> .....	18
<u>Section 2</u> .....	22
<u>Resource List</u> .....	27

## **STAKEHOLDER 3**

### **Non-clinical Team Members**

<u>Section 1</u> .....	28
<u>Section 2</u> .....	32
<u>Resource List</u> .....	37

**STAKEHOLDER 4**

**Board Members and Other Governing and/or Oversight Entities**

Section 1 ..... 38  
Section 2 ..... 42  
Resource List ..... 47

**STAKEHOLDER 5**

**Clinical Team Members and Providers**

Section 1 ..... 48  
Section 2 ..... 52  
Resource List ..... 56

**STAKEHOLDER 6**

**Volunteers and Advocates**

Section 1 ..... 58  
Section 2 ..... 62  
Resource List ..... 67

# STAKEHOLDER ACTIONS TO IMPROVE CULTURAL RESPONSIVENESS

This guide was developed to be used in conjunction with **Promoting inclusion: A culturally responsive toolkit for professionals that work with transition age youth (16-25)** for those that want more structure to use the toolkit in their organization. Together, these resources provide professionals with a roadmap to implement and improve culturally responsive care in their organizations. If you and/or your organization already have a framework to incorporate culturally responsive practices, this guide may provide some additional strategies. If you and/or your organization are seeking an entry point to incorporate culturally responsive practices, this guide provides concrete recommendations to help you integrate the toolkit into practice. However, the toolkit can be used on its own without this supplemental material.

The guide is separated by stakeholders and is not meant to be read cover-to-cover. Instead, you should find the type of stakeholder that best fits with your role and jump to that section of the guide only. You will then be guided through the toolkit so it is best to have that resource handy. As a reminder, the toolkit also has a glossary, activities, and additional helpful resources.

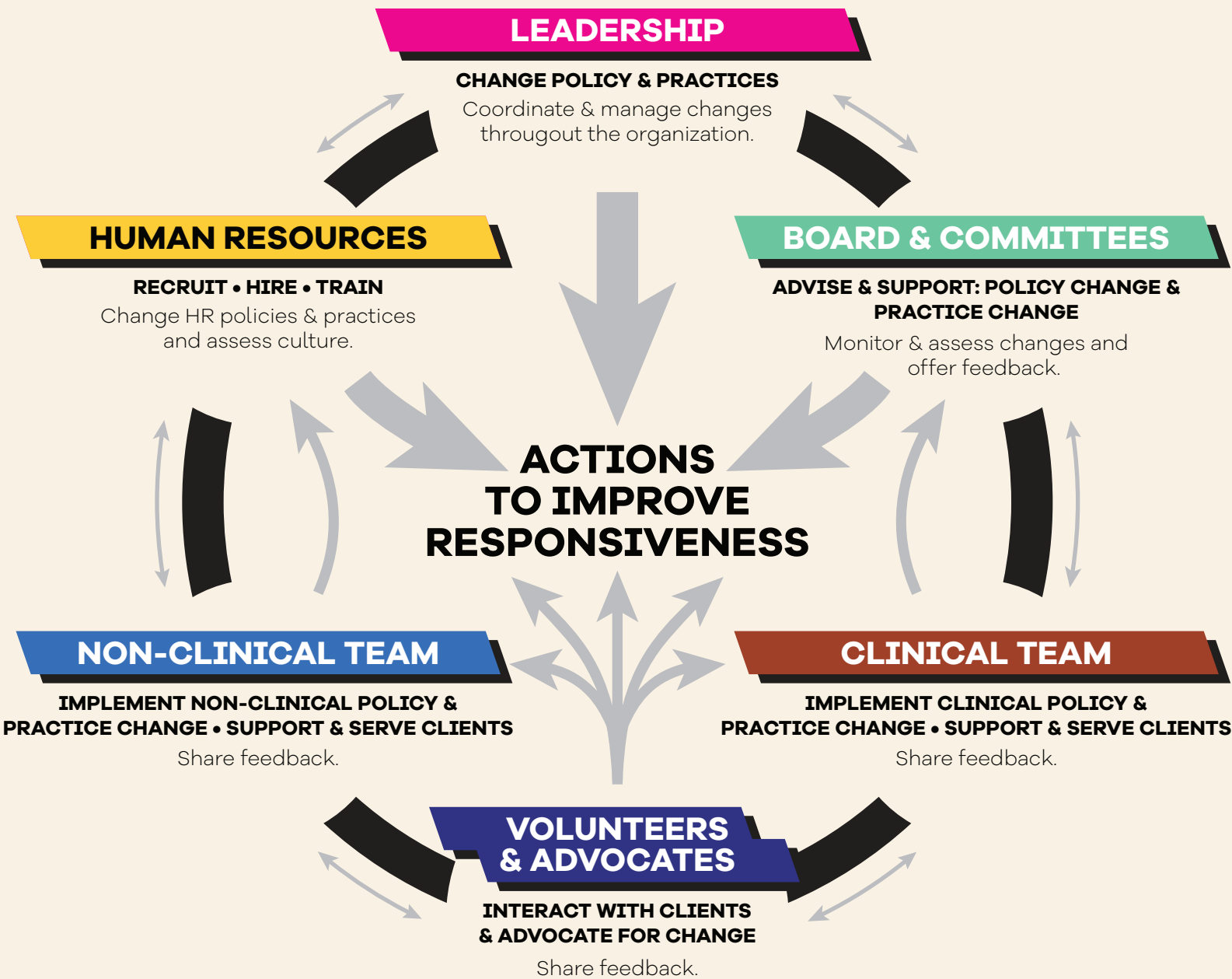
**FIGURE 1** outlines stakeholders' individual and shared responsibilities for improving cultural responsiveness in an organization. Six key stakeholder groups comprise the figure: leadership; human resources; non-clinical team members; boards and committees; clinical team members; and volunteers and advocates.

The words directly under each stakeholder highlight their primary individual responsibilities. For example, HR recruits, hires, and trains employees, and leaders change policies and practices.

The phrase towards the bottom defines an additional task that stakeholders should engage in as organizations work towards cultural responsiveness. For example, HR might adjust the questions used during interviews to be more inclusive and culturally sensitive. Clinical team members might need to share feedback with other stakeholders so that policy changes capture real-world needs. These are not the only tasks to complete but serve as examples of efforts.

The arrows along the outside of the circle exemplify information exchange among key stakeholders. The thick circular connections between all stakeholders exemplify their collective work in improving cultural responsiveness. Arrows within the circle show information-sharing among all stakeholders so that everyone has an accurate understanding of organizational functioning and needs. Taken together, this figure represents an ideal structure in which everyone in an organization, regardless of their position, has an important role in advancing cultural responsiveness.

**FIGURE 1.** Stakeholder Actions to Improve Cultural Responsiveness



# EXECUTIVE LEADERSHIP AND POLICY COMMITTEES

(OR CHANGE MAKERS AT THE ORGANIZATION THAT HAVE  
POWER TO ADJUST POLICIES AND PRACTICES)

**FIGURE 1** provides a framework for how organizational stakeholders can work collaboratively to improve cultural responsiveness. This can give organizations an idea of what collective action can look like, but they should modify their processes to accommodate unique situations within their agency.

**You have a responsibility to understand culturally responsive care and work towards making changes in the organization you lead.** The first task in improving your organizations' ability to deliver culturally responsive care is to make sure you are well informed. The background material in the toolkit provides a lot of information about: culture, responsiveness, health disparities, language, definitions, history, and industry standards to work towards.

**Implementing the toolkit and recommendations is not an all or nothing venture.**

There is flexibility in the order of operations and the pace of change, however we do encourage you to work through Section 1 first. We offer these materials to overhaul your organization, while fully acknowledging your reality. We believe that any progress is still progress.

As leaders, you should strongly consider sharing the cultural responsiveness toolkit and process implementation guide with all stakeholders. There are specific sections of the process implementation guide that will lead key stakeholders through the toolkit. You should not feel like you must review the entire toolkit before sharing it with others in the organization. In fact, you could share these materials organization-wide to help generate momentum for change. Remember,

all page numbers referenced in this guide are directing you to the Promoting Inclusion Toolkit.

You should be intentional about incorporating the governing board in improving culturally responsive care. The board plays a key role in organizational functioning and they should be informed about inclusive policies and practices. Share the toolkit and the board member section of this process implementation guide. Ask the board to review both and to be prepared to offer suggestions and approaches to implementing change at the next board meeting. Schedule follow-up agenda items throughout the year so that board members can hear about the organization's progress and support efforts.

**TABLE 1.** Executive leadership and other change makers

SECTION	HOW SHOULD THIS MATERIAL BE USED?	POTENTIAL ORGANIZATIONAL ACTION STEPS BASED ON THIS MATERIAL
<b>1.1 PURPOSE &amp; HOW TO USE</b>	The language, ideas, and approach outlined should be thoughtfully incorporated in the internal materials your organization uses to communicate with employees and the external materials your organization provides to clients.	<ol style="list-style-type: none"><li>1. Explaining what the social determinants of health (SDOH) are and outlining how your organization accounts for the SDOH in care delivery is important information to share with clients (through the website, flyers, signage, etc.).</li><li>2. Sharing that staff, providers/clinicians, administrators, etc. understand and empathize with the many challenges young people face (family rejection, harassment, STIs, violence, prejudice, etc.) through discussion during visits, and through materials the organization distributes, is critical.</li><li>3. Acknowledging the dominant culture and how it does not address the unique healthcare barriers young people face is critical. Leaders should think about how dominant culture influences the inner-workings of the organization and how it can fuel health disparities.</li><li>4. It is worth incorporating relevant language in organizational materials (e.g., strategic planning, policy review, mission, values, meetings, and in everyday interactions). Bring language in intentionally and make sure it not just “touted.”</li></ol>
<b>1.2 CULTURE: DEFINITIONS &amp; LIVED EXPERIENCES</b>	There are terms, elements, and values to take into account when considering culture and health care.	<ol style="list-style-type: none"><li>1. Use the elements of culture to critically consider current organizational practices (e.g., do current information intake materials take gender identity and expression into account so that providers are informed and prepared for interactions).</li><li>2. Does the organization’s external facing materials (website, advertisements, etc.) incorporate these terms, elements, and values?</li><li>3. Leaders should be intentional and incorporate front-line team member input to understand how these elements should be integrated.</li></ol>
<b>1.3 WHAT IS CULTURAL RESPONSIVENESS</b>	This section focuses on reflection about how you can take action and how the organization can be intentional.	<ol style="list-style-type: none"><li>1. Is your organization intentional about serving youth from a variety of cultural backgrounds?</li><li>2. What groups are you intentional about serving (youth living with disabilities, from racial and/or ethnic minority backgrounds, etc.)? List them.</li><li>3. How is your organization intentional about serving these groups? What practices or policies play a role?</li></ol>



## 1.4 HEALTH DISPARITIES & THEIR IMPACT ON YOUNG PEOPLE

This section defines health disparity and provides statistics outlining the need for cultural responsiveness.

1. Think about the data your organization collects. Are you able to assess whether there are disparities in youth served by your organization?
2. How have you used these data to inform organizational practices?
3. Do you need support collecting, analyzing, or understanding data? Should you search for expertise within the organization or look externally for a sustainable option?

## 1.5 A CULTURALLY RESPONSIVE HISTORY

The timeline highlights policies and regulations that encourage cultural responsiveness in health care.

1. Use this section to inform yourself.
2. Are there resources or connections that you can use from the Office of Minority Health (OMH) to further your organization's ability to provide culturally responsive care?
3. Does your organization need to incorporate resources from the Center for Linguistic and Cultural Competence in Healthcare (CLCCHC)?
4. Have you reviewed the Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability status?

## 1.6 CULTURAL RESPONSIVENESS ACROSS THE COUNTRY

The map outlines the progress of state- and territory-led initiatives for mandatory cultural competence training for health and health care service providers.

1. Use this section to inform yourself.
2. Are there allies within (or outside) the state that you can contact for advice or to share ideas (see Resource 12)?

## 1.7 ROADMAP: CULTURALLY RESPONSIVE STANDARDS

This section outlines the National Culturally and Linguistically Appropriate Services (CLAS) Standards.

1. What existing health care practices help your organization meet the principal standard?
2. What organizational governance policy, practices, and allocated resources promote CLAS standards and health equity?
3. Does the organization meet all of the communication and language assistance standards? What needs to be addressed?
4. How does the organization meet engagement, continuous improvement, and accountability standards?



Now that you have a general understanding of concepts, let's think about the training courses. **The second task in improving your organizations' ability to deliver culturally responsive care is to use Section 2 to guide organizational action.** This section provides an opportunity for reflection and follow-through. The toolkit recommends setting aside time each week to dig into these activities.

**Remember, there is no suggested timeline for implementing these efforts because execution will look different based on the capacity of the organization and current practices.** Keep in mind, meaningful policy and practice changes can take anywhere from several months to several years to fully implement. It could be helpful to roll-out cultural responsiveness efforts in conjunction with a leader from a fellow agency (one where you already know leadership), so that you can lean on each other for support.

The sections below will ask you to assemble advisory committees and convene employee groups to gather input. It is best practice to assemble groups with a variety of perspectives, backgrounds, and/or lived experiences. Tokenism occurs when you hire, include, or recruit a person (or group of people) for the sole purpose of preventing criticism and giving the appearance that people are being incorporated or treated fairly. Instead, you should genuinely value all

perspectives and incorporate them into organizational change.

Section 2.9 outlines inclusive language that should be incorporated in the behavioral health care setting. As leaders, you should remember that adjusting language and using inclusive practices is a way to be respectful, accurate, and relevant (see Resource 1). Your goal is to make youth and young adults feel welcome and safe in your care. The way we speak to others creates a culture in which everyone can feel valued, respected, and included.

As you work through the organizational action steps to improve cultural responsiveness, it is important to think about how to evaluate change. There are several levels where change can occur (organization-, employee-, and client-levels). See Resource 9, Appendix C, for extensive lists of validated instruments and measures that can be used to assess change.

Once you have reviewed Section 2 of the Toolkit, you can use Section 3: Group Activities to Build Responsiveness (see page 32). The activities provide support for organizations interested in building cultural responsiveness. Completing the training in Resource 13 will drastically strengthen your facilitation skills.

**TABLE 1.** Executive leadership and other change makers cont'd

SECTION	HOW SHOULD THIS MATERIAL BE USED?	POTENTIAL ORGANIZATIONAL ACTION STEPS BASED ON THIS MATERIAL
<h2>2.1 HOW DO I BECOME 'CULTURALLY RESPONSIVE'?</h2>	<p>This section outlines four steps to improve your individual abilities.</p>	<ol style="list-style-type: none"> <li>1. As a leader, your ability to reflect on yourself and the organization's abilities is critical to the well-being of the young people you serve.</li> <li>2. Sharing these steps within the organization and providing time for self-reflection and discussion will help establish a thoughtful culture. Consider using Sections 3.1, 3.2, and 3.3 for reflection and learning (see page 32 of the Toolkit).</li> </ol>
<h2>2.2 EXPLORING CULTURAL RESPONSIVENESS WITHIN</h2>	<p>This section starts with an assessment of your beliefs and attitudes, knowledge, and skills. This provides a baseline for examination and improvement.</p>	<ol style="list-style-type: none"> <li>1. After completing the assessment on page 13, pages 14 &amp; 15 provide information on understanding attitudes and biases, discrimination, action steps, and ways to assist staff so that they can support young people from marginalized backgrounds.</li> <li>2. Make sure your organization has a simple, transparent process through which to file complaints for homophobic, racist, or sexist words or actions.</li> </ol>

## 2.3 THE ROLE OF PRIVILEGE

This section focuses on acknowledging privilege, which can help us understand its impact on minority youth.

1. Use the categories of privilege to learn more or refresh your memory.
2. Use the questions on page 17 to reflect on your own privilege.
3. Convene a group of youth that receive services from your organization and ask them to reflect upon their experience with privilege.

## 2.4 IS YOUR WORK TRAUMA-INFORMED?

This section outlines ways health professionals can increase their support via a trauma-informed lens.

1. Give yourself, as a leader, a grade for each item using the list on pages 18 & 19.
2. Give your organization a grade for each item.
3. How can you make improvements on the areas that received low grades?

## 2.5 ARE YOU MEETING THE STANDARDS?

This section will help you assess the policies and procedures of the organization (based on National CLAS standards) and evaluate the internal climate of your organization.

1. Go through each of the policies and procedures and determine (yes/no) whether they are already incorporated in your organization.
2. Go back through each of your “no” answers and make policy and/or procedure adjustments that would help your organization meet the standard. Don’t be afraid to write them down.
3. Use the inclusive language list provided in Section 2.9 when adjusting policies and practices.
4. Keep in mind, there are regulatory standards to incorporate into your organization (see Resource 11).

## 2.6 HOW DO YOUR POLICIES MATCH UP?

These sample policies could be used to help restructure your organizational policies.

1. Do not be afraid to explicitly mention race, ethnicity, immigration status, religion, etc. in inclusive, non-discrimination policies (see p. 21 for full list).
2. Use the inclusive language list provided in Section 2.9 when adjusting policies and practices.
3. Connect with your HR manager, DEI committee, employees, etc. when examining and adjusting policies.
4. Make policies public and promote them within the organization’s physical and online spaces. This will help create an inclusive environment.

## 2.7 PUTTING IT INTO PRACTICE

This section provides a list of inclusive practices that the organization should use.

1. As a leader, you should review these practices fully and reflect on areas to improve.
2. Next, you should convene members within the organization (make sure you have people from different levels, different divisions, and with different roles) to look at the practices listed on p. 23.
3. Use the inclusive language list provided in Section 2.9 when adjusting policies and practices.
4. Create committee/s that are responsible for taking action steps in implementing the changes needed. Committees should have protected work-hours for these efforts.
5. Provide on-going support for these committees so that they can achieve their goal/s.

## 2.8 FIRST IMPRESSIONS AND BEYOND

This section provides a list of ways for the organization to improve its cultural responsiveness through in-person and digital means.

1. As leadership, you should review these practices fully and reflect on areas to improve.
2. Next, you should convene members within the organization (make sure you have people from different levels, different divisions, and with different roles) to look at the practices listed on p. 24.
3. Use the inclusive language list provided in Section 2.9 when adjusting policies and practices.
4. You should assemble and engage with committees to review Section 2.11, which outlines culturally responsive communication policies.
5. Create committee/s that are responsible for taking action steps in implementing the changes needed. Committees should have protected work-hours for these efforts.
6. Provide on-going support for these committees so that they can achieve their goal/s.

## 2.9 LANGUAGE MATTERS

This section provides inclusive language that should be used for policies, forms, interpersonal communication, and on the website.

1. As leadership, you should regularly review pages 25 & 26 to ensure commitment to this language.
2. Next, you should convene members within the organization (make sure you have people from different levels, different divisions, and with different roles) to review policies, forms, interpersonal communication and the website so they align with Section 2.9.
3. Create committee/s that are responsible for taking action steps in implementing the changes needed. Committees should have protected work-hours for these efforts.
4. Provide on-going support for these committees so that they can achieve their goal/s.

## 2.10 CREATING CULTURALLY RESPONSIVE PROGRAMS

This section provides advice for meeting the communication needs of minority young people through programming.

1. As leadership, you should use the list on page 27 & 28 to assess programs.
2. Next, you should convene members within the organization (make sure you have people from different levels, different divisions, and with different roles) to review policies, forms, interpersonal communication, and the website to make sure language aligns with Section 2.9.
3. Create committee/s that are responsible for taking action steps in implementing the changes needed. Committees should have protected work-hours for these efforts.
4. Provide on-going support for these committees so that they can achieve their goal/s.

## **2.11 MEETING COMMUNICATION NEEDS OF YOUNG PEOPLE**

This section outlines the Joint Commission's process for culturally responsive communication during intake, assessment, treatment, and discharge.

1. As leadership, you should use Section 2.11 to review the organization's intake, assessment, treatment, and discharge policies.
2. Use the inclusive language list provided in Section 2.9 when adjusting policies and practices.
3. You should convene members within the organization (make sure you have people from different levels, different divisions, and with different roles) to review policies, forms, interpersonal communication, and the website to make sure language aligns with Section 2.9.
4. Create committee/s that are responsible for taking action steps in implementing the changes needed. Committees should have protected work-hours for these efforts.
5. Provide on-going support for these committees so that they can achieve their goal/s.

## **2.12 THINGS TO CONSIDER WHEN CREATING DIGITAL SAFER SPACES**

This section provides concrete actions to create digital safer spaces.

1. As leadership, you should review pages 30 & 31 and identify areas to improve digital spaces.
2. You should engage young people in these efforts. Find a way to incorporate their input on current digital spaces and use it to make improvements.
3. Make sure to use the inclusive language list provided in Section 2.9 when adjusting policies and practices.
4. Leadership should convene the IT and/or web designers to identify an approach to making changes that align with list on page 30.
5. Leadership should then convene members within the organization (make sure you have people from different levels, different divisions, and with different roles) to review the process for making changes to digital spaces (relay IT/web designer information). Leaders should ask team members for their input on what changes to make.
6. Leadership should incorporate team member input and plan to provide updates and opportunities for feedback throughout the change process.

## ADDITIONAL RESOURCES

1. **Building Inclusion Through the Power of Language** outlines how and why inclusive language can improve work environments. [https://www.dca.org.au/sites/default/files/dca\\_wordsatwork\\_overall\\_guide.pdf](https://www.dca.org.au/sites/default/files/dca_wordsatwork_overall_guide.pdf)
2. **A Practical Guide to Implementing the National CLAS Standards: For Racial, Ethnic, and Linguistic Minorities, People with Disabilities, and Sexual and Gender Minorities** is a guide developed by the Centers for Medicare & Medicaid Services that can help organizations implement CLAS standards. This document is rich with resources and contains training materials for leadership and staff. <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/CLAS-Toolkit-12-7-16.pdf>
3. **The Joint Commission: Health Equity** provides standards information, patient-centered communication resources, and other resources readers could use as they work on implementing pieces from Section 1.7. [https://www.jointcommission.org/resources/patient-safety-topics/health-equity/#6d3d80d963c049a5a53813b583e6d88f\\_0a12c7dacff6442b981631246015733f](https://www.jointcommission.org/resources/patient-safety-topics/health-equity/#6d3d80d963c049a5a53813b583e6d88f_0a12c7dacff6442b981631246015733f)
4. **St. Louis Regional Nonprofit Indicators** report provides information on critical aspects of the nonprofit sector (like economic impact, employment, and comparative growth) that can give organizations context about their role in the region. <https://stldata.org/wp-content/uploads/2021/09/STL-Nonprofit-Indicators-Final-September-2021.pdf>
5. **Challenges and Rewards of a Culturally-Informed Approach to Mental Health** is an 18-minute TEDx talk by Dr. Jessica Dere outlining how culture is related to mental health. <https://www.youtube.com/watch?v=VrYmQDiunSc>
6. **Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color** is an article about intersectionality by Dr. Kimberlé Crenshaw. <https://www.jstor.org/stable/1229039?seq=1>
7. **Improving Cultural Competence: Quick Guide for Administrators** is based on TIP 59 and provides easily accessible information to behavioral health administrators about developing culturally competent organizations. This manual for administrators describes the influence of culture on the delivery of substance use and mental health services. It discusses racial, ethnic, and cultural considerations, and presents the core elements of cultural competence. <https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4932.pdf>
8. **Improving Cultural Competence: Quick Guide for Clinicians** is based on TIP 59 and provides easily accessible information to behavioral health clinicians about providing culturally competent treatment. This manual for professional care providers and administrators describes the influence of culture on the delivery of substance use and mental health services. It discusses racial, ethnic, and cultural considerations, and presents the core elements of cultural competence. <https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4931.pdf>
9. **Improving Cultural Competence: Number 59 in the Treatment Improvement Protocol** is the full guide that helps professional care providers and administrators understand the role of culture in the delivery of mental health and substance use services. It describes cultural competence and discusses racial, ethnic, and cultural considerations. <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4849.pdf>
10. **Missouri Foundation for Health** provides up-to-date nonpartisan information on issues being addressed by Missouri's legislature to help our partners navigate the state's policymaking process. <https://mffh.org/our-focus/policy/legislative-updates/>
11. **An Implementation Checklist for the National CLAS Standards** lists successful CLAS-related organizational activities. <https://thinkculturalhealth.hhs.gov/assets/pdfs/AnImplementationChecklistfortheNationalCLASStandards.pdf>
12. **Culture, Equity, Diversity, and Inclusion Committee (CEDI)** through the Missouri Behavioral Health Council (MBHC) is the Council's way to offer equitable support, guidance and resources to each participating organization. <https://www.mobhc.org/resources/culture-equity-diversity-inclusion-cedi>
13. **Improving Cultural Competency for Behavioral Health Professionals from Health and Human Services (HHS)** is a this free, online training that teaches you how to better respect and respond to your client's unique needs. <https://thinkculturalhealth.hhs.gov/education/behavioral-health>
14. **For the Sake of All** is a report on the health and well-being of African Americans in St. Louis and why it matters for everyone. <https://forthesakeofall.files.wordpress.com/2014/05/for-the-sake-of-all-report.pdf>
15. **Understanding the Cycle of Socialization** helps us understand the way in which we are socialized to play certain roles, how we are affected by issues of oppression, and how we help maintain an oppressive system based upon power. [https://depts.washington.edu/fammed/wp-content/uploads/2018/06/Cycle\\_ofSocializationHandout.pdf](https://depts.washington.edu/fammed/wp-content/uploads/2018/06/Cycle_ofSocializationHandout.pdf)



# HUMAN RESOURCES

## (HR) SPECIALIST (OR OTHER INDIVIDUALS IN CHARGE OF TRAINING)

**FIGURE 1** provides a framework for how organizational stakeholders can work collaboratively to improve cultural responsiveness. This can give organizations an idea of what collective action can look like, but they should modify their processes to accommodate unique situations within their agency.

**As a HR specialist, you have a responsibility to understand culturally responsive care and work towards making changes in the organization you lead.** The first task in improving your organizations' ability to deliver culturally responsive care is to make sure you are well informed. The background material in the toolkit provides a lot of information about: culture, responsiveness, health disparities, language, definitions, history, and industry standards to work towards. Remember, all page numbers referenced in this guide are directing you to the Promoting Inclusion Toolkit.

**Implementing the toolkit and recommendations is not an all or nothing venture.** There is flexibility in the order of operations and the pace of change, however we do encourage you to work through Section 1 first. We offer these materials to overhaul your organization, while fully acknowledging your reality. We believe that any progress is still progress.



**TABLE 3.** HR specialist (or other individuals in charge of training)

SECTION	HOW SHOULD THIS MATERIAL BE USED?	POTENTIAL ORGANIZATIONAL ACTION STEPS BASED ON THIS MATERIAL
<b>1.1 PURPOSE &amp; HOW TO USE</b>	<p>The language, ideas, and approach outlined should be thoughtfully incorporated in the internal materials your organization uses to communicate with employees and the external materials your organization provides to clients.</p>	<ol style="list-style-type: none"><li>1. Having language about the social determinants of health (SDOH) in employee training materials can ensure alignment with the organizations' values and external facing materials. For example, training should include language about staff, providers/clinicians, administrators, etc. understanding and empathizing with the many challenges young people face (discrimination, safe housing, polluted water, etc.). Providing guidance on how these topics should be discussed during visits, and through materials the organization distributes, is critical.</li><li>2. Training should acknowledge the dominant culture and how it does not address the unique health care barriers young people face.</li><li>3. It is worth incorporating relevant language in organizational and training materials (mission, values, meetings, and in everyday interactions). Bring language in intentionally and make sure it not just "touted."</li></ol>
<b>1.2 CULTURE: DEFINITIONS &amp; LIVED EXPERIENCES</b>	<p>There are terms, elements, and values to take into account when considering culture and health care.</p>	<ol style="list-style-type: none"><li>1. Use the elements of culture to critically consider current organizational practices (e.g., are staff trained to discuss services specific to gender identity and expression with clients).</li><li>2. Does the organization's external facing materials (job postings, website, etc.) incorporate these terms, elements, and values?</li><li>3. HR specialists should be intentional and incorporate front-line team member input to understand how these elements should be integrated.</li></ol>
<b>1.3 WHAT IS CULTURAL RESPONSIVENESS</b>	<p>This section focuses on reflection about how you can take action and how the organization can be intentional.</p>	<ol style="list-style-type: none"><li>1. Are your employees equipped/trained to serve youth from a variety of cultural backgrounds?</li><li>2. What groups are you intentional about serving (youth living with disabilities, from racial and/or ethnic minority backgrounds, etc.)? List them.</li><li>3. How is your organization intentional about serving these groups? What practices or policies play a role?</li></ol>

## 1.4 HEALTH DISPARITIES & THEIR IMPACT ON YOUNG PEOPLE

This section defines health disparity and provides statistics outlining the need for cultural responsiveness.

1. Think about the data your organization collects. Are you able to assess whether there are disparities in youth served by your organization?
2. How have you used these data to inform training approaches or professional development requirements?
3. Do you need support collecting, analyzing, or understanding data for HR adjustments? Should you search for expertise within the organization or look externally for a sustainable option?

## 1.5 A CULTURALLY RESPONSIVE HISTORY

The timeline highlights policies and regulations that encourage cultural responsiveness in health care.

1. Use this section to inform yourself.
2. Are there resources or connections that you can use from the Office of Minority Health (OMH) to further your organization's ability to provide culturally responsive care?
3. Does your organization need to incorporate resources from the Center for Linguistic and Cultural Competence in Healthcare (CLCCHC)?

## 1.6 CULTURAL RESPONSIVENESS ACROSS THE COUNTRY

The map outlines the progress of state- and territory-led initiatives for mandatory cultural competence training for health and health care service providers.

1. Use this section to inform yourself.
2. Are there HR allies within, or outside, the state you can contact for advice or to share ideas (see Resource 12)?

## 1.7 ROADMAP: CULTURALLY RESPONSIVE STANDARDS

This section outlines the National Culturally and Linguistically Appropriate Services (CLAS) Standards.

1. What existing HR practices or policies help your employees meet the principal standard?
2. How does HR management support organizational governance policy, practices, and allocated resources that promote CLAS standards and health equity?
3. Does HR training incorporate all of the communication and language assistance standards? What needs to be addressed?
4. How does the HR division help the organization meet engagement, continuous improvement, and accountability standards?



Now that you have a general understanding of concepts, let's think about the training courses. **The second task in improving your organizations' ability to deliver culturally responsive care is to use Section 2 to guide organizational adjustments and action.** This section provides an opportunity for reflection and follow-through. The toolkit recommends setting aside time each week to dig into these activities.

As a HR specialist it will be important to reflect on hiring practices and recruitment strategies. Consider how strategies relate to non-dominant cultures and how they relate to familiarity with youth culture. Are hiring strategies welcoming and/or attracting candidates with these backgrounds? Relatedly, it will be important to review language and content of interview questions to be more inclusive and culturally sensitive.

Furthermore, you should consider the cultures of the staff within the organization in conjunction with the cultures of the people the organization serves. If these do

not align, HR should work with leadership to broaden search efforts and try and attract a more diverse pool of candidates. While representation matters, it is also important to have responsive, inclusive practices.

As you work through the organizational action steps to improve cultural responsiveness, it is important to think about how to evaluate change. There are several levels where change can occur (organization-, employee-, and client-levels). See Resource 9, Appendix C, for extensive lists of validated instruments and measures that can be used to assess change.

Once you have reviewed Section 2 of the Toolkit, you can use Section 3: Group Activities to Build Responsiveness (see page 32). The activities provide support for organizations interested in building cultural responsiveness. Completing the training in Resource 13 will drastically strengthen your facilitation skills.

**TABLE 4.** HR specialist (or other individuals in charge of training) cont'd

SECTION	HOW SHOULD THIS MATERIAL BE USED?	POTENTIAL ORGANIZATIONAL ACTION STEPS BASED ON THIS MATERIAL
<h2 data-bbox="86 857 567 982">2.1 HOW DO I BECOME 'CULTURALLY RESPONSIVE'?</h2>	<p data-bbox="611 857 1003 922">This section outlines four steps to improve your individual abilities.</p>	<ol data-bbox="1045 857 2005 1091" style="list-style-type: none"> <li data-bbox="1045 857 2005 922">1. As a HR specialist, your willingness to reflect on yourself and the organizations' abilities is critical to the well-being of the young people you serve.</li> <li data-bbox="1045 950 2005 1091">2. Sharing these steps for self-reflection and discussion within the organization, as an element of on-boarding or training, will help establish a culture of reflection within the organization. Consider using Sections 3.1, 3.2, and 3.3 for reflection and learning (see page 32 of the Toolkit).</li> </ol>
<h2 data-bbox="86 1161 504 1323">2.2 EXPLORING CULTURAL RESPONSIVENESS WITHIN</h2>	<p data-bbox="611 1161 987 1339">This section starts with an assessment of your beliefs and attitudes, knowledge, and skills. This provides a baseline for examination and improvement.</p>	<ol data-bbox="1045 1161 1942 1429" style="list-style-type: none"> <li data-bbox="1045 1161 1942 1258">1. After taking the assessment on page 13, pages 14 &amp; 15 provide information on understanding attitudes and biases, discrimination, action steps, and ways to support staff.</li> <li data-bbox="1045 1291 1942 1429">2. Work with other leaders in the organization to create a simple, transparent process through which to file complaints for homophobic, racist, sexist, etc. words and/or actions. Systems and/or processes should exist for clients and employees to be able to report occurrences.</li> </ol>

## 2.3 THE ROLE OF PRIVILEGE

This section focuses on acknowledging privilege, which can help us understand its impact on minority youth.

1. Use the categories of privilege to learn more, or refresh your memory.
2. Use the questions on page 17 to reflect on your own privilege.
3. Convene a group of employees so that they can reflect upon how privilege is (or is not) accounted for in their work responsibilities and/or in the organizations' practices.
4. Based on feedback from employees, outline adjustments, trainings, or policy changes that could remedy the challenges. Share these ideas with other leaders in the organization.

## 2.4 IS YOUR WORK TRAUMA-INFORMED?

This section outlines ways health professionals can increase their support via a trauma-informed lens.

1. Give yourself a grade for each item using the list on pages 18 & 19.
2. Give your organization a grade for each item.
3. How can you, as a HR specialist, make improvements in the organization on the areas that received low grades?

## 2.5 ARE YOU MEETING THE STANDARDS?

This section will help you assess the policies and procedures of the organization (based on National CLAS standards) and evaluate the internal climate of your organization.

1. Go through each of the policies and procedures and determine (yes/no) whether they are already incorporated in your organization.
2. Go back through each of your "no" answers and recommend policy and/or procedure adjustments that would help your organization meet the standard. Don't be afraid to write them down.
3. Use the inclusive language list provided in Section 2.9 when adjusting policies and practices.

## 2.6 HOW DO YOUR POLICIES MATCH UP?

These sample policies could be used to help restructure your organizational policies.

1. Review your organization's current policies in conjunction with this section.
2. Do not be afraid to explicitly mention race, ethnicity, immigration status, religion, etc. in inclusive, non-discrimination policies (see p. 21 for full list).
3. Use the inclusive language list provided in Section 2.9 when adjusting policies and practices.
4. Connect with leadership, DEI committee, employees, etc. when examining and adjusting policies.
5. Make policies public and promote them within the organization's physical and online spaces. This will help create an inclusive environment.

## 2.7 PUTTING IT INTO PRACTICE

This section provides a list of inclusive practices that the organization should use.

1. As a HR specialist, you should review these practices fully and flag those that could be improved.
2. Next, you should convene members within the organization (make sure you have people from different levels, different divisions, and with different roles) to examine the practices flagged from Step 1.
3. Use the inclusive language list provided in Section 2.9 when adjusting policies and practices.
4. Create committee/s that are responsible for taking action steps in implementing the changes needed. Connect with leadership so you are not duplicating efforts and to make sure committees have protected work-hours for these efforts.
5. Provide on-going support for these committees so that they can achieve their goal/s.

## 2.8 FIRST IMPRESSIONS AND BEYOND

This section provides a list of ways for the organization to improve its cultural responsiveness through in-person and digital means.

1. As a HR specialist, you should review these practices fully and flag areas where you can support improvements (e.g., offer professional development credit for participation in cultural awareness days, events or initiatives).
2. You should convene members within the organization (make sure you have people from different levels, different divisions, and with different roles) to examine the practices flagged from Step 1.
3. Use the inclusive language list provided in Section 2.9 when adjusting policies and practices.
4. Review Section 2.11, which outlines culturally responsive communication policies.
5. Create committee/s that are responsible for taking action steps in implementing the changes needed. Connect with leadership so you are not duplicating efforts and to make sure committees have protected work-hours for these efforts.
6. Provide on-going support for these committees so that they can achieve their goal/s.

## 2.9 LANGUAGE MATTERS

This section provides inclusive language that should be used for policies, forms, interpersonal communication, and on the website.

1. As a HR specialist, you should regularly review pages 25 & 26 to ensure commitment to this language.
2. Next, you should review policies, forms, interpersonal communication and the website to make sure language aligns with Section 2.9.
3. Create committee/s within the HR division that are responsible for taking action steps in implementing the changes needed. Connect with leadership so you are not duplicating efforts and to make sure committees have protected work-hours for these efforts.
4. Provide on-going support for these committees so that they can achieve their goal/s.

## 2.10 CREATING CULTURALLY RESPONSIVE PROGRAMS

This section provides advice for meeting the communication needs of minority young people through programming.

1. As a HR specialist, you should use the list on pages 27 & 28 to assess current practices and flag areas for future action.
2. You should convene members within the organization (make sure you have people from different levels, different divisions, and with different roles) to review areas of improvement flagged from Step 1. Make sure language used for policy and practice adjustment aligns with Section 2.9.
3. Create HR division committee/s that are responsible for taking action steps in implementing the changes needed. For example, committees might agree that staff should have practice responding to unacceptable language and behaviors. Therefore, committees may focus on finding trainings to help staff practice responding. Committees should have protected work-hours for these efforts.
4. Provide on-going support for these committees so that they can achieve their goal/s.



## **2.11 MEETING COMMUNICATION NEEDS OF YOUNG PEOPLE**

This section outlines the Joint Commission's process for culturally responsive communication during intake, assessment, treatment, and discharge.

1. As a HR specialist, you should use Section 2.11 to inform training approaches.
2. It will be helpful to connect with leadership and/or the DEI committee since they could also be updating policy language for each process (intake, assessment, treatment, and discharge policies).

## **2.12 THINGS TO CONSIDER WHEN CREATING DIGITAL SAFER SPACES**

This section provides concrete actions to create digital safer spaces.

1. As a HR specialist, you should review page 30 & 31 fully and flag practices in the list that could be improved with HR division actions.
2. Use the inclusive language list provided in Section 2.9 when adjusting policies and practices.
3. You should work with leadership and convene IT and/or web designers to identify an approach to making changes that align with page 30.
4. Create committee/s that are responsible for taking action steps in implementing the changes needed. Connect with leadership so you are not duplicating efforts and to make sure committees have protected work-hours for these efforts.
5. Committees should check in with HR leadership and provide updates. Committees should create opportunities to receive feedback from others (outside of HR) throughout the process.

# ADDITIONAL RESOURCES

1. **Building Inclusion Through the Power of Language** outlines how and why inclusive language can improve work environments [https://www.dca.org.au/sites/default/files/dca\\_wordsatwork\\_overall\\_guide.pdf](https://www.dca.org.au/sites/default/files/dca_wordsatwork_overall_guide.pdf)
2. **A Practical Guide to Implementing the National CLAS Standards: For Racial, Ethnic, and Linguistic Minorities, People with Disabilities, and Sexual and Gender Minorities** is a guide developed by the Centers for Medicare & Medicaid Services that can help organizations implement CLAS standards. This is document is rich with resources and contains training materials for leadership and staff. <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/CLAS-Toolkit-12-7-16.pdf>
3. **The Joint Commission: Health Equity** provides standards information, patient-centered communication resources, and other resources readers could use as they work on implementing pieces from Section 1.7. [https://www.jointcommission.org/resources/patient-safety-topics/health-equity/#6d3d80d963c049a5a53813b583e6d88f\\_0a12c7dacff6442b981631246015733f](https://www.jointcommission.org/resources/patient-safety-topics/health-equity/#6d3d80d963c049a5a53813b583e6d88f_0a12c7dacff6442b981631246015733f)
4. **St. Louis Regional Nonprofit Indicators** report provides information on critical aspects of the nonprofit sector (like economic impact, employment, and comparative growth) that can give organizations context about their role in the region. <https://stldata.org/wp-content/uploads/2021/09/STL-Nonprofit-Indicators-Final-September-2021.pdf>
5. **Challenges and Rewards of a Culturally-Informed Approach to Mental Health** is an 18-minute TEDx talk by Dr. Jessica Dere outlining how culture is related to mental health. <https://www.youtube.com/watch?v=VrYmQDiunSc>
6. **Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color** is an article about intersectionality by Dr. Kimberlé Crenshaw. <https://www.jstor.org/stable/1229039?seq=1>
7. **Improving Cultural Competence: Quick Guide for Administrators** is based on TIP 59 and provides easily accessible information to behavioral health administrators about developing culturally competent organizations. This manual for administrators describes the influence of culture on the delivery of substance use and mental health services. It discusses racial, ethnic, and cultural considerations, and presents the core elements of cultural competence. <https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4932.pdf>
8. **Improving Cultural Competence: Quick Guide for Clinicians** is based on TIP 59 and provides easily accessible information to behavioral health clinicians about providing culturally competent treatment. This manual for professional care providers and administrators describes the influence of culture on the delivery of substance use and mental health services. It discusses racial, ethnic, and cultural considerations, and presents the core elements of cultural competence. <https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4931.pdf>
9. **Improving Cultural Competence: Number 59 in the Treatment Improvement Protocol** is the full guide that helps professional care providers and administrators understand the role of culture in the delivery of mental health and substance use services. It describes cultural competence and discusses racial, ethnic, and cultural considerations. <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4849.pdf>
10. **Missouri Foundation for Health** provides up-to-date nonpartisan information on issues being addressed by Missouri's legislature to help our partners navigate the state's policymaking process. <https://mfh.org/our-focus/policy/legislative-updates/>
11. **An Implementation Checklist for the National CLAS Standards** lists successful CLAS-related organizational activities. <https://thinkculturalhealth.hhs.gov/assets/pdfs/AnImplementationChecklistfortheNationalCLASStandards.pdf>
12. **Culture, Equity, Diversity, and Inclusion Committee (CEDI)** through the Missouri Behavioral Health Council (MBHC) is the Council's way to offer equitable support, guidance and resources to each participating organization. <https://www.mobhc.org/resources/culture-equity-diversity-inclusion-cedi>
13. **Improving Cultural Competency for Behavioral Health Professionals from Health and Human Services (HHS)** is a this free, online training that teaches you how to better respect and respond to your client's unique needs <https://thinkculturalhealth.hhs.gov/education/behavioral-health>
14. **For the Sake of All** is a report on the health and well-being of African Americans in St. Louis and why it matters for everyone. <https://forthesakeofall.files.wordpress.com/2014/05/for-the-sake-of-all-report.pdf>
15. **Understanding the Cycle of Socialization** helps us understand the way in which we are socialized to play certain roles, how we are affected by issues of oppression, and how we help maintain an oppressive system based upon power. [https://depts.washington.edu/fammed/wp-content/uploads/2018/06/Cycle\\_ofSocializationHandout.pdf](https://depts.washington.edu/fammed/wp-content/uploads/2018/06/Cycle_ofSocializationHandout.pdf)

# NON-CLINICAL TEAM MEMBERS

(NON-CLINICAL STAFF,  
ADMINISTRATIVE PROFESSIONALS, ETC.)

**FIGURE 1** provides a framework for how organizational stakeholders can work collaboratively to improve cultural responsiveness. This can give organizations an idea of what collective action can look like, but they should modify their processes to accommodate unique situations within their agency.

**You have a responsibility to understand culturally responsive care and exemplify it in your work.** The first task in improving your organizations' ability to deliver culturally responsive care is to make sure you are well informed. The background material in the toolkit provides a lot of information about: culture, responsiveness, health disparities, language, definitions, history, and industry standards to work towards. Remember, all page numbers referenced in this guide are directing you to the Promoting Inclusion Toolkit.

**Implementing the toolkit and recommendations is not an all or nothing venture.**

There is flexibility in the order of operations and the pace of change, however we do encourage you to work through Section 1 first. We offer these materials to overhaul your organization, while fully acknowledging your reality. We believe that any progress is still progress.



**TABLE 5.** Team members (non-clinical staff, administrative professionals, etc.)

SECTION	HOW SHOULD THIS MATERIAL BE USED?	POTENTIAL ORGANIZATIONAL ACTION STEPS BASED ON THIS MATERIAL
<h2>1.1 PURPOSE &amp; HOW TO USE</h2>	<p>The language, ideas, and approach outlined should be thoughtfully incorporated in the internal materials your organization uses to communicate with employees and the external materials your organization provides to clients.</p>	<ol style="list-style-type: none"><li>1. Understanding and using the proper language about the social determinants of health (SDOH) can help you communicate appropriately with clients and their caregivers. For example, listening to clients' challenges (e.g., discrimination, safe housing, polluted water, etc.) and making the connection between those challenges and access to care can help you better serve their needs. This could be as simple as listening to challenges and providing resources to support.</li><li>2. As team members, it is important to acknowledge the dominant culture and how it does not address the unique healthcare barriers young people face. In your position, it will be important to think through how dominant culture influences the inner-workings of the organization and how it can fuel health disparities.</li><li>3. Practice incorporating relevant language in your work vocabulary (e.g., in meetings and in everyday interactions). Bring it in intentionally so that you are comfortable and well-versed in these topics.</li></ol>
<h2>1.2 CULTURE: DEFINITIONS &amp; LIVED EXPERIENCES</h2>	<p>There are terms, elements, and values to take into account when considering culture and health care.</p>	<ol style="list-style-type: none"><li>1. Use these elements of culture to consider how you engage with clients. For example, do you currently feel prepared to discuss services specific to gender identity and expression with clients that might have questions?</li><li>2. Does the organization's external facing materials (brochures, flyers, etc.) incorporate these terms, elements, and values?</li><li>3. Think about how these elements should intentionally be incorporated in your everyday work.</li></ol>
<h2>1.3 WHAT IS CULTURAL RESPONSIVENESS</h2>	<p>This section focuses on reflection about how you can take action and how the organization can be intentional.</p>	<ol style="list-style-type: none"><li>1. Are you equipped/trained to serve youth from a variety of cultural backgrounds?</li><li>2. Is the organization intentional about serving specific groups (youth living with disabilities, from racial and/or ethnic minority backgrounds, etc.)? List them.</li><li>3. How is your organization intentional about serving these groups? What practices or policies play a role?</li></ol>

## 1.4 HEALTH DISPARITIES & THEIR IMPACT ON YOUNG PEOPLE

This section defines health disparity and provides statistics outlining the need for cultural responsiveness.

1. Think about the data your organization collects. Are you given information about whether there are disparities in youth served by your organization?
2. Does leadership use health disparity data from your organization to inform practices, policies, or procedures?
3. Do you have anecdotal information you could share with leadership about disparities in care that you have witnessed?

## 1.5 A CULTURALLY RESPONSIVE HISTORY

The timeline highlights policies and regulations that encourage cultural responsiveness in health care.

1. Use this section to inform yourself.
2. Do you feel you need more resources on culturally responsive care to appropriately fulfill your responsibilities? Please ask for these from leadership and your HR specialist.

## 1.6 CULTURAL RESPONSIVENESS ACROSS THE COUNTRY

The map outlines the progress of state- and territory-led initiatives for mandatory cultural competence training for health and health care service providers.

1. Use this section to inform yourself.
2. Is there anything about the map that surprises you (see Resource 12)?
3. Do you feel Missouri would benefit from mandatory cultural competency training? Why or why not?

## 1.7 ROADMAP: CULTURALLY RESPONSIVE STANDARDS

This section outlines the National Culturally and Linguistically Appropriate Services (CLAS) Standards.

As you read through this section, consider a few questions:

1. What existing practices or policies help you and your colleagues meet the principal standard?
2. How does your organization meet the standards for governance, leadership, and workforce that promote CLAS standards and health equity? Make a list of how they do and/or do not.
3. Does your organization have communication and language assistance materials as outlined in these standards?
4. Is the organization doing any of the activities listed under the engagement, continuous improvement, and accountability section?
5. How are you, as a team member, incorporated in engagement, continuous improvement, and accountability?



Now that you have a general understanding of concepts, let's think about the training courses. **The second task in improving your organizations' ability to deliver culturally responsive care is to use Section 2 to improve your individual approach to interacting with clients, delivering services, and making sure you are appropriately trained.** This section provides an opportunity for reflection and follow-through. The toolkit recommends setting aside time each week to dig into these activities.

As you work through the organizational action steps to improve cultural responsiveness, it is important to think about how to evaluate change. There are several levels where change can occur (organization-, employee-, and client-levels). An example of question used to assess change at the organization-level could be: Are the principles of cultural competence (e.g., cultural awareness, language training, etc.) included in staff orientation? See Resource 9, Appendix C, for extensive lists of validated instruments and measures that can be used to assess change.

As you work through the organizational action steps to improve cultural responsiveness, it is important to think about how to evaluate change. There are several levels where change can occur (organization-, employee-, and client-levels). See Resource 9, Appendix C, for extensive lists of validated instruments and measures that can be used to assess change.

Once you have reviewed Section 2 of the Toolkit, you can use Section 3: Group Activities to Build Responsiveness (see page 32). The activities provide support for organizations interested in building cultural responsiveness. Completing the training in Resource 13 will drastically strengthen your facilitation skills.

**TABLE 6.** Team members (non-clinical staff, administrative professionals, etc.) cont'd

SECTION	HOW SHOULD THIS MATERIAL BE USED?	POTENTIAL ORGANIZATIONAL ACTION STEPS BASED ON THIS MATERIAL
<h2>2.1 HOW DO I BECOME 'CULTURALLY RESPONSIVE'?</h2>	<p>This section outlines four steps to improve your individual abilities.</p>	<ol style="list-style-type: none"> <li>1. As a team member and/or supervisor of other team members, your willingness to reflect on yourself and the organizations' abilities is critical to the well-being of the young people you serve.</li> <li>2. These steps for self-reflection and discussion could be shared informally with colleagues or be part of monthly meetings. Consider using Sections 3.1, 3.2, and 3.3 for reflection and learning (see page 32 of the Toolkit).</li> </ol>
<h2>2.2 EXPLORING CULTURAL RESPONSIVENESS WITHIN</h2>	<p>This section starts with an assessment of your beliefs and attitudes, knowledge, and skills. This provides a baseline for examination and improvement.</p>	<ol style="list-style-type: none"> <li>1. After taking the assessment on page 13, pages 14 &amp; 15 provide information on understanding attitudes and biases, discrimination, action steps, and ways you can support young people from marginalized backgrounds.</li> <li>2. Does your organization have a simple, transparent process through which to file complaints for homophobic, racist, sexist, etc. words and/or actions? Systems and/or processes should exist for clients and employees to be able to report occurrences.</li> </ol>

## 2.3 THE ROLE OF PRIVILEGE

This section focuses on acknowledging privilege, which can help us understand its impact on minority youth.

1. Use the categories of privilege to learn more, or refresh your memory.
2. Use the questions on page 17 to reflect on your own privilege.
3. Talk to your colleagues or reflect alone (using page 16) about your work environment. How is privilege accounted for (or left unaddressed) in team responsibilities and/or in the organizations' practices?
4. Outline adjustments, trainings, or policy changes that you believe could help address these challenges. Share these ideas with leaders in the organization.

## 2.4 IS YOUR WORK TRAUMA-INFORMED?

This section outlines ways health professionals can increase their support via a trauma-informed lens.

1. Give yourself a grade (focus on your role at the organization) for each item using the list on pages 18 & 19.
2. Give your organization a grade for each item.
3. How can you, as a team member and/or supervisor, make adjustments in your practices for the areas that received low grades?

## 2.5 ARE YOU MEETING THE STANDARDS?

This section will help you assess the policies and procedures of the organization (based on National CLAS standards) and evaluate the internal climate of your organization.

1. Go through each of the policies and procedures and determine (yes/no) whether they are already incorporated in your organization.
2. Go back through each of your "no" answers and recommend policy and/or procedure adjustments that would help your organization meet the standard. Don't be afraid to write them down and share with leadership.
3. Use the inclusive language list provided in Section 2.9 when adjusting policies and practices.

## 2.6 HOW DO YOUR POLICIES MATCH UP?

These sample policies could be used to help restructure your organizational policies.

1. Review your organization's current policies in conjunction with this section.
2. Do policies explicitly mention race, ethnicity, immigration status, religion, etc. in inclusive, non-discrimination policies (see p. 21 for full list)?
3. Do they use the inclusive language provided in Section 2.9?
4. Connect with your supervisor, leadership, HR, the DEI committee, etc. to share your thoughts on policies.
5. Are these policies public and promoted within the organization's physical and online spaces? This will help create an inclusive environment.



## 2.7 PUTTING IT INTO PRACTICE

This section provides a list of inclusive practices that the organization should use.

1. Team members and/or supervisors should review these practices fully and flag practices in the list that could be improved.
2. Next, supervisors should convene their teams to examine the practices flagged from Step 1.
3. Use the inclusive language list provided in Section 2.9 when adjusting policies and practices.
4. Together, develop adjustments to your organizations' policies. Supervisors should work with organizational leadership to incorporate ideas for change into policy and/or practice.

## 2.8 FIRST IMPRESSIONS AND BEYOND

This section provides a list of ways for the organization to improve its cultural responsiveness through in-person and digital means.

1. Team members and/or supervisors, should review these practices fully and flag areas where they can support improvements (e.g., help lead an internal planning committee that focuses on youth from minority backgrounds).
2. Next, supervisors should convene team members to examine the practices flagged from Step 1.
3. Use the inclusive language list provided in Section 2.9 when adjusting policies and practices.
4. Review Section 2.11, which outlines culturally responsive communication policies.
5. Together, develop adjustments to your organizations' practices and/or policies.
6. Supervisors should work with leadership to incorporate team members' ideas for change.

## 2.9 LANGUAGE MATTERS

This section provides inclusive language that should be used for policies, forms, interpersonal communication, and on the website.

1. Team members and/or supervisors should regularly review pages 25 & 26 to ensure commitment to this language.
2. Do policies, forms, interpersonal communication, and the website use language that aligns with Section 2.9?
3. Supervisors should convene their teams to examine the practices flagged from Step 1.
4. Together, develop adjustments to your organizations' policies and practices. Supervisors should work with leadership to incorporate team members' ideas for change into policy and/or practice.

## 2.10 CREATING CULTURALLY RESPONSIVE PROGRAMS

This section provides advice for meeting the communication needs of minority young people through programming.

1. Team members and/or supervisors should use the list on pages 27 & 28 to assess current practices and flag areas for future action.
2. Supervisors should convene their teams to examine the practices flagged from Step 1.
3. Together, develop adjustments to your organizations' policies and practices. Supervisors should work with leadership to incorporate team members' ideas for change into policy and/or practice. For example, team members might know clients have expressed a need for a single stall bathroom. This is feedback leadership might never hear; therefore, leadership should focus on finding solutions that will meet this need.

## **2.11 MEETING COMMUNICATION NEEDS OF YOUNG PEOPLE**

This section outlines the Joint Commission's process for culturally responsive communication during intake, assessment, treatment, and discharge.

1. Team members and/or supervisors should use Section 2.11 to review the organization's intake, assessment, treatment, and discharge policies and flag areas where improvements are needed.
2. Supervisors should convene their teams to examine the practices flagged from Step 1.
3. Make sure language used for policy and practice adjustment aligns with Section 2.9.
4. Together, develop adjustments to your organizations' policies and practices. Supervisors should work with leadership to incorporate team members' ideas for change into policy and/or practice.

## **2.12 THINGS TO CONSIDER WHEN CREATING DIGITAL SAFER SPACES**

This section provides concrete actions to create digital safer spaces.

1. Team members and/or supervisors should review pages 30 & 31 fully and flag practices in the list that could be improved.
2. Make sure to use the inclusive language list provided in Section 2.9 when adjusting policies and practices.
3. Together, develop adjustments to your organizations' practices. Supervisors should work with leadership to incorporate team members' ideas for change.
4. Leadership should provide updates and opportunities for feedback from team members and/or supervisors.

# ADDITIONAL RESOURCES

1. **Building Inclusion Through the Power of Language** outlines how and why inclusive language can improve work environments. [https://www.dca.org.au/sites/default/files/dca\\_wordsatwork\\_overall\\_guide.pdf](https://www.dca.org.au/sites/default/files/dca_wordsatwork_overall_guide.pdf)
2. **A Practical Guide to Implementing the National CLAS Standards: For Racial, Ethnic, and Linguistic Minorities, People with Disabilities, and Sexual and Gender Minorities** is a guide developed by the Centers for Medicare & Medicaid Services that can help organizations implement CLAS standards. This is document is rich with resources and contains training materials for leadership and staff. <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/CLAS-Toolkit-12-7-16.pdf>
3. **The Joint Commission: Health Equity** provides standards information, patient-centered communication resources, and other resources readers could use as they work on implementing pieces from Section 1.7. [https://www.jointcommission.org/resources/patient-safety-topics/health-equity/#6d3d80d963c049a5a53813b583e6d88f\\_0a12c7dacff6442b981631246015733f](https://www.jointcommission.org/resources/patient-safety-topics/health-equity/#6d3d80d963c049a5a53813b583e6d88f_0a12c7dacff6442b981631246015733f)
4. **St. Louis Regional Nonprofit Indicators** report provides information on critical aspects of the nonprofit sector (like economic impact, employment, and comparative growth) that can give organizations context about their role in the region. <https://stldata.org/wp-content/uploads/2021/09/STL-Nonprofit-Indicators-Final-September-2021.pdf>
5. **Challenges and Rewards of a Culturally-Informed Approach to Mental Health** is an 18-minute TEDx talk by Dr. Jessica Dere outlining how culture is related to mental health. <https://www.youtube.com/watch?v=VrYmQDiunSc>
6. **Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color** is an article about intersectionality by Dr. Kimberlé Crenshaw. <https://www.jstor.org/stable/1229039?seq=1>
7. **Improving Cultural Competence: Quick Guide for Administrators** is based on TIP 59 and provides easily accessible information to behavioral health administrators about developing culturally competent organizations. This manual for administrators describes the influence of culture on the delivery of substance use and mental health services. It discusses racial, ethnic, and cultural considerations, and presents the core elements of cultural competence. <https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4932.pdf>
8. **Improving Cultural Competence: Quick Guide for Clinicians** is based on TIP 59 and provides easily accessible information to behavioral health clinicians about providing culturally competent treatment. This manual for professional care providers and administrators describes the influence of culture on the delivery of substance use and mental health services. It discusses racial, ethnic, and cultural considerations, and presents the core elements of cultural competence. <https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4931.pdf>
9. **Improving Cultural Competence: Number 59 in the Treatment Improvement Protocol** is the full guide that helps professional care providers and administrators understand the role of culture in the delivery of mental health and substance use services. It describes cultural competence and discusses racial, ethnic, and cultural considerations. <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4849.pdf>
10. **Missouri Foundation for Health** provides up-to-date nonpartisan information on issues being addressed by Missouri's legislature to help our partners navigate the state's policymaking process. <https://mffh.org/our-focus/policy/legislative-updates/>
11. **An Implementation Checklist for the National CLAS Standards** lists successful CLAS-related organizational activities. <https://thinkculturalhealth.hhs.gov/assets/pdfs/AnImplementationChecklistfortheNationalCLASStandards.pdf>
12. **Culture, Equity, Diversity, and Inclusion Committee (CEDI)** through the Missouri Behavioral Health Council (MBHC) is the Council's way to offer equitable support, guidance and resources to each participating organization. <https://www.mobhc.org/resources/culture-equity-diversity-inclusion-cedi>
13. **Improving Cultural Competency for Behavioral Health Professionals from Health and Human Services (HHS)** is a this free, online training that teaches you how to better respect and respond to your client's unique needs. <https://thinkculturalhealth.hhs.gov/education/behavioral-health>
14. **For the Sake of All** is a report on the health and well-being of African Americans in St. Louis and why it matters for everyone. <https://forthesakeofall.files.wordpress.com/2014/05/for-the-sake-of-all-report.pdf>
15. **Understanding the Cycle of Socialization** helps us understand the way in which we are socialized to play certain roles, how we are affected by issues of oppression, and how we help maintain an oppressive system based upon power. [https://depts.washington.edu/fammed/wp-content/uploads/2018/06/Cycle\\_ofSocializationHandout.pdf](https://depts.washington.edu/fammed/wp-content/uploads/2018/06/Cycle_ofSocializationHandout.pdf)

# BOARD MEMBERS AND OTHER GOVERNING AND/OR OVERSIGHT ENTITIES

(E.G., DEI OR CULTURAL RESPONSIVENESS COMMITTEES)

**FIGURE 1** provides a framework for how organizational stakeholders can work collaboratively to improve cultural responsiveness. This can give organizations an idea of what collective action can look like, but they should modify their processes to accommodate unique situations within their agency.

**You have a responsibility to understand culturally responsive care and work towards making changes in the organizations you oversee and advise.** The first task in improving your organizations' ability to deliver culturally responsive care is to make sure you are well informed. The background material in the toolkit provides a lot of information about: culture, responsiveness, health disparities, language, definitions, history, and industry standards to work towards. Remember, all page numbers referenced in this guide are directing you to the Promoting Inclusion Toolkit.

The board of governors of tax-exempt organizations have three key duties. First, the duty of care requires you to be reasonably informed about the organization's activities, participate in decision-making, and act in good faith and with the care of an ordinarily prudent person. Second, the duty of loyalty asks that you exercise power in the interest of the organization, not your personal interest or in the interest of another entity or person. Third, the duty of obedience urges you to comply with applicable federal, state, and local laws, adhere to the organizations' governing documents, and remain guardians of the organization's mission.

**Implementing the toolkit and recommendations is not an all or nothing venture.**

There is flexibility in the order of operations and the pace of change, however we do encourage you to work through Section 1 first. We offer these materials to overhaul your organization, while fully acknowledging your reality. We believe that any progress is still progress.

**TABLE 7.** Board members and other governing or oversight entities

SECTION	HOW SHOULD THIS MATERIAL BE USED?	POTENTIAL ORGANIZATIONAL ACTION STEPS BASED ON THIS MATERIAL
<h2>1.1 PURPOSE &amp; HOW TO USE</h2>	<p>The language, ideas, and approach outlined should be thoughtfully incorporated in the internal materials your organization uses to communicate with employees and the external materials your organization provides to clients.</p>	<ol style="list-style-type: none"><li>1. Explaining what the social determinants of health (SDOH) are and outlining how the organization accounts for the SDOH in care delivery is important information to share with clients (through website, flyers, signage, and word of mouth when speaking with donors).</li><li>2. Sharing that staff, providers/clinicians, administrators, etc. understand and empathize with the many challenges young people face (family rejection, harassment, STIs, violence, prejudice, etc.) through interactions during visits and through materials the organization distributes is critical.</li><li>3. Acknowledging the dominant culture and how it does not address the unique healthcare barriers young people face is critical. Oversight entities should think about how dominant culture influences the inner-workings of the organization.</li><li>4. It is worth incorporating relevant language in organizational materials (mission, values, goals, and in everyday interactions). Bring language in intentionally and make sure it is not just “touted.”</li></ol>
<h2>1.2 CULTURE: DEFINITIONS &amp; LIVED EXPERIENCES</h2>	<p>There are terms, elements, and values to take into account when considering culture and health care.</p>	<ol style="list-style-type: none"><li>1. Use the elements of culture to critically consider current organizational practices (e.g., are there a diverse set of health practices, including the use of traditional healing techniques, discussed during client consultation? Are identity and expression taken into account so that providers are informed and prepared for interactions?)</li><li>2. Does the organizations’ external facing materials (website, advertisements, etc.) incorporate these terms, elements, and values?</li><li>3. Oversight entities should be intentional and incorporate front-line team member input to understand how these elements should be integrated. This could happen through a survey or by inviting them to board meetings.</li></ol>

## 1.3 WHAT IS CULTURAL RESPONSIVENESS

This section focuses on reflection about how you can take action and how the organization can be intentional.

1. Is the organization you advise intentional about serving youth from a variety of cultural backgrounds?
2. Is the organization intentional about serving specific groups (youth living with disabilities, from racial and/or ethnic minority backgrounds, etc.)? List them.
3. How is the organization intentional about serving these groups? What practices or policies play a role? List them.
4. Share both lists with leadership and highlight the gaps so the organization is intentional about serving youth from a variety of cultural backgrounds.

## 1.4 HEALTH DISPARITIES & THEIR IMPACT ON YOUNG PEOPLE

This section defines health disparity and provides statistics outlining the need for cultural responsiveness.

1. Think about the data the organization collects. Are they able to assess whether there are disparities in youth served?
2. Are they sharing these data with you (oversight entity) in a meaningful, consistent manner? Are you given the opportunity to ask questions and comment on the data shared?
3. How have you, as an oversight entity, used these data to adjust organizational practices?
4. Do you believe leadership of the organization needs support collecting, analyzing, or understanding data? Should you search for expertise within the organization or look externally for a sustainable option?

## 1.5 A CULTURALLY RESPONSIVE HISTORY

The timeline highlights policies and regulations that encourage cultural responsiveness in health care.

1. Use this section to inform yourself.
2. Are there resources or connections from the Office of Minority Health (OMH) that can be used to further the organization's ability to provide culturally responsive care?
3. Should one or two members of the oversight entity review OMH materials and report back to the larger group about potential resources?
4. Has the oversight entity reviewed the Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability status? Write down ways in which this guidance should be incorporated into the organization and share with leadership.

## 1.6 CULTURAL RESPONSIVENESS ACROSS THE COUNTRY

The map outlines the progress of state- and territory-led initiatives for mandatory cultural competence training for health and health care service providers.

1. Use this section to inform yourself.
2. Are there allies within (or outside) the state that you can contact for advice or to share ideas (see Resource 12)?

## 1.7 ROADMAP: CULTURALLY RESPONSIVE STANDARDS

This section outlines the National Culturally and Linguistically Appropriate Services (CLAS) Standards.

1. What existing health care practices help the organization meet the principal standard? Where are there gaps? Include these in the meeting minutes.
2. What organizational governance policy, practices, and allocated resources promote CLAS standards and health equity? Where is there room for improvements? Include these in the meeting minutes.
3. Does the organization meet all of the communication and language assistance standards? What needs to be addressed? Include these in the meeting minutes.
4. How does the organization meet engagement, continuous improvement, and accountability standards? What information or contacts can the oversight entity share with leadership so that these standards are met? Include these in the meeting minutes.



Now that you have a general understanding of concepts, let's think about the training courses. **The second task in improving your organizations' ability to deliver culturally responsive care is to use Section 2 to guide organizational adjustments and action.** This section provides an opportunity for reflection and follow-through. The toolkit recommends setting aside time each week to dig into these activities.

As you work through the organizational action steps to improve cultural responsiveness, it is important to think about how to evaluate change. There are several levels where change can occur (organization-, employee-, and client-levels). An example of question used to assess change at the organization-level could be: Are the principles of cultural competence (e.g., cultural awareness, language training, etc.) included in staff orientation? See Resource 9, Appendix

C, for extensive lists of validated instruments and measures that can be used to assess change.

As you work through the organizational action steps to improve cultural responsiveness, it is important to think about how to evaluate change. There are several levels where change can occur (organization-, employee-, and client-levels). See Resource 9, Appendix C, for extensive lists of validated instruments and measures that can be used to assess change.

Once you have reviewed Section 2 of the Toolkit, you can use Section 3: Group Activities to Build Responsiveness (see page 32). The activities provide support for organizations interested in building cultural responsiveness. Completing the training in Resource 13 will drastically strengthen your facilitation skills.

**TABLE 8.** Board members and other governing or oversight entities cont'd

SECTION	HOW SHOULD THIS MATERIAL BE USED?	POTENTIAL ORGANIZATIONAL ACTION STEPS BASED ON THIS MATERIAL
<h2>2.1 HOW DO I BECOME 'CULTURALLY RESPONSIVE'?</h2>	<p>This section outlines four steps to improve your individual abilities.</p>	<ol style="list-style-type: none"> <li>1. In your role as a member of an oversight entity, your ability to reflect on yourself and the organization is critical to the well-being of the young people served.</li> <li>2. Sharing these steps among oversight entities (DEI committee, governing board, etc.) and discussing perspectives with leadership will help establish a culture of reflection within the organization. Consider using Sections 3.1, 3.2, and 3.3 for reflection and learning (see page 32 of the Toolkit).</li> </ol>
<h2>2.2 EXPLORING CULTURAL RESPONSIVENESS WITHIN</h2>	<p>This section starts with an assessment of your beliefs and attitudes, knowledge, and skills. This provides a baseline for examination and improvement.</p>	<ol style="list-style-type: none"> <li>1. After completing the assessment on page 13, pages 14 &amp; 15 provide information on understanding attitudes and biases, discrimination, action steps, and ways to inform policy and practice so the organization can support young people from marginalized backgrounds.</li> <li>2. Work with leaders in the organization to create a simple, transparent process through which to file complaints for homophobic, racist, sexist, etc. words or actions. Systems and/or processes should exist for clients and employees to be able to report occurrences.</li> <li>3. Governing and/or oversight entities should have access, and review these complaints regularly. You should also discuss how to reduce or eliminate instances of these types of complaints by making policy, practice, and/or personnel changes.</li> </ol>

## 2.3 THE ROLE OF PRIVILEGE

This section focuses on acknowledging privilege, which can help us understand its impact on minority youth.

1. Use the categories of privilege to learn more, or refresh your memory.
2. Use the questions on page 17 to reflect on your own privilege.
3. How does your privilege influence your ability to oversee the organization?
4. Invite staff and providers to a meeting to discuss how they believe privilege is reflected in the way the organization provides care.

## 2.4 IS YOUR WORK TRAUMA-INFORMED?

This section outlines ways health professionals can increase their support via a trauma-informed lens.

1. Give the organization a grade for each item using the list on pages 18 & 19.
2. How can you help make improvements in the organization for the areas that received low grades? For example, can the oversight entity create a committee that will lead research and resource efforts to improve trauma-informed practices?

## 2.5 ARE YOU MEETING THE STANDARDS?

This section will help you assess the policies and procedures of the organization (based on National CLAS standards) and evaluate the internal climate of your organization.

1. During a regular meeting (monthly board meeting) or a special meeting, go through each of the policies and procedures and determine (yes/no) whether they are already incorporated in the organization.
2. As a group, go back through each of the “no” answers and make policy and/or procedure adjustments that would help the organization to meet the standard. Put these in the meeting minutes so they are documented.
3. Use the inclusive language list provided in Section 2.9 when adjusting policies and practices.

## 2.6 HOW DO YOUR POLICIES MATCH UP?

These sample policies could be used to help restructure your organizational policies.

1. Do not be afraid to explicitly mention race, ethnicity, immigration status, religion, etc. in inclusive, non-discrimination policies (see p. 21 for full list).
2. Use the inclusive language list provided in Section 2.9 when adjusting policies and practices.
3. Connect with leadership, HR manager, DEI committee, etc. to share adjusted policies.
4. The governing and/or oversight entity should discuss how to make policies public and promote them within the organization’s physical and online spaces. Share these ideas with leadership. This will help create an inclusive environment.

## 2.7 PUTTING IT INTO PRACTICE

This section provides a list of inclusive practices that the organization should use.

1. Members of governing entities (e.g., individual members of the DEI committee) should review these practices (page 23) fully and flag areas improve.
2. When the governing entity meets as a group, you should review and share notes from Step 1 and create an action plan to make changes.
3. Use the inclusive language list provided in Section 2.9 when adjusting policies and practices.
4. Governing entities should create committee/s that are responsible for taking action steps towards implementing the changes that were noted in Step 2.
5. Governing entities should share updates with leadership.

## 2.8 FIRST IMPRESSIONS AND BEYOND

This section provides a list of ways for the organization to improve its cultural responsiveness through in-person and digital means.

1. Governing entities should review these practices fully and reflect on areas to improve.
2. When the governing entity meets as a group, you should review and share notes from Step 1 and create an action plan to make changes.
3. Next, convene members within the organization (make sure you have people from different levels, different divisions, and with different roles) to incorporate their feedback into the action plan from Step 2.
4. Use the inclusive language list provided in Section 2.9 when adjusting policies and practices.
5. Governing and/or oversight entities should use Section 2.11, which outlines culturally responsive communication policies.
6. Create sub-committee/s that are responsible for taking action steps towards implementing the changes identified in Steps 2 and 3.
7. Governing and/or oversight entities should share updates with leadership.

## 2.9 LANGUAGE MATTERS

This section provides inclusive language that should be used for policies, forms, interpersonal communication, and on the website.

1. Governing and/or oversight entities should regularly review pages 25 & 26 to ensure commitment to this language.
2. When you meet as a group, you should brainstorm how to better incorporate this language into policies, forms, interpersonal communication, and the website to make sure language aligns with Section 2.9.
3. Entities should create committee/s that are responsible for taking action steps in implementing the changes from Step 2.
4. Governing entities should share updates with leadership.

## 2.10 CREATING CULTURALLY RESPONSIVE PROGRAMS

This section provides advice for meeting the communication needs of minority young people through programming.

1. Governing and/or oversight entities should use the list on pages 27 & 28 to assess the organization's programs.
2. When you meet as a group, you should brainstorm how to better incorporate these practices and make sure language aligns with Section 2.9.
3. Entities should create committee/s that are responsible for taking action steps towards implementing the changes that were noted in Step 2.
4. Governing and/or oversight entities should share updates with leadership.

## 2.11 MEETING COMMUNICATION NEEDS OF YOUNG PEOPLE

This section outlines the Joint Commission's process for culturally responsive communication during intake, assessment, treatment, and discharge.

1. Governing and/or oversight entities should use Section 2.11 to review the organization's intake, assessment, treatment, and discharge policies.
2. When you meet as a group, you should brainstorm how to better incorporate these practices and make sure language aligns with Section 2.9.
3. Governing and/or oversight entities should create committee/s that are responsible for taking action steps in implementing the changes from Step 2.
4. Committee/s should share updates with leadership.

## **2.12 THINGS TO CONSIDER WHEN CREATING DIGITAL SAFER SPACES**

This section provides concrete actions to create digital safer spaces.

1. Governing and/or oversight entities should review pages 30 & 31 and identify how to improve digital spaces.
2. When you meet as a group, you should brainstorm how to better incorporate these practices and make sure language aligns with Section 2.9.
3. You should work with leadership to identify necessary changes that align with the list on page 30.
4. Governing and/or oversight entities should then convene members within the organization (make sure you have people from different levels, different divisions, and with different roles) so they can offer feedback on how to make changes to the digital spaces. You should share this feedback with leadership.
5. Allow leadership to make changes. You should receive updates periodically.

## ADDITIONAL RESOURCES

1. **Building Inclusion Through the Power of Language** outlines how and why inclusive language can improve work environments. [https://www.dca.org.au/sites/default/files/dca\\_wordsatwork\\_overall\\_guide.pdf](https://www.dca.org.au/sites/default/files/dca_wordsatwork_overall_guide.pdf)
2. **A Practical Guide to Implementing the National CLAS Standards: For Racial, Ethnic, and Linguistic Minorities, People with Disabilities, and Sexual and Gender Minorities** is a guide developed by the Centers for Medicare & Medicaid Services that can help organizations implement CLAS standards. This is document is rich with resources and contains training materials for leadership and staff. <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/CLAS-Toolkit-12-7-16.pdf>
3. **The Joint Commission: Health Equity** provides standards information, patient-centered communication resources, and other resources readers could use as they work on implementing pieces from Section 1.7. [https://www.jointcommission.org/resources/patient-safety-topics/health-equity/#6d3d80d963c049a5a53813b583e6d88f\\_0a12c7dacff6442b981631246015733f](https://www.jointcommission.org/resources/patient-safety-topics/health-equity/#6d3d80d963c049a5a53813b583e6d88f_0a12c7dacff6442b981631246015733f)
4. **St. Louis Regional Nonprofit Indicators** report provides information on critical aspects of the nonprofit sector (like economic impact, employment, and comparative growth) that can give organizations context about their role in the region. <https://stldata.org/wp-content/uploads/2021/09/STL-Nonprofit-Indicators-Final-September-2021.pdf>
5. **Challenges and Rewards of a Culturally-Informed Approach to Mental Health** is an 18-minute TEDx talk by Dr. Jessica Dere outlining how culture is related to mental health. <https://www.youtube.com/watch?v=VrYmQDiunSc>
6. **Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color** is an article about intersectionality by Dr. Kimberlé Crenshaw. <https://www.jstor.org/stable/1229039?seq=1>
7. **Improving Cultural Competence: Quick Guide for Administrators** is based on TIP 59 and provides easily accessible information to behavioral health administrators about developing culturally competent organizations. This manual for administrators describes the influence of culture on the delivery of substance use and mental health services. It discusses racial, ethnic, and cultural considerations, and presents the core elements of cultural competence. <https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4932.pdf>
8. **Improving Cultural Competence: Quick Guide for Clinicians** is based on TIP 59 and provides easily accessible information to behavioral health clinicians about providing culturally competent treatment. This manual for professional care providers and administrators describes the influence of culture on the delivery of substance use and mental health services. It discusses racial, ethnic, and cultural considerations, and presents the core elements of cultural competence. <https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4931.pdf>
9. **Improving Cultural Competence: Number 59 in the Treatment Improvement Protocol** is the full guide that helps professional care providers and administrators understand the role of culture in the delivery of mental health and substance use services. It describes cultural competence and discusses racial, ethnic, and cultural considerations. <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4849.pdf>
10. **Missouri Foundation for Health** provides up-to-date nonpartisan information on issues being addressed by Missouri's legislature to help our partners navigate the state's policymaking process. <https://mffh.org/our-focus/policy/legislative-updates/>
11. **An Implementation Checklist for the National CLAS Standards** lists successful CLAS-related organizational activities. <https://thinkculturalhealth.hhs.gov/assets/pdfs/AnImplementationChecklistfortheNationalCLASStandards.pdf>
12. **Culture, Equity, Diversity, and Inclusion Committee (CEDI)** through the Missouri Behavioral Health Council (MBHC) is the Council's way to offer equitable support, guidance and resources to each participating organization. <https://www.mobhc.org/resources/culture-equity-diversity-inclusion-cedi>
13. **Improving Cultural Competency for Behavioral Health Professionals from Health and Human Services (HHS)** is a this free, online training that teaches you how to better respect and respond to your client's unique needs. <https://thinkculturalhealth.hhs.gov/education/behavioral-health>
14. **For the Sake of All** is a report on the health and well-being of African Americans in St. Louis and why it matters for everyone. <https://forthesakeofall.files.wordpress.com/2014/05/for-the-sake-of-all-report.pdf>
15. **Understanding the Cycle of Socialization** helps us understand the way in which we are socialized to play certain roles, how we are affected by issues of oppression, and how we help maintain an oppressive system based upon power. [https://depts.washington.edu/fammed/wp-content/uploads/2018/06/Cycle\\_ofSocializationHandout.pdf](https://depts.washington.edu/fammed/wp-content/uploads/2018/06/Cycle_ofSocializationHandout.pdf)

# CLINICAL TEAM MEMBERS AND PROVIDERS

(BEHAVIORAL HEALTH CLINICIANS, PHYSICIANS, NURSE PRACTITIONERS [NP], PHYSICIAN ASSISTANTS [PA], PRACTICUM STUDENTS, ETC.)

**FIGURE 1** provides a framework for how organizational stakeholders can work collaboratively to improve cultural responsiveness. This can give organizations an idea of what collective action can look like, but they should modify their processes to accommodate unique situations within their agency.

**You have a responsibility to understand culturally responsive care and implement it in care delivery.** The first task in improving your organizations' ability to deliver culturally responsive care is to make sure you are well informed. The background material in the toolkit provides a lot of information about: culture, responsiveness, health disparities, language, definitions, history, and industry standards to work towards. Remember, all page numbers referenced in this guide are directing you to the Promoting Inclusion Toolkit.

**Implementing the toolkit and recommendations is not an all or nothing venture.**

There is flexibility in the order of operations and the pace of change, however we do encourage you to work through Section 1 first. We offer these materials to overhaul your organization, while fully acknowledging your reality. We believe that any progress is still progress.



**TABLE 9.** Clinical Team Members & Providers

SECTION	HOW SHOULD THIS MATERIAL BE USED?	POTENTIAL ORGANIZATIONAL ACTION STEPS BASED ON THIS MATERIAL
<b>1.1 PURPOSE &amp; HOW TO USE</b>	<p>The language, ideas, and approach outlined should be thoughtfully incorporated in the internal materials your organization uses to communicate with employees and the external materials your organization provides to clients.</p>	<ol style="list-style-type: none"><li>1. Understanding and using the proper language about the social determinants of health (SDOH) can help you communicate appropriately with clients and their caregivers. For example, listening to clients' challenges (e.g., discrimination, safe housing, polluted water, etc.) and making the connection between those challenges and their health concerns can help you better serve their needs. This could be as simple as listening and offering treatment plans that acknowledge challenges.</li><li>2. As providers, it is important to acknowledge the dominant culture and how it does not address the unique healthcare barriers young people face. In your position, it will be important to acknowledge how dominant culture influences the health care system and can fuel disparities.</li><li>3. Practice incorporating relevant language in your work vocabulary (e.g., during visits with patients, during interactions with other staff, etc.). Bring language in intentionally so that you are comfortable and well-versed in these topics.</li></ol>
<b>1.2 CULTURE: DEFINITIONS &amp; LIVED EXPERIENCES</b>	<p>There are terms, elements, and values to take into account when considering culture and health care.</p>	<ol style="list-style-type: none"><li>1. Use these elements of culture to consider how you engage with clients. For example, do you currently feel prepared to discuss a client care plan that acknowledges gender identity and expression?</li><li>2. Does the organization's external facing materials (brochures, flyers, etc.) incorporate these terms, elements, and values?</li><li>3. Think about how these elements should intentionally be incorporated in your everyday work.</li></ol>
<b>1.3 WHAT IS CULTURAL RESPONSIVENESS</b>	<p>This section focuses on reflection about how you can take action and how the organization can be intentional.</p>	<ol style="list-style-type: none"><li>1. Are you trained to serve youth from a variety of cultural backgrounds?</li><li>2. Is the organization intentional about serving specific groups (youth living with disabilities, from racial and/or ethnic minority backgrounds, etc.)? List them.</li><li>3. How is your organization intentional about serving these groups? What practices or policies play a role?</li></ol>



## 1.4 HEALTH DISPARITIES & THEIR IMPACT ON YOUNG PEOPLE

This section defines health disparity and provides statistics outlining the need for cultural responsiveness.

1. Think about the data your organization collects. Are you given information about whether there are disparities in care in your organization?
2. Does leadership use health disparity data from your organization to inform practices and policies?
3. Do you have anecdotal information you could share with leadership about disparities in care that you have witnessed?

## 1.5 A CULTURALLY RESPONSIVE HISTORY

The timeline highlights policies and regulations that encourage cultural responsiveness in health care.

1. Use this section to inform yourself.
2. Do you feel you need more resources on culturally responsive care to appropriately fulfill your responsibilities? Please ask for these from leadership and your HR specialist.

## 1.6 CULTURAL RESPONSIVENESS ACROSS THE COUNTRY

The map outlines the progress of state- and territory-led initiatives for mandatory cultural competence training for health and health care service providers.

1. Use this section to inform yourself.
2. Do you have colleagues in other regions of Missouri (or different states) that could share materials with you (see Resource 12)?
3. Do you feel Missouri would benefit from mandatory cultural competency for providers? Why or why not?

## 1.7 ROADMAP: CULTURALLY RESPONSIVE STANDARDS

This section outlines the National Culturally and Linguistically Appropriate Services (CLAS) Standards.

As you read through this section, consider a few questions:

1. What existing practices or policies help you meet the principal standard?
2. How does your organization meet the standards for governance, leadership, and workforce that promote CLAS standards and health equity? Make a list of how they do and/or do not.
3. Does your organization have communication and language assistance materials as outlined in these standards?
4. Is the organization doing any of the activities listed under the engagement, continuous improvement, and accountability section?
5. How are you, as a provider, incorporated in engagement, continuous improvement, and accountability?



Now that you have a general understanding of concepts, let's think about the training courses. **The second task in improving your organization's ability to deliver culturally responsive care is to use Section 2 to improve your individual, clinical approach.** This section provides an opportunity for reflection and follow-through. The toolkit recommends setting aside time each week to dig into these activities.

As you work through the organizational action steps to improve cultural responsiveness, it is important to think about how to evaluate change. There are several levels where change can occur (organization-, employee-, and client-levels). An example of question used to assess change at the organization-level could be: Are the principles of cultural competence (e.g., cultural awareness, language training, etc.) included in staff orientation? See Resource 9, Appendix

C, for extensive lists of validated instruments and measures that can be used to assess change.

As you work through the organizational action steps to improve cultural responsiveness, it is important to think about how to evaluate change. There are several levels where change can occur (organization-, employee-, and client-levels). See Resource 9, Appendix C, for extensive lists of validated instruments and measures that can be used to assess change.

Once you have reviewed Section 2 of the Toolkit, you can use Section 3: Group Activities to Build Responsiveness (see page 32). The activities provide support for organizations interested in building cultural responsiveness. Completing the training in Resource 13 will drastically strengthen your facilitation skills.

**TABLE 10.** Clinical Team Members & Providers cont'd

SECTION	HOW SHOULD THIS MATERIAL BE USED?	POTENTIAL ORGANIZATIONAL ACTION STEPS BASED ON THIS MATERIAL
---------	-----------------------------------	--

## 2.1 HOW DO I BECOME 'CULTURALLY RESPONSIVE'?

This section outlines four steps to improve your individual abilities.

1. As a provider, your willingness to reflect on yourself and the organization's abilities is critical.
2. These steps for self-reflection and discussion could be incorporated informally between colleagues, or be part of monthly meetings. Both options can help establish a culture of reflection within the organization. Consider using Sections 3.1, 3.2, and 3.3 for reflection and learning (see page 32 of the Toolkit).
3. Supervisors should make culturally responsive care delivery a standing topic. They can have open discussion or refer to some prompts in Sections 2.4 or 2.7.

## 2.2 EXPLORING CULTURAL RESPONSIVENESS WITHIN

This section starts with an assessment of your beliefs and attitudes, knowledge, and skills. This provides a baseline for examination and improvement.

1. After taking the assessment on page 13, pages 14 & 15 provide information on understanding attitudes and biases, discrimination, action steps, and ways providers can support young people from marginalized backgrounds.
2. As providers, you can use the language from pages 13 & 14 to structure your own opening remarks for visits with clients. Using inclusive language could help make clients feel more comfortable in your care.
3. Does your organization have a simple, transparent process through which to file complaints for homophobic, racist, sexist, etc. words and/or actions? Systems and/or processes should exist for clients and employees to be able to report occurrences. Do your clients know how to use this system?

## 2.3 THE ROLE OF PRIVILEGE

This section focuses on acknowledging privilege, which can help us understand its impact on minority youth.

1. Use the categories of privilege to learn more, or refresh your memory.
2. Use the questions on page 17 to reflect on your own privilege.
3. Talk to your colleagues or reflect alone (using page 16) about your work environment. How is privilege accounted for (or left unaddressed) in care delivery and/or organizational practices?
4. Outline adjustments, trainings, or policy changes that you believe could help address these challenges. Share these ideas with leaders in the organization.

## 2.4 IS YOUR WORK TRAUMA-INFORMED?

This section outlines ways health professionals can increase their support via a trauma-informed lens.

1. Give yourself a grade (focus on your role as a provider) for each item using the list on pages 18 & 19.
2. Give your organization a grade for each item.
3. How can you, as a provider, make adjustments in your actions in the areas that received low grades?

## 2.5 ARE YOU MEETING THE STANDARDS?

This section will help you assess the policies and procedures of the organization (based on National CLAS standards) and evaluate the internal climate of your organization.

1. Go through each of the policies and procedures and determine (yes/no) whether they are already incorporated in your organization.
2. Go back through each of your “no” answers and recommend policy and/or procedure adjustments that would help your organization meet the standard. Don't be afraid to write them down and share with leadership.
3. Use the inclusive language list provided in Section 2.9 when adjusting policies and practices.

## 2.6 HOW DO YOUR POLICIES MATCH UP?

These sample policies could be used to help restructure your organizational policies.

1. Think about your organization's current policies in conjunction with this section.
2. Is race, ethnicity, immigration status, religion, etc. explicitly mentioned in inclusive, non-discrimination policies (see p. 21 for full list)?
3. Do they use the inclusive language provided in Section 2.9?
4. Connect with your supervisor, leadership, HR, the DEI committee, etc. to share your thoughts on policies.
5. Are these policies public and promoted within the organization's physical and online spaces? This will help create an inclusive environment.

## 2.7 PUTTING IT INTO PRACTICE

This section provides a list of inclusive practices that the organization should use.

1. Providers should review these practices fully and flag practices in the list that could be improved.
2. If you have time and capacity to share ideas for adjusting these practices with leadership, you should. This gives leadership has first-hand knowledge as they make changes.

## 2.8 FIRST IMPRESSIONS AND BEYOND

This section provides a list of ways for the organization to improve its cultural responsiveness through in-person and digital means.

1. Providers, should review these practices fully and flag areas where they can support improvements (e.g., share feedback with a committee that focuses on improving policies for youth from minority backgrounds).
2. As a provider, you should share the practices flagged from Step 1 with leadership or the appropriate committee.

## 2.9 LANGUAGE MATTERS

This section provides inclusive language that should be used for policies, forms, interpersonal communication, and on the website.

1. As a provider, you should regularly review pages 25 & 26 to improve your usage of this language.
2. Do policies, forms, interpersonal communication, and the website use language that aligns with Section 2.9?
3. If you have time and capacity to share ideas for adjustments with leadership, you should. This gives leadership has first-hand knowledge as they make changes.

## 2.10 CREATING CULTURALLY RESPONSIVE PROGRAMS

This section provides advice for meeting the communication needs of minority young people through programming.

1. Providers should use the list on pages 27 & 28 to think about current practices and flag areas for future action.
2. If you have time and capacity to share your ideas for adjusting these practices with leadership, you should. This gives leadership has first-hand knowledge as they make changes. For example, you may notice that clients appreciate sharing pronouns during introductions. This is feedback leadership might never hear.

## **2.11 MEETING COMMUNICATION NEEDS OF YOUNG PEOPLE**

This section outlines the Joint Commission's process for culturally responsive communication during intake, assessment, treatment, and discharge.

1. Providers should use Section 2.11 to review the organization's intake, assessment, treatment, and discharge policies and flag areas where improvements are needed.
2. If you have time and capacity to share your ideas for adjustments with leadership, you should. This gives leadership has first-hand knowledge as they make changes.

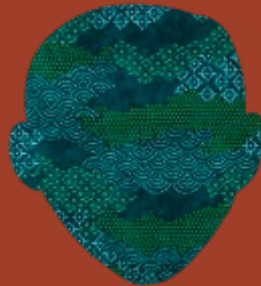
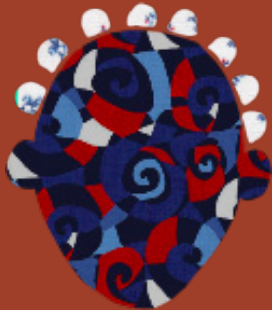
## **2.12 THINGS TO CONSIDER WHEN CREATING DIGITAL SAFER SPACES**

This section provides concrete actions to create digital safer spaces.

1. Providers should review pages 30 & 31 fully and flag practices in the list that could be improved.
2. If you have time and capacity to share your ideas for adjustments with leadership, you should. This gives leadership has first-hand knowledge as they make changes.

## ADDITIONAL RESOURCES

1. **Building Inclusion Through the Power of Language** outlines how and why inclusive language can improve work environments. [https://www.dca.org.au/sites/default/files/dca\\_wordsatwork\\_overall\\_guide.pdf](https://www.dca.org.au/sites/default/files/dca_wordsatwork_overall_guide.pdf)
2. **A Practical Guide to Implementing the National CLAS Standards: For Racial, Ethnic, and Linguistic Minorities, People with Disabilities, and Sexual and Gender Minorities** is a guide developed by the Centers for Medicare & Medicaid Services that can help organizations implement CLAS standards. This document is rich with resources and contains training materials for leadership and staff. <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/CLAS-Toolkit-12-7-16.pdf>
3. **The Joint Commission: Health Equity** provides standards information, patient-centered communication resources, and other resources readers could use as they work on implementing pieces from Section 1.7. [https://www.jointcommission.org/resources/patient-safety-topics/health-equity/#6d3d80d963c049a5a53813b583e6d88f\\_0a12c7dacff6442b981631246015733f](https://www.jointcommission.org/resources/patient-safety-topics/health-equity/#6d3d80d963c049a5a53813b583e6d88f_0a12c7dacff6442b981631246015733f)
4. **St. Louis Regional Nonprofit Indicators** report provides information on critical aspects of the nonprofit sector (like economic impact, employment, and comparative growth) that can give organizations context about their role in the region. <https://stldata.org/wp-content/uploads/2021/09/STL-Nonprofit-Indicators-Final-September-2021.pdf>
5. **Challenges and Rewards of a Culturally-Informed Approach to Mental Health** is an 18-minute TEDx talk by Dr. Jessica Dere outlining how culture is related to mental health. <https://www.youtube.com/watch?v=VrYmQDiunSc>
6. **Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color** is an article about intersectionality by Dr. Kimberlé Crenshaw. <https://www.jstor.org/stable/1229039?seq=1>
7. **Improving Cultural Competence: Quick Guide for Administrators** is based on TIP 59 and provides easily accessible information to behavioral health administrators about developing culturally competent organizations. This manual for administrators describes the influence of culture on the delivery of substance use and mental health services. It discusses racial, ethnic, and cultural considerations, and presents the core elements of cultural competence. <https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4932.pdf>
8. **Improving Cultural Competence: Quick Guide for Clinicians** is based on TIP 59 and provides easily accessible information to behavioral health clinicians about providing culturally competent treatment. This manual for professional care providers and administrators describes the influence of culture on the delivery of substance use and mental health services. It discusses racial, ethnic, and cultural considerations, and presents the core elements of cultural competence. <https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4931.pdf>
9. **Improving Cultural Competence: Number 59 in the Treatment Improvement Protocol** is the full guide that helps professional care providers and administrators understand the role of culture in the delivery of mental health and substance use services. It describes cultural competence and discusses racial, ethnic, and cultural considerations. <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4849.pdf>
10. **Missouri Foundation for Health** provides up-to-date nonpartisan information on issues being addressed by Missouri's legislature to help our partners navigate the state's policymaking process. <https://mffh.org/our-focus/policy/legislative-updates/>
11. **An Implementation Checklist for the National CLAS Standards** lists successful CLAS-related organizational activities. <https://thinkculturalhealth.hhs.gov/assets/pdfs/AnImplementationChecklistfortheNationalCLASStandards.pdf>
12. **Culture, Equity, Diversity, and Inclusion Committee (CEDI)** through the Missouri Behavioral Health Council (MBHC) is the Council's way to offer equitable support, guidance and resources to each participating organization. <https://www.mobhc.org/resources/culture-equity-diversity-inclusion-cedi>
13. **Improving Cultural Competency for Behavioral Health Professionals from Health and Human Services (HHS)** is a this free, online training that teaches you how to better respect and respond to your client's unique needs. <https://thinkculturalhealth.hhs.gov/education/behavioral-health>
14. **For the Sake of All** is a report on the health and well-being of African Americans in St. Louis and why it matters for everyone. <https://forthesakeofall.files.wordpress.com/2014/05/for-the-sake-of-all-report.pdf>
15. **Understanding the Cycle of Socialization** helps us understand the way in which we are socialized to play certain roles, how we are affected by issues of oppression, and how we help maintain an oppressive system based upon power. [https://depts.washington.edu/fammed/wp-content/uploads/2018/06/Cycle\\_ofSocializationHandout.pdf](https://depts.washington.edu/fammed/wp-content/uploads/2018/06/Cycle_ofSocializationHandout.pdf)





# VOLUNTEERS AND ADVOCATES

(INCLUDES YOUTH LEADERS  
THAT WANT TO ENGAGE IN THIS WORK)

**FIGURE 1** provides a framework for how organizational stakeholders can work collaboratively to improve cultural responsiveness. This can give organizations an idea of what collective action can look like, but they should modify their processes to accommodate unique situations within their agency.

**You have a responsibility to understand culturally responsive care and push for changes in the organization.** The first task in improving your organizations' ability to deliver culturally responsive care is to make sure you are well informed. The background material in the toolkit provides a lot of information about: culture, responsiveness, health disparities, language, definitions, history, and industry standards to work towards. Remember, all page numbers referenced in this guide are directing you to the Promoting Inclusion Toolkit.

**Implementing the toolkit and recommendations is not an all or nothing venture.** There is flexibility in the order of operations and the pace of change, however we do encourage you to work through Section 1 first. We offer these materials to overhaul your organization, while fully acknowledging your reality. We believe that any progress is still progress.

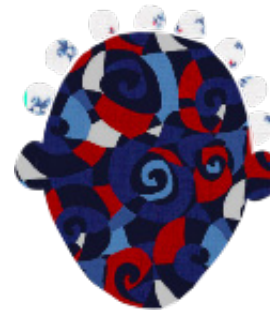


TABLE 11. Volunteers and advocates

SECTION	HOW SHOULD THIS MATERIAL BE USED?	POTENTIAL ORGANIZATIONAL ACTION STEPS BASED ON THIS MATERIAL
<b>1.1 PURPOSE &amp; HOW TO USE</b>	<p>The language, ideas, and approach outlined should be thoughtfully incorporated in the internal materials your organization uses to communicate with employees and the external materials your organization provides to clients.</p>	<ol style="list-style-type: none"><li>1. Understanding and using the proper language about the social determinants of health (SDOH) can help you communicate appropriately with clients and their caregivers. For example, listening to clients' challenges (e.g., discrimination, safe housing, polluted water, etc.) and making the connection between those challenges and access to care can help you better serve their needs.</li><li>2. As a volunteer, this could be as simple as listening to challenges and sharing resources that clients could use.</li><li>3. As an advocate, it is important to acknowledge the dominant culture and how it does not address the unique healthcare barriers young people face. In your position, it will be important to think through how dominant culture influences the inner-workings of the organization and fuels disparities.</li><li>4. Volunteers and advocates should incorporate relevant language in their work interactions (e.g., in meetings and in everyday interactions). Bring language in intentionally so that you are comfortable and well-versed in these topics.</li></ol>
<b>1.2 CULTURE: DEFINITIONS &amp; LIVED EXPERIENCES</b>	<p>There are terms, elements, and values to take into account when considering culture and health care.</p>	<ol style="list-style-type: none"><li>1. Use these elements of culture to consider how you engage with clients and staff. For example, do you currently feel prepared to discuss services specific to gender identity and expression with clients that might need support?</li><li>2. Does the organization's external facing materials (brochures, flyers, etc.) incorporate these terms, elements, and values?</li><li>3. Think about how these elements should intentionally be incorporated in the organizations' everyday work.</li></ol>
<b>1.3 WHAT IS CULTURAL RESPONSIVENESS</b>	<p>This section focuses on reflection about how you can take action and how the organization can be intentional.</p>	<ol style="list-style-type: none"><li>1. Are you (as a volunteer and/or advocate) trained to support youth from a variety of cultural backgrounds?</li><li>2. Is the organization intentional about serving specific groups (youth living with disabilities, from racial and/or ethnic minority backgrounds, etc.)? List them.</li><li>3. How is your organization intentional about serving these groups? What practices or policies play a role?</li><li>4. Share your perspective with leadership and the board.</li></ol>

## 1.4 HEALTH DISPARITIES & THEIR IMPACT ON YOUNG PEOPLE

This section defines health disparity and provides statistics outlining the need for cultural responsiveness.

1. Think about the data the organization collects. Are you given information about whether there are disparities in youth served?
2. Does leadership use health disparity data from the organization to inform practices, policies, or procedures?
3. Do you have anecdotal information you could share with leadership about disparities in care that you have witnessed?

## 1.5 A CULTURALLY RESPONSIVE HISTORY

The timeline highlights policies and regulations that encourage cultural responsiveness in health care.

1. Use this section to inform yourself.
2. Do you feel you need more resources on culturally responsive care to appropriately fulfill your responsibilities? Please ask for these from leadership and/or the volunteer coordinator.

## 1.6 CULTURAL RESPONSIVENESS ACROSS THE COUNTRY

The map outlines the progress of state- and territory-led initiatives for mandatory cultural competence training for health and health care service providers.

1. Use this section to inform yourself.
2. Are there connections you can use from other regions that might support your volunteer and/or advocacy efforts in Missouri (see Resource 12)?

## 1.7 ROADMAP: CULTURALLY RESPONSIVE STANDARDS

This section outlines the National Culturally and Linguistically Appropriate Services (CLAS) Standards.

As you read through this section, consider a few questions:

1. What existing practices or policies help the organization meet the principal standard?
2. How does your organization meet the standards for governance, leadership, and workforce that promote CLAS standards and health equity? Make a list of how they do and/or do not.
3. Does your organization have communication and language assistance materials as outlined in these standards?
4. Is the organization doing any of the activities listed under the engagement, continuous improvement, and accountability section?
5. How are you, as a volunteer and/or advocate, incorporated in engagement, continuous improvement, and accountability?



Now that you have a general understanding of concepts, let's think about the training courses. **The second task in improving your organizations' ability to deliver culturally responsive care is to use Section 2 to improve your ability to interact with clients.** This section provides an opportunity for reflection and follow-through. The toolkit recommends setting aside time each week to dig into these activities.

As you work through the organizational action steps to improve cultural responsiveness, it is important to think about how to evaluate change. There are several levels where change can occur (organization-, employee-, and client-levels). An example of question used to assess change at the organization-level could be: Are the principles of cultural competence (e.g., cultural awareness, language training, etc.) included in staff orientation? See Resource 9, Appendix

C, for extensive lists of validated instruments and measures that can be used to assess change.

As you work through the organizational action steps to improve cultural responsiveness, it is important to think about how to evaluate change. There are several levels where change can occur (organization-, employee-, and client-levels). See Resource 9, Appendix C, for extensive lists of validated instruments and measures that can be used to assess change.

Once you have reviewed Section 2 of the Toolkit, you can use Section 3: Group Activities to Build Responsiveness (see page 32). The activities provide support for organizations interested in building cultural responsiveness. Completing the training in Resource 13 will drastically strengthen your facilitation skills.

**TABLE 12.** Volunteers and advocates cont'd

SECTION	HOW SHOULD THIS MATERIAL BE USED?	POTENTIAL ORGANIZATIONAL ACTION STEPS BASED ON THIS MATERIAL
<h2>2.1 HOW DO I BECOME 'CULTURALLY RESPONSIVE'?</h2>	<p>This section outlines four steps to improve your individual abilities.</p>	<ol style="list-style-type: none"> <li>1. As a volunteer and/or advocate, your willingness to reflect on yourself and the organizations' abilities is critical to the well-being of the young people served.</li> <li>2. These steps for self-reflection and discussion could be addressed informally with fellow volunteers and/or advocates or in regular meetings. This could help establish a culture of reflection. Consider using Sections 3.1, 3.2, and 3.3 for reflection and learning (see page 32 of the Toolkit).</li> </ol>
<h2>2.2 EXPLORING CULTURAL RESPONSIVENESS WITHIN</h2>	<p>This section starts with an assessment of your beliefs and attitudes, knowledge, and skills. This provides a baseline for examination and improvement.</p>	<ol style="list-style-type: none"> <li>1. After taking the assessment on page 13, pages 14 &amp; 15 provide information on understanding attitudes and biases, discrimination, action steps, and ways volunteers and/or advocates can support young people from marginalized backgrounds.</li> <li>2. Does the organization have a simple, transparent process through which to file complaints for homophobic, racist, sexist, etc. words and/or actions? Systems and/or processes should exist for clients and employees to be able to report occurrences.</li> </ol>

## 2.3 THE ROLE OF PRIVILEGE

This section focuses on acknowledging privilege, which can help us understand its impact on minority youth.

1. Use the categories of privilege to learn more, or refresh your memory.
2. Use the questions on page 17 to reflect on your own privilege.
3. Talk to your peers or reflect alone (using page 16) about the environment. How is privilege accounted for (or left unaddressed) in the organizations' practices?
4. Outline adjustments, trainings, or policy changes that you believe could help address these challenges. Share these ideas with leaders in the organization.

## 2.4 IS YOUR WORK TRAUMA-INFORMED?

This section outlines ways health professionals can increase their support via a trauma-informed lens.

1. Give yourself a grade (focus on your role at the organization) for each item using the list on pages 18 & 19.
2. Give your organization a grade for each item.
3. How can you, as a volunteer and/or advocate, make adjustments in your actions for the areas that received low grades?

## 2.5 ARE YOU MEETING THE STANDARDS?

This section will help you assess the policies and procedures of the organization (based on National CLAS standards) and evaluate the internal climate of your organization.

1. Go through each of the policies and procedures and determine (yes/no) whether they are already incorporated in the organization.
2. Go back through each of your "no" answers and recommend policy and/or procedure adjustments that would help your organization to meet the standard. Don't be afraid to write them down and share with leadership.
3. Use the inclusive language list provided in Section 2.9 when suggesting policies and practices changes.

## 2.6 HOW DO YOUR POLICIES MATCH UP?

These sample policies could be used to help restructure your organizational policies.

1. Review the organization's current policies in conjunction with this section.
2. Do policies explicitly mention race, ethnicity, immigration status, religion, etc. in inclusive, non-discrimination policies (see p. 21 for full list)?
3. Do they use the inclusive language provided in Section 2.9?
4. Are these policies public and promoted within the organization's physical and online spaces? This will help create an inclusive environment.
5. Connect with leadership, HR, the DEI committee, etc. to share your thoughts on policies.
6. Leadership should provide updates and opportunities for feedback.

## 2.7 PUTTING IT INTO PRACTICE

This section provides a list of inclusive practices that the organization should use.

1. Volunteers and/or advocates should review these practices fully and flag practices in the list that could be improved.
2. Use the inclusive language list provided in Section 2.9 when adjusting policies and practices.
3. Connect with leadership, HR, the DEI committee, etc. to share your thoughts on policies.
4. Leadership should provide updates and opportunities for feedback.

## 2.8 FIRST IMPRESSIONS AND BEYOND

This section provides a list of ways for the organization to improve its cultural responsiveness through in-person and digital means.

1. Volunteers and/or advocates, should review these practices fully and flag areas where you can support improvements (e.g., volunteer to support internal planning that focuses on youth from minority backgrounds).
2. Use the inclusive language list provided in Section 2.9 when adjusting policies and practices.
3. Review Section 2.11, which outlines culturally responsive communication policies.
4. Connect with leadership, HR, the DEI committee, etc. to share your thoughts on policies.
5. Leadership should provide updates and opportunities for feedback.

## 2.9 LANGUAGE MATTERS

This section provides inclusive language that should be used for policies, forms, interpersonal communication, and on the website.

1. Volunteers and/or advocates should regularly review pages 25 & 26 to ensure commitment to this language.
2. Do policies, forms, interpersonal communication, and the website use language that aligns with Section 2.9?
3. Connect with leadership, HR, the DEI committee, etc. to share your thoughts on policies.
4. Leadership should provide updates and opportunities for feedback.

## 2.10 CREATING CULTURALLY RESPONSIVE PROGRAMS

This section provides advice for meeting the communication needs of minority young people through programming.

1. Volunteers and/or advocates should use the list on pages 27 & 28 to assess current practices and flag areas for future action.
2. Connect with leadership, HR, the DEI committee, etc. to share your thoughts on policies. For example, volunteers might know clients have expressed a need for a single stall bathroom. This is feedback leadership might never hear.
3. Leadership should provide updates and opportunities for feedback.

## 2.11 MEETING COMMUNICATION NEEDS OF YOUNG PEOPLE

This section outlines the Joint Commission's process for culturally responsive communication during intake, assessment, treatment, and discharge.

1. Volunteers and/or advocates should use Section 2.11 to review the organization's intake, assessment, treatment, and discharge policies and flag areas where improvements are needed.
2. Connect with leadership, HR, the DEI committee, etc. to share your thoughts on policies.
3. Leadership should provide updates and opportunities for feedback.



## **2.12 THINGS TO CONSIDER WHEN CREATING DIGITAL SAFER SPACES**

This section provides concrete actions to create digital safer spaces.

1. Volunteers and/or advocates should review pages 30 & 31 fully and flag practices in the list that could be improved.
2. Use the inclusive language list provided in Section 2.9 when adjusting policies and practices.
3. Connect with leadership, HR, the DEI committee, etc. to share your thoughts on policies.
4. Leadership should provide updates and opportunities for feedback.

## ADDITIONAL RESOURCES

1. **Building Inclusion Through the Power of Language** outlines how and why inclusive language can improve work environments. [https://www.dca.org.au/sites/default/files/dca\\_wordsatwork\\_overall\\_guide.pdf](https://www.dca.org.au/sites/default/files/dca_wordsatwork_overall_guide.pdf)
2. **A Practical Guide to Implementing the National CLAS Standards: For Racial, Ethnic, and Linguistic Minorities, People with Disabilities, and Sexual and Gender Minorities** is a guide developed by the Centers for Medicare & Medicaid Services that can help organizations implement CLAS standards. This document is rich with resources and contains training materials for leadership and staff. <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/CLAS-Toolkit-12-7-16.pdf>
3. **The Joint Commission: Health Equity** provides standards information, patient-centered communication resources, and other resources readers could use as they work on implementing pieces from Section 1.7. [https://www.jointcommission.org/resources/patient-safety-topics/health-equity/#6d3d80d963c049a5a53813b583e6d88f\\_0a12c7dacff6442b981631246015733f](https://www.jointcommission.org/resources/patient-safety-topics/health-equity/#6d3d80d963c049a5a53813b583e6d88f_0a12c7dacff6442b981631246015733f)
4. **St. Louis Regional Nonprofit Indicators** report provides information on critical aspects of the nonprofit sector (like economic impact, employment, and comparative growth) that can give organizations context about their role in the region. <https://stldata.org/wp-content/uploads/2021/09/STL-Nonprofit-Indicators-Final-September-2021.pdf>
5. **Challenges and Rewards of a Culturally-Informed Approach to Mental Health** is an 18-minute TEDx talk by Dr. Jessica Dere outlining how culture is related to mental health. <https://www.youtube.com/watch?v=VrYmQDiunSc>
6. **Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color** is an article about intersectionality by Dr. Kimberlé Crenshaw. <https://www.jstor.org/stable/1229039?seq=1>
7. **Improving Cultural Competence: Quick Guide for Administrators** is based on TIP 59 and provides easily accessible information to behavioral health administrators about developing culturally competent organizations. This manual for administrators describes the influence of culture on the delivery of substance use and mental health services. It discusses racial, ethnic, and cultural considerations, and presents the core elements of cultural competence. <https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4932.pdf>
8. **Improving Cultural Competence: Quick Guide for Clinicians** is based on TIP 59 and provides easily accessible information to behavioral health clinicians about providing culturally competent treatment. This manual for professional care providers and administrators describes the influence of culture on the delivery of substance use and mental health services. It discusses racial, ethnic, and cultural considerations, and presents the core elements of cultural competence. <https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4931.pdf>
9. **Improving Cultural Competence: Number 59 in the Treatment Improvement Protocol** is the full guide that helps professional care providers and administrators understand the role of culture in the delivery of mental health and substance use services. It describes cultural competence and discusses racial, ethnic, and cultural considerations. <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4849.pdf>
10. **Missouri Foundation for Health** provides up-to-date nonpartisan information on issues being addressed by Missouri's legislature to help our partners navigate the state's policymaking process. <https://mffh.org/our-focus/policy/legislative-updates/>
11. **An Implementation Checklist for the National CLAS Standards** lists successful CLAS-related organizational activities. <https://thinkculturalhealth.hhs.gov/assets/pdfs/AnImplementationChecklistfortheNationalCLASStandards.pdf>
12. **Culture, Equity, Diversity, and Inclusion Committee (CEDI)** through the Missouri Behavioral Health Council (MBHC) is the Council's way to offer equitable support, guidance and resources to each participating organization. <https://www.mobhc.org/resources/culture-equity-diversity-inclusion-cedi>
13. **Improving Cultural Competency for Behavioral Health Professionals from Health and Human Services (HHS)** is a this free, online training that teaches you how to better respect and respond to your client's unique needs. <https://thinkculturalhealth.hhs.gov/education/behavioral-health>
14. **For the Sake of All** is a report on the health and well-being of African Americans in St. Louis and why it matters for everyone. <https://forthesakeofall.files.wordpress.com/2014/05/for-the-sake-of-all-report.pdf>
15. **Understanding the Cycle of Socialization** helps us understand the way in which we are socialized to play certain roles, how we are affected by issues of oppression, and how we help maintain an oppressive system based upon power. [https://depts.washington.edu/fammed/wp-content/uploads/2018/06/Cycle\\_ofSocializationHandout.pdf](https://depts.washington.edu/fammed/wp-content/uploads/2018/06/Cycle_ofSocializationHandout.pdf)