CLAS GUIDELINES

FOR THE ALCOHOL AND OTHER DRUG FIELD

IN CALIFORNIA

TABLE OF CONTENTS:

EXECUTIVE SUMMARY

Background/History

This document is intended as a resource to support the integration of culturally and linguistically appropriate practices and policies into alcohol and other drug (AOD) services and systems. It incorporates the framework of the 2001 US Department of Health and Human Services/Office of Minority Health's Culturally and Linguistically Appropriate Services (CLAS) Standards and the Department of Alcohol and Drug Programs' (ADP) Cultural Competency Quality Improvement Strategic Plan 2010-2012. ADP funded the Community Alliance for CLAS in 2011 to provide technical assistance and training resources broadly to the field to ensure that community programs and county agencies had the support needed to fully align with the National CLAS Standards.

These Standards provide a framework for health and health care organizations to ensure that all consumers receive equitable and effective treatment in a culturally and linguistically appropriate manner, thus contributing to the elimination of racial and ethnic health disparities. Prior to their creation, providers had no clear guidance on how to provide culturally and linguistically appropriate services.

The CLAS Standards are also intended to assist Federal, State and local governments as well as administrative staff and program managers to draft consistent laws, regulations, contracts and policies and procedures and for accreditation and credentialing agencies to assess and compare providers who claim that they are providing culturally competent services to diverse consumers. The Joint Commission on Accreditation of Healthcare Organizations, the National Committee for Quality Assurance, the American Medical Association and the American Nurses Association all include cultural competence indicators as part of their credentialing processes. As of 2012, ADP is also requiring counties and their contract service providers to begin implementing the CLAS Standards.

The guidelines provided in this document extend the cultural competencies spectrum beyond racial and ethnic cultural groups to include language, age, gender, sexual orientation, disability, and religious belief systems and practices. These factors have proven to have significant impact on how individuals and families access and approach health care and health maintenance, and by appropriately addressing them, we can improve the quality of care and ultimate health outcomes.

Cultural Competence

Cultural competence usually refers to understanding and accommodating different demographic characteristics such as ethnicity, race, gender, age, religion or sexual orientation. In California, cultural competence is critical to providing quality care since 60% of state residents are people of color, 27% were born outside the United States and 43% of California households speak a language other than English at home.[i]

Cultural competence can also be defined as a set of behaviors, attitudes and policies that come together in a system, agency or among providers that enables them to work effectively across cultures. Culturally competent providers, programs and organizations not only value individual cultural influences, beliefs and practices, they also consider the cultures or unwritten rules of the different departments, levels, functions and professional disciplines within their agency and of their community partners. These skills and attributes better positions providers to prevent or more successfully address the challenges that often accompany the major program, process and systems changes necessitated by best practice care. Equally important, culturally competent organizations create and sustain respectful and inclusive work environments and stakeholder relationships that promote ongoing learning and continuous quality improvement.

CLAS Guidelines Development

ONTRACK Program Resources, the ADP technical assistance provider for the Community Alliance for CLAS, enlisted a core group of 18 stakeholders and experts (including staff) to participate on the CLAS Advisory Group to contribute to the development of the guidelines. The professionally and culturally diverse group met in a full-day in-person session and later as smaller work groups focusing on various aspects of the guidelines via conference calls. Individuals involved in the development of the guidelines are cited along with a description of their experience and expertise in the CLAS Advisory Group attachment to this document.

The guidelines are organized in alignment with the National CLAS Standards, covering the core components of *Culturally Competent Care*, *Language Access Services* and *Organizational Supports.* The guidelines are intended for broad use for AOD, mental health, social service agencies, criminal justice and other health and human service agencies with high risk and/or co-occurring needs. Each section includes a checklist to simplify self-assessment processes, and a CLAS resources section to increase access to additional information and tools to assist counties and agencies to establish customized policies and protocols to suit their programs and service systems.

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[i] US 2010 Census Data at quickfacts.census.gov

CLAS GUIDELINES

FOR THE ALCOHOL AND OTHER DRUG (AOD) FIELD

CLAS STANDARD #1

Health care organizations should ensure that patients/consumers receive from all staff member's effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

GUIDELINE

AOD providers and local governments ensure that clients receive effective, understandable and respectful care provided in a manner compatible with their own cultural health beliefs, practices and preferred language.

CHECKLIST

- The culturally specific health beliefs and health practices of those you serve is known by the organization's staff and management
- The organization is able to respond to these beliefs and practices in service provision
- The language preferences of clients is noted in their charts
- Standards exist for staff conduct and performance monitoring that promotes cultural competence through cultural competence training for new and existing staff
- There is regular, ongoing cross-training within the organization to promote an environment of multicultural understanding across professional sectors
- Staff is encouraged to share with one another their own cultural perspectives and practice of cultural humility in meetings and other organizational forums
- Clients/consumers are surveyed to determine whether they have received culturally and linguistically competent services

CLAS STANDARD #2

Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

GUIDELINE

AOD providers and local governments develop and implement strategies to recruit, retain and promote diverse staff and leadership within the organization. An organization's staff and leadership reflect the characteristics of the community they serve.

CHECKLIST

- The cultural and linguistic characteristics of your organization's service community is known
- There are regular agency self-assessment s to determine the current level of cultural and linguistic diversity

within the organization at all levels of staffing and leadership
- There is active recruitment of staff and leadership who have the cultural and linguistic skill sets needed by your service community
- Employees who have cultural and linguistic competencies are compensated for their proficiency
- Cultural and linguistic competencies are included in decisions about promotions
- Organizational policies and procedures regarding cultural competence are regularly reviewed

CLAS STANDARD #3

Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

GUIDELINE

AOD providers and local governments ensure that education and training in cultural and linguistically appropriate service delivery are ongoing and effective for all staff, at all levels, and across all disciplines.

CHECKLIST

- Clear definitions of cultural and linguistic competence are provided that includes milestones and levels of proficiency, and make sure all staff are familiar with them
- There is awareness of the ways personal history influences perceptions of other cultures
- There is knowledge of the ability of staff to engage in effective cross cultural communication
- There is knowledge of the institutional barriers that impact the ability of people in your community to access services
- There is awareness of the how levels of acculturation affect client's ability/willingness to connect to the treatment process
- There is an Organizational Diversity Subcommittee or Diversity Council with the endorsement of the Executive Director and/or Board of Directors.
- Employee participation in cultural competence trainings is tracked, and use this information is used as part of performance reviews

CLAS STANDARD #4

Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

GUIDELINE

AOD providers and local governments must offer and provide language and communication assistance to clients/consumers with limited English proficiency (LEP) or disability-related language/communication needs.

CHECKLIST

- Language and communication assistance are offered at all points of service contact, including all levels of care (e.g. crisis, outpatient, residential) and with all levels of staff (e.g. administrative, clinical)
- Language and communication assistance are offered in a timely manner during all hours of operation
- Language assistance services are offered at no cost to each client
- Policies and procedures prioritize the use of bi/multilingual staff over interpreters, and the use of in-person interpreters over phone interpretation services
- Staff understand the pros and cons of different types of interpretation methods
- Staff are trained to use the language access system, including how to ask about language preference, and how to work with interpreters
- Data is collected on how long it takes to access language services, how proficient these services are, and how well clients/consumers are satisfied with them

CLAS STANDARD #5

Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

GUIDELINE

AOD providers and local governments must provide to clients/consumers in their preferred language or disability-related communication mode both verbal offers and written notices informing them of their right to receive language/communication assistance services.

CHECKLIST

- Policies and procedures are in place to ask the preferred language/communication of all clients/consumers
- Staff are trained to inform all clients/consumers of their right to language/communication assistance
- There is visible signage offering language/communication assistance in all local threshold languages
- Staff are provided with ongoing training for staff in the legal rights of LEP and disabled clients
- Staff offer clients information about how to receive services in their preferred languages
- There is systematic recording of the preferred language of all clients/consumers
- “I Speak” materials are provided to clients/consumers to identify their language preference

CLAS STANDARD #6

Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

GUIDELINE

AOD providers and local governments must assure the competence of language/communication assistance provided to limited English proficient or disabled clients/consumers by interpreters and bilingual staff.

CHECKLIST

- Family and friends are not used to provide interpretation services (except on request by the client/consumer – and after being informed of the risks of this choice, and that a trained, confidential interpreter can be provided without cost)
- Interpreters are qualified to work in the health industry and have no conflicts of interest with the client/consumer
- Providers can educate and counsel clients/consumers on when and how to use an interpreter
- Providers can educate and counsel clients/consumers on confidentiality issues and reassure clients/consumers who are not comfortable with interpreters
- Staff receive regular trainings on how to effectively use an interpreter
- Bilingual clinicians and staff are tested to determine if they have a command of English and the target language
- There are tools in place for measuring interpreter skills and qualifications
- Interpreters skills are evaluated using English and target language
- Interpreters are trained and tested in techniques, ethics, and cross-cultural issues.
- Family, friends, or others are evaluated if they are encouraged to interpret
- Interpreter use is documented

CLAS STANDARD #7

Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

GUIDELINE

AOD providers and local governments must make available easily understood patient-related written and audio materials and post signage in the languages of the commonly encountered groups represented in the service area (threshold languages).

CHECKLIST

- There is organizational knowledge of the local threshold languages
- Materials and signage are available and accessible in local threshold languages s and are compliant with ADA regulations
- Age appropriateness and literacy are considered in the development of written materials
- Vital documents have been translated into threshold languages
- There are internal and external resources available for the translation of documents
- There is an ability to deliver oral translation of written materials in uncommon languages

- Translated materials are kept in stock and are accessible to client/consumers
- Staff understand issues related to health literacy and can ensure all materials are appropriate for intended audience
- Staff are trained to use health literacy assessment tools with clients/consumers and respond appropriately when literacy levels are low

CLAS STANDARD #8

Health care organizations should develop, implement and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

GUIDELINE

AOD providers and local governments develop and implement a strategic plan that sets clear goals and measurable objectives for ensuring culturally and linguistically appropriate services. The plan also builds in accountability mechanisms to ensure its implementation.

CHECKLIST

- The agency's Board of Directors oversee a strategic planning process at least every 3-5 years
- The strategic planning process includes input from diverse consumers, community members and staff
- Data gathered in the planning process informs and refines the plan's goals and objectives
- A designated member of the agency's management team is responsible for the implementation of the strategic plan's CLAS related goals and objectives
- The agency's Board of Directors and management team oversee accountability measures that ensure the strategic plan's CLAS related goals and objectives are met.
- Mechanisms for ensuring culturally appropriate and linguistically accessible services are integrated into the agency's program and personnel policies and procedures and quality improvement activities
- Mechanisms are in place to ensure the agency remains aware of and responsive to changing client cultural and linguistic needs

CLAS STANDARD #9

Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

GUIDELINE

AOD providers and local governments evaluate their organization's ability to provide culturally and linguistically competent services on a regular basis. If possible, agencies achieve this through agency self-evaluations, client satisfaction surveys, and tracking client success rates by cultural and linguistic group.

CHECKLIST

- A dedicated management level person is responsible for integrating CLAS evaluation activities into existing activities, or developing them for use, as needed.
- Agency self-evaluation done annually
- Client satisfaction surveys include questions about whether the client feels that the services were culturally and linguistically appropriate
- Intake and exit interviews include the collection of the client's cultural groups and preferred spoken and written dialect and language.
- Program dropout and completion rates are tracked by cultural and linguistic groups
- Yearly all-staff meeting to review findings of these activities
- Evaluation, survey, and program completion results used to plan program improvements

CLAS STANDARD #10

Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

GUIDELINE

AOD providers and local governments in California collect all information relevant to the cultural and linguistic needs of all clients or participants. This information will be placed in each file or record. As trust builds with the person, this information needs to be updated. Important information includes:

- Race
- Ethnicity
- Spoken and Written language(s) they use and are proficient in
- Sexual Identity (Lesbian, Gay, Bisexual, Queer, Questioning , Undetermined)
- Sex or Gender (Male, Female, Female to Male Transgendered, Male to Female Transgendered, Undetermined, Intersex)
- Religion/Spiritual Practice
- Abilities and Challenges (i.e. physical, cognitive)
- Military Service
- Circumstance of migration (forced, refugee, economic, suppression of Freedom, asylee)
- Homeless
- Formerly Incarcerated

CHECKLIST

- Intake data form includes demographic identifiers
- Client charts are reviewed to verify/confirm that current data is included in the chart.
- Demographic identifiers are included on exit form
- Annual reports to the Funding agency are reviewed to ensure demographic data is reported.

- Training is provided to staff collecting this information to ensure that they do so in a culturally and linguistically appropriate and accessible manner
- Staff informs clients that the information collected will remain confidential and will not have a negative effect on the quality of care they receive – and that this data is being collected to ensure a high quality of service for everyone

CLAS STANDARD #11

Health care organizations should maintain a current demographic, cultural and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

GUIDELINE

AOD providers and local governments collect demographic, cultural and epidemiological information for their service community. Organizations conduct ongoing needs assessments of their community and use this information to put in place services that meet the cultural and linguistic needs of their clients/participants.

CHECKLIST

- Data on the service community's demographic profile is accessible
- Data on the service community's cultural profile is accessible
- Data on the service community's epidemiological profile is accessible
- Someone on staff is designated to collect and interpret community level data, including an assessment of utilization rates based on client-level demographic, cultural and epidemiological data.
- Community needs assessment is performed regularly Data received through community needs assessment should be reviewed by stakeholders of the community assessed and used to implement changes as needed within the program.

CLAS STANDARD #12

Health care organizations maintain participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

GUIDELINE

AOD providers and local governments maintain participatory, collaborative partnerships with the communities they serve. Organizations make sure that both the community and the clients/participants are involved in designing and implementing CLAS-related activities.

CHECKLIST

- Client/consumer satisfaction surveys about the cultural and linguistic competence of services are collected
- A staff person is designated to analyze and publicize client satisfaction data within the organization
- There are relationships with the key community based and/or faith based organizations in the community

- Feedback from community based and/or faith based organizations in incorporated in the design and implementation of services
- Community feedback is sought about the language and interpreters services that the organization provides to clients/consumers
- Feedback from both community and clients/consumers is sought about the signage and materials displayed within the office to ensure that everyone feels welcomed and included, such as posters, pamphlets, magazines, and resource listings
- Representatives from the service community participate in the organization's advisory board

CLAS STANDARD #13

Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

GUIDELINE

AOD providers and local governments evaluate their organization's processes for identifying and resolving cross-cultural conflicts and/or complaints by clients and staff. These organizations also ensure that the grievance resolution processes are culturally and linguistically appropriate.

CHECKLIST

- The grievance or complaint process is made known to all clients and staff.
- Grievances and complaints are reviewed to determine if there is a cultural component
- Client admission packets and new staff hire paperwork emphasize the open and welcoming nature of the program to all, regardless of race, ethnicity, sexual or gender minority status, except in cases where the program has a specific, clearly stated mission (i.e. Native American, pregnant women, etc.)
- A grievance review committee is convened that consists of members who represent staff and client ethnic diversity, to identify and address potential conflicts. The committee includes at least one staff person at the management level to add weight/credibility to its findings
- Annual trainings and staff development include information on treatment issues for minority populations, with the goal of increasing sensitivity and knowledge of such populations and issues
- A policy is implemented to treat cross-cultural conflicts and grievances in a comparable manner as "incident reports" with a statement of the problem, the steps towards resolution, and the outcome. These forms are maintained and documented for quality assurance and policy changes
- All staff members are trained to recognize and prevent cross cultural related conflicts and grievances
- Notice is given in the client's and staff's language about the right and instructions to file a complaint or grievance

CLAS STANDARD #14

Health care organizations are encouraged to regularly make available to the public information about their

progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

GUIDELINE

AOD providers and local governments make information about their progress on the CLAS standards available to the public. Organizations make sure that the public knows this information is available.

CHECKLIST

- A person in the organization is responsible for tracking progress on the 14 CLAS standards
- Information about the organization's progress on the CLAS standards is regularly reviewed and compiled into a report that is written in easily accessible language
- This report is translated into the threshold languages of the community
- Signage is posted in the organization's public areas informing the public that this information is available
- Information about the organization's progress on the CLAS standards is posted on the organization's website

CLAS PARTNERS

ONTRACK PROGRAM RESOURCES

Madalynn Rucker is the founder and Executive Director of ONTRACK Program Resources (ONTRACK) and serves as the Project Director for CLAS. She has more than 24 years of program management experience in health and human services. She previously served for seven years as a Human Services Analyst III for the County of San Mateo, and six years as a Program Manager for the Community Services Planning Council in Sacramento. Madalynn earned a Bachelor of Arts degree in Political Science at the University of Washington, and a Master of Arts degree in Political Science/Public Administration from Stanford University.

Tamu Nolfo is a certified prevention specialist and Robert Wood Johnson Foundation fellow who has worked in the substance abuse field for twenty years. She has focused on integrating the latest research developments and community needs into strategies for youth and family wellness. Dr. Nolfo's expertise lies in developing culturally and linguistically appropriate programming and services, and training others how to

maintain these key elements at the forefront of their planning and implementation efforts.

CENTER FOR APPLIED RESEARCH SOLUTIONS

Miranda March is a Research Associate and CLAS Project Manager at the Center for Applied Research Solutions. Dr. March is overseeing the development of a research clearinghouse on evidence-based practices, policies, and models for achieving culturally and linguistically appropriate services (CLAS) for AOD providers and policymakers. Her dissertation explored how rehabilitation strategies differ for male and female substance abusers.

LGBT TRISTAR

Ken Einhaus is the Project Coordinator of statewide technical assistance and training services for LGBT-TRISTAR where he has worked for three years. Previously, he served three years as Program Evaluator for a non-profit agency serving adults with chronic and serious mental illness. He also spent seven years providing technical assistance and project management for several Federal clients, including the Centers for Disease Control and Prevention (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA), on projects addressing substance abuse prevention and other health-risk behaviors among at-risk youth.

NICOS CHINESE HEALTH COALITION

Lisa Chan joined NICOS as a staff member in January; however, she has served as a consultant in previous years. She has been working in the community for over 20 years providing social services to a diverse population and conducting research. She has also taught on college campuses serving students from diverse academic, socioeconomic, cultural and ethnic backgrounds. She worked and volunteered in the field of domestic violence for over 15 years and has done extensive psychological research in the areas of HIV prevention, adolescent health, and alcoholism**.**

Mai Le was a researcher at the Institute of Medicine on the Mental Health Workforce for Geriatric Populations study. She was a 2009 San Francisco City Hall Fellow, serving as an assistant project manager at the San Francisco Public Utilities Commission. She previously worked as a National Institute on Drug Abuse

ADVISORY BOARD MEMBERS

Marina Augusto is a Staff Services Manager with the California Department of Mental Health (DMH), Office of Multicultural Services (OMS). As a Manager in the unit, she provides leadership direction to DMH for promoting and establishing culturally and linguistically competent mental health services within the public mental health system through actions targeted both within and external to DMH. While obtaining her Master's degree, she completed field study assignments for the San Juan and Dixon Unified School Districts, completing over 600 hours of field study working with at-risk children, families and students with disabilities.

Joan Benoit is an enrolled member of the Chippewa of the Thames, First Nation, and has been the Executive Director of the Native American AIDS Project since 1999. She has over 20 years of experience in the HIV care

and prevention field where she has developed and implemented HIV care and prevention programs within Native American communities, integrating traditional Native approaches with western interventions to create effective and innovative programming to meet the needs of the most at-risk populations in American Indian communities.

Rosalind Corbett is a Registered Addiction Specialist who provides technical assistance, supervision, training, and coaching in alcohol and other drug education, Motivational Interviewing, integrated treatment, and co-occurring disorders. She uses her knowledge and expertise to train others to provide culturally sensitive and competent services to a varied client population including ethnic minority, gay, lesbian, bisexual and transgender clients. She is member of Motivational Interviewing Network of Trainers (MINT).

Jeanna Eichenbaum is a psychotherapist in private practice in San Francisco, specializing in issues of alternative sexuality, LGBTQQ concerns, relationship work, trauma and PTSD recovery, spirituality (particularly the dialectic between Eastern and Western approaches), and the treatment of depression and anxiety disorders. She also works as a Crisis Specialist at Westside Community Services. Prior, she was the Team Leader of the Substance Abuse Day Hospital at the Veteran's Administration Hospital in San Francisco. She was the Manager and co-creator of the Transgender Recovery Project at Walden House, the first residential drug treatment program in the United States to specifically target the transgender community.

Sally Jue is an independent consultant with over twenty years of training and facilitation experience with various corporate, government and non-profit organizations across the country. Prior to becoming a consultant, Ms. Jue worked as a medical social worker, started and ran one of the first mental health programs for people with HIV while at AIDS Project Los Angeles and was a project director at Apria Healthcare. She has published in the areas of cross-cultural counseling and the impact of culture on ethical decision-making and participated in national advisory meetings on improving access to healthcare services for women, people with HIV, immigrants and other underserved populations.

Toni Mosley serves as a clinical supervisor for an In-Prison Program for Woman and Children-Family Foundations. She has been a veteran in the field of chemical dependency treatment for over 25 years. She has assisted several residential treatment programs in their development, including the United Health Plan's first residential treatment program for women and children, Behavioral Health Services Chemical Dependency Recovery Center, and American Hospital.

Jonathan Newsom has over 17 years of experience working for and with community-based non-profit corporations. He provides consulting services to alcohol and drug treatment programs in the areas of strategic planning, program development, community outreach and evaluation services.

Chris Partida is a Certified Substance Abuse Counselor Level II and a Certified Anger Management Professional Level II. A graduate of the University of San Francisco with a Bachelor's Degree in Public Administration, Chris has over fifteen years of experience delivering cultural training to state, county, tribal and non-profit agencies and personnel. Chris also provides training and technical assistance to agencies and businesses to improve performance and services. Mr. Partida enjoys the storytelling format of his training, in a style that reflects his Pomo tribal heritage. Mr. Partida has been an advocate of youth development over a 25-year career that includes the planning and implementation of a large statewide youth-serving program as well as the development of a rural county Teen System of Care.

Daniel Toleran's current work with Asian American Recovery Services and recent work with Asian American Mental Health Services includes program design and project management in the prevention or treatment of alcohol and other drugs. He serves as the Project Director for two federally funded grants with an evaluation study investigating alcohol and drug use among Filipinos, Chinese and Vietnamese young adults. Previous work experience includes serving as Project Director for a federally funded treatment grant serving inner city adolescents. He is the lead author for two articles, one on disaggregated data collection and reporting for understudied populations (in review) and a social epidemiology investigating HCV and HIV testers among substance using young adults living in three counties of the San Francisco Bay Area (in review).

Anthony Tusler is a consultant, writer, trainer, and advocate on disability issues that include technology, culture, alcohol tobacco and other drug (ATOD) treatment and prevention, and corporate and non-profit management. He helped to found a number of programs including the Institute on Alcohol, Drugs, and Disability, Community Resources for Independence, and the National Center on Disability & Journalism. He is a wheelchair user.

Roland Williams is an Internationally Certified Addictions Counselor; Licensed Advanced Addictions Counselor; Nationally Certified Addiction Counselor Level II; Advanced Certified Relapse Prevention Specialist; Nationally Certified Substance Abuse Professional www.rolandwilliamsconsulting.com. He is an interventionist, author, trainer, counselor and consultant specializing in addiction related issues. He is one of the first Licensed Advanced Addictions Counselors in the state of California. He is a motivational speaker who conducts seminars, workshops, keynote presentations, as well as staff training, skills building and program development worldwide. As a Clinical Consultant he helped set up the first abstinence based addiction treatment center in Amsterdam, Holland. Roland has worked with addicts and treatment centers, in Switzerland, Thailand, Costa Rica, England, Holland, Mexico, France and Italy.

Tina Yee served as the director of Cultural Competence for San Francisco's Community Behavioral Health Services and a member of the California Department of Mental Health's Cultural Competence Advisory Committee for over 10 years. Dr. Yee was significantly involved in developing, implementing, and evaluating system-wide cultural competency policies and practices based on the CLAS standards and aimed at eliminating and reducing disparities for racial, ethnic, Limited English Proficiency (LEP) and targeted underserved communities.