HMA

Culturally and Linguistically Appropriate Services (CLAS) Fundamentals

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TRAINING AGENDA

- Health Equity and CLAS in Context
- CLAS 101
  - What is CLAS all about?
    - 15 Standards
- Applying CLAS Standards in the Behavioral Health Context
  - CLAS and CCBHCs

CLAS IS NOT NEW

- 2001: National CLAS Standards were originally released by the U.S. Department of Health and Human Services (HHS) Office of Minority Health (OMH).
- 2013: the enhanced National CLAS Standards were released, which consist of 15 operating principles that provide health and health care organizations with a blueprint for successfully implementing and maintaining culturally and linguistically appropriate services.
- 2016: CCBHC Demonstration begins, incorporates CLAS in the criteria
  - Threshold: CCBHCs must tailor service model to community needs assessment to address the needs of underserved communities.

HEALTH EQUITY AND CLAS IN CONTEXT

HEALTH EQUITY, HEALTH LITERACY, UNCONSCIOUS BIAS, AND CLAS

HEALTH EQUITY, HEALTH LITERACY, UNCONSCIOUS BIAS, AND CLAS

Health Equity	Health Literacy	Unconscious bias (implicit bias)
The conditions under which everyone has an opportunity to be as healthy as possible	**Personal health literacy:** the degree to which individuals have an ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others. **Organizational health literacy:** the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.	The unconscious forms of discrimination and stereotyping based on race, gender, sexuality, ethnicity, ability, age, etc.

CMS HEALTH EQUITY FRAMEWORK

CMS Framework for Health Equity 2022–2032

- DATA
- DISPARITIES
- CAPACITY
- LANGUAGE/CULTURE
- ACCESSIBILITY

CMS HEALTH EQUITY FRAMEWORK IN PRACTICE

DISPARITIES

How does your organization disaggregate data to understand the unique experiences and outcomes for subpopulations?

LANGUAGE/CULTURE

Has your organization embraced CLAS standards for service accessibility and delivery of culturally sensitive and responsive services?

DATA

How timely is your transfer of EHR and patient claims data?

How do you document Race, Ethnicity, language, or disability (REL-D) - and guarantee data integrity? How will you collect Sexual Orientation and Gender Identity (SOGI) data?

CAPACITY

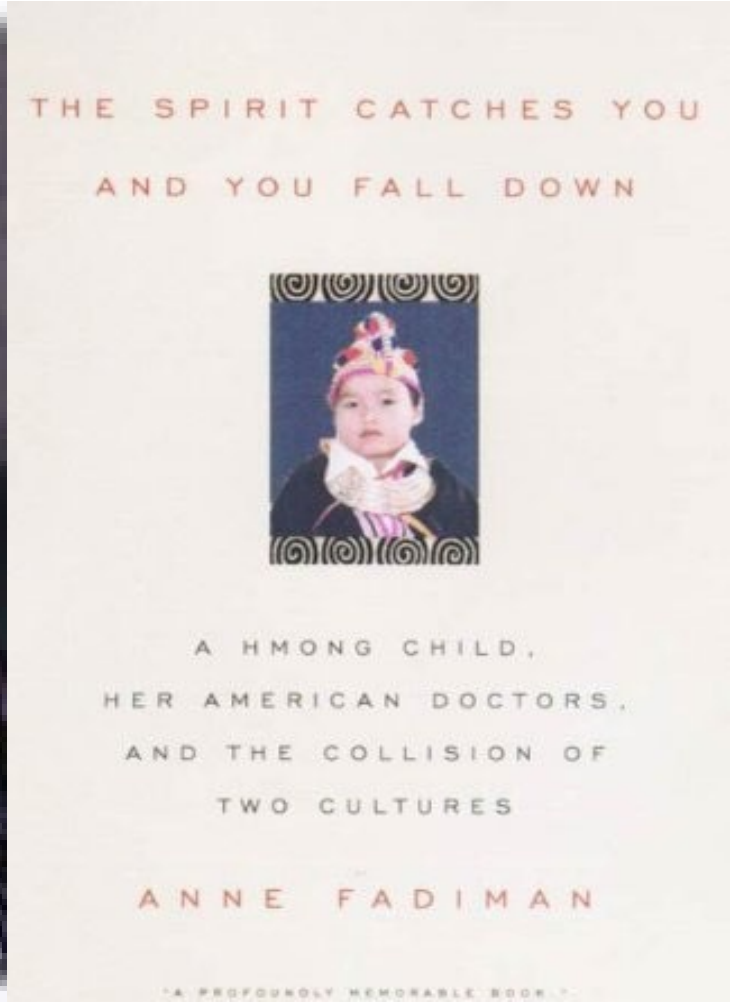
How does your organization build capacity in the organization, its workforce, and partners to address racial disparities?

ACCESSIBILITY

How can you make care and connections to coverage more accessible for your patients?

THE SPIRIT CATCHES YOU AND YOU FALL DOWN

(ANNE FADIMAN, 1997)



CLAS 101

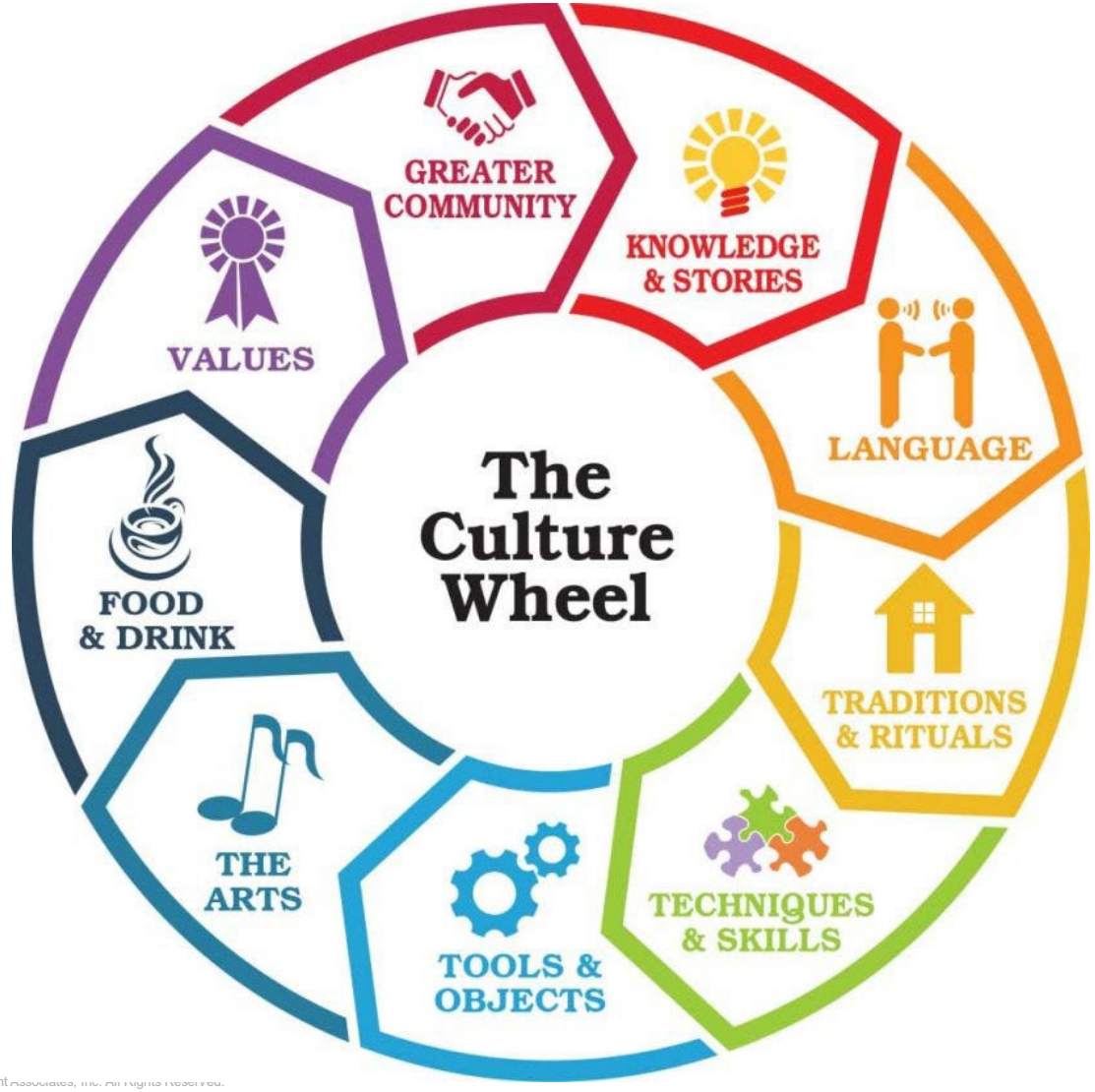
WHAT IS CLAS ALL ABOUT, ANYWAY?

- **Quality:** Care and Services that are Responsive to the Diverse cultures in US communities
- **Equity:** Reducing persistent health disparities experienced by racial, ethnic, linguistic, sexual and gender minorities
- **Respect and Responsiveness:** Respect the whole individual and Respond to the individual's health needs and preferences

USING CLAS STANDARDS TO ACHIEVE BEHAVIORAL HEALTH EQUITY GOALS

- Reduce/Eliminate disparities or quality gaps
  - Mitigate differences in BH outcomes by RELD/SOGIE/ other indicators
- Ensure behavioral health services in the state are accessible for all
  - Are the demographics of people served consistent with the demographics of people who need services? Are some groups underrepresented? Overrepresented?
- Improve engagement and acceptance of care and treatment
  - Apply methods and approaches to care that are concordant with a client's needs and values, to achieve accepted and sustainable care plans

CULTURE - DEFINED

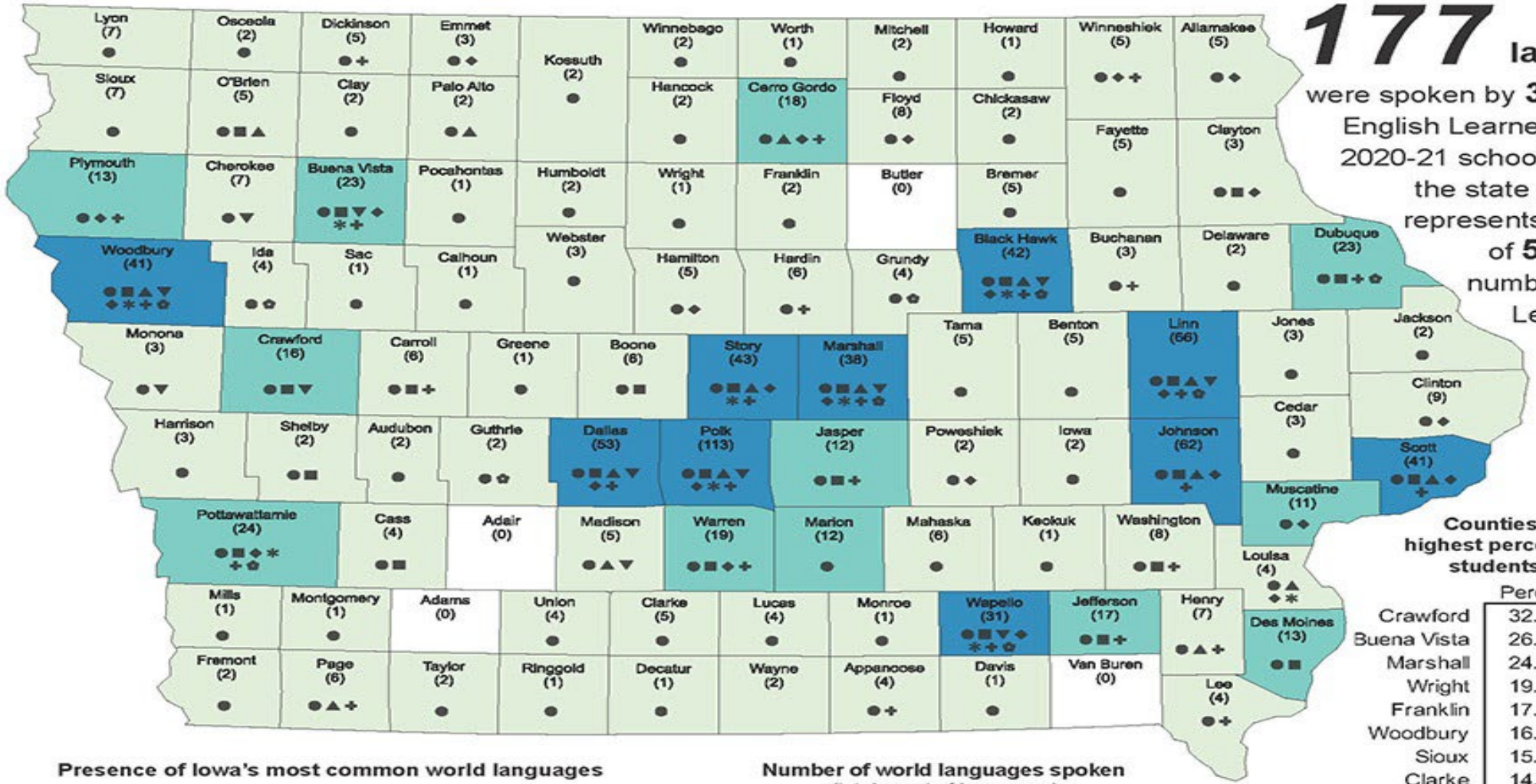


"The integrated pattern of thoughts, communications, actions, customs, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups, as well as with religious, cultural, spiritual, biological, geographical, or sociological characteristics. Culture is dynamic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

Reference: National Standards for CLAS in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice

WHY CULTURE MATTERS:
INFLUENCE ON HOW AN INDIVIDUAL SEEKS TREATMENT

- **Distinctions** (or lack thereof) between mental and physical health
- **Symptom presentation**, e.g. somatic vs cognitive
- **Timeliness of Care/Acuity** of need at time of presentation
- Shame, **stigma**, “loss of face,” fear of revisiting events
- **Collective/Historical/Inter-generational trauma**
  - Includes mistrust of providers
- Differences in **coping and resiliency**
- **Social constructs** (i.e., gender, race, and ethnicity) impact individuals psychologically.
- Having **multiple identities** leads to an individual experience and may lead to unique types of oppression (code switching)
- **Therapeutic alliances** may be improved when staff/clinicians acknowledge and understand patient experiences and the impact of co-occurring characteristics of identity
- **Cultural awareness** will help staff and clinicians identify the most sustainable approach, modality, and engagement strategies for patients and their collateral supports



177 world languages

were spoken by **31,236** K-12 English Learners during the 2020-21 school year across the state of Iowa. This represents an increase of **59.5%** in the number of English Learners since 2010.

Counties with the highest percentage of EL students in Iowa

	Percent	Number
Crawford	32.7%	905
Buena Vista	26.0%	1,227
Marshall	24.7%	1,608
Wright	19.7%	495
Franklin	17.6%	231
Woodbury	16.1%	2,893
Sioux	15.6%	809
Clarke	14.8%	231
Wapello	14.1%	870
Allamakee	13.0%	270

Presence of Iowa's most common world languages

- ● Spanish (19,630)
- ■ Arabic (1,101)
- ▲ Swahili (1,095)
- ▼ Karen languages (863)
- ◆ French (758)
- ✻ Burmese (568)
- ✚ Vietnamese (546)
- ✿ Marshallese (533)

Number of world languages spoken

(total count of languages)

- zero
- 1 - 9
- 10 - 24
- 25 - 113

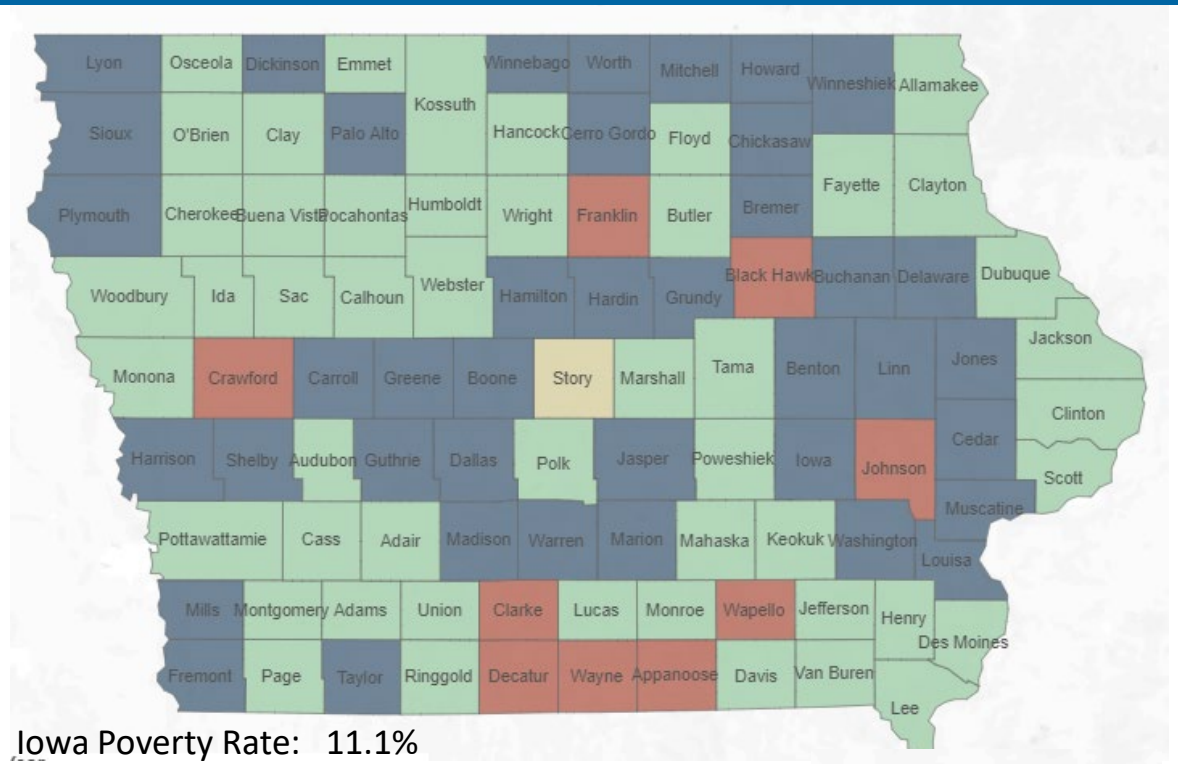
Source: Iowa Department of Education English Learners data 2010 - 2021

Just the Facts:

World Languages Spoken In Iowa by K-12 English Learners 2020-21

Last Updated: January 2022

CONCENTRATIONS OF RACE/ETHNICITY & POVERTY IN COUNTIES



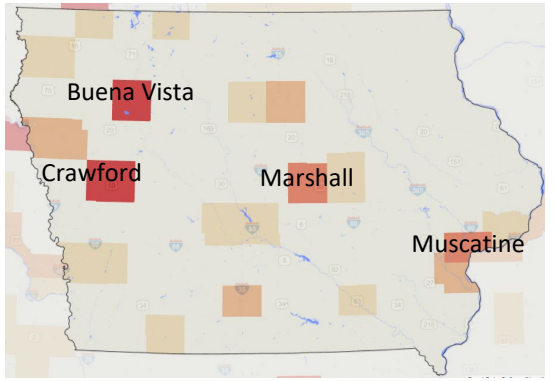
Iowa Poverty Rate: 11.1%
US Poverty Rate: 11.6%

Counties with higher rates of poverty somewhat overlap with those with larger Hispanic and Black populations.

https://www.census.gov/quickfacts/fact/table/IA,US#

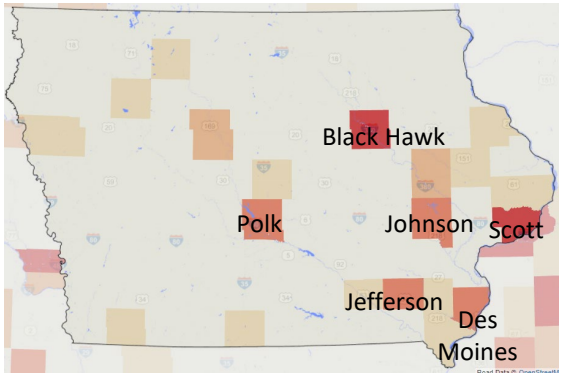
Sources: https://statisticalatlas.com/state/Iowa/Race-and-Ethnicity
Source: https://www.iowadatacenter.org/index.php/data-by-source/american-community-survey/poverty-rates-iowa-counties

Hispanic



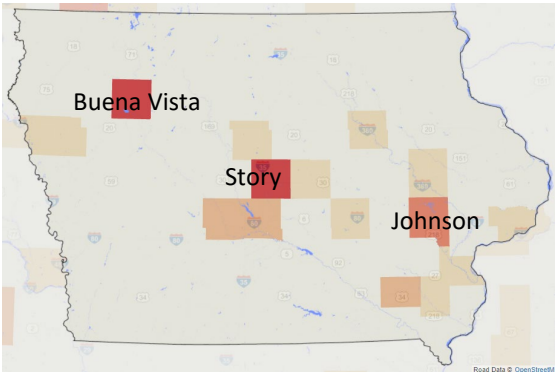
Buena Vista, Crawford	22-28%
Marshall, Muscatine	16-22%

Black



Black Hawk, Scott	7.1-8.9%
Des Moines, Jefferson, Johnson, Polk	5.3-7.1%

Asian



Buena Vista, Story	6.7-8.5%
Johnson	5.1-6.7%

CLAS STANDARDS – HOW ARE THEY ORGANIZED?

PRINCIPAL STANDARD

Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs

Governance, Leadership, and Workforce (Standards 2-4)

Communication and Language Assistance (Standards 5-8)

Engagement, Continuous Improvement, and Accountability (Standards 9-15)

STANDARD #1

Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs

- Create a safe and welcoming environment at every point of contact that both fosters appreciation of the diversity of individuals and provides patient- and family-centered care
- Ensure that all individuals who receive health care and services have culturally and linguistically appropriate encounters
- Meet communication needs so that individuals can understand the health care and services they are receiving, participate effectively in their own care, and make informed decisions
- Eliminate discrimination and disparities

GOVERNANCE, LEADERSHIP, AND WORKFORCE (STANDARDS 2-4)

STANDARD 2	STANDARD 3	STANDARD 4
Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources	Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.	Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

GROUP DISCUSSION
PRACTICAL APPLICATION OF GOVERNANCE, LEADERSHIP, AND WORKFORCE STANDARDS (2-4)

GROUP EXERCISE – GOVERNANCE, LEADERSHIP, AND WORKFORCE

California Department of Health Care Services (DHCS)
Focus on Justice Involved Population

Urban health center in large city with growing number of immigrant residents from medically underserved populations, many with history of BH needs related to trauma, and limited English proficiency
Lower than expected service utilization given demographics and demand for BH and Primary Care needs at other area providers

Center hires cultural and linguistic competence expert. The expert happens to be from the local community and has insight into some of the reasons for poor utilization.

Conducts a formal CLC assessment on staff and community demographics, preferences, and attitudes.

Collects information about physical spaces, informational materials and required forms, and elicits community and patient perspectives via focus groups

GROUP EXERCISE: PRACTICAL APPLICATIONS OF STANDARDS 2-4
GOVERNANCE, LEADERSHIP AND WORKFORCE

Consider the places and spaces where you experience physical and behavioral health services. What are your priority considerations? What are barriers?

Administration and staff were not representative of the community and lacked diversity.

Apparent lack of culturally and linguistically competent personnel among certain staff, administrative, and other mental health providers created communications barriers between the health care center and the community

Physical setting felt intimidating rather than welcoming; felt institutional

No privacy for patients when checking in, during intake, or during clinical interviews.

No designated area(s) for children to occupy themselves with age-appropriate activities while waiting.

When seeking assistance, community members reported feeling disrespected and felt their cultural and linguistic needs are unmet.

Given the demographics of the community, there were clear inequities in access to services as well as institutional barriers in access to culturally and linguistically competent mental health services and social supports.

COMMUNICATION AND LANGUAGE ASSISTANCE

STANDARD 5	STANDARD 6	STANDARD 7	STANDARD 8
Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.	Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.	Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided. in writing.	Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

GROUP DISCUSSION
PRACTICAL APPLICATION OF COMMUNICATION AND LANGUAGE ASSISTANCE STANDARDS (5-8)

GROUP DISCUSSION: PRACTICAL APPLICATION OF STANDARDS 5-8

- What could organizations do to support providers provide language access? (Ex. Document translation, written guidelines, add language to grant applications with clear requirements around language access)
- Which potential barriers could prevent providers from making language services available?

ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY

STANDARD 9	STANDARD 10	STANDARD 11	STANDARD 12
Infuse CLAS goals, policies, and management accountability, throughout the organization's planning and operations.	Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.	Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.	Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY

STANDARD 13	STANDARD 14	STANDARD 15
Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.	Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.	Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

CASE EXAMPLE

ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY

PRACTICAL APPLICATIONS OF STANDARDS 9-15

- Patient A, a 36-year-old Black woman recovering from a C-section, was gasping, and told her nurse she feared something was wrong. She had previously had a blood clot. She told the nurse she thought she needed a CT scan and an IV of heparin, a blood thinner.
- The nurse said her medication must be making her confused.
- Patient A was insistent, and eventually received tests – an ultrasound on her swelling legs that was inconclusive, and finally the lung CT.
- She had several blood clots and was ultimately given heparin.
- Severe coughing related to that episode caused hemorrhaging at the C-Section site. She ended up bed-ridden for 6 weeks

ENGAGEMENT, IMPROVEMENT, ACCOUNTABILITY
PRACTICAL APPLICATIONS OF STANDARDS 9-15

Black patients can have their complaints and symptoms dismissed; their pain undertreated; and are referred less frequently for specialty care. Older Black Americans can still remember unethical medical failures or abuses, as well as when some areas of the country had segregated hospitals and clinics.

STRETCH BREAK
(2 MINUTES)

HOW DO CULTURAL IDENTITY, RACE, LANGUAGE, DISABILITY, AND SOGIE RELATE TO BH?

- Social constructs (i.e., gender, race, and ethnicity) impact individuals psychologically.
- Having multiple identities leads to an individual experience and may lead to unique types of oppression.
- Therapeutic alliances may be improved when staff/clinicians acknowledge and understand patient experiences and the impact of co-occurring characteristics of identity

EXPLORING INTERSECTIONALITY

- ☐ Hispanic
- ☐ Only Child
- ☐ Immigrant
- ☐ Physical Disability
- ☐ Previous/Current Stress
- ☐ LGBT Ally
- ☐ African Descent
- ☐ Age Is Just A Number!
- ☐ Extrovert
- ☐ Bisexual
- ☐ Gay
- ☐ Asian/Pacific Islander
- ☐ Indian
- ☐ Multi-Racial
- ☐ Recovering Substance User
- ☐ Sibling
- ☐ Aunt/Uncle
- ☐ Latinx
- ☐ In A Relationship
- ☐ 1st Generation
- ☐ Learning Disability
- ☐ Single
- ☐ Caucasian/White
- ☐ Parent/Grandparent
- ☐ Caregiver
- ☐ Introvert
- ☐ Cancer Survivor
- ☐ Single Parent
- ☐ Queer
- ☐ Trans
- ☐ Lesbian
- ☐ Multi-Lingual
- ☐ Veteran

INTERSECTIONALITY IN CONTEXT

- Consider how each of your identities may interact with each other to create your entire context. How does your personal context shape your experience of the world around you?

- How might this intersectionality influence the way a patient or client experiences care or interacts with the health system?

INTERSECTIONALITY IN CONTEXT

- Stereotype: A widely held but oversimplified belief about a particular type of person or group
- Microaggression: A comment or action that subtly, and often unconsciously, expresses a prejudiced attitude toward a member of a marginalized group

HOW CULTURE AND STIGMA CAN INFLUENCE HELP-SEEKING BEHAVIORS

- The culture of the society that surrounds us influences our attitudes about seeking help, the type of support we need, and whether or not we decide to seek help at all
- Cultural stigmas and stereotypes
- Reluctance to discuss symptoms
- Lack of community support
- Need for relatable resources

COMMUNICATION STYLES CAN INFLUENCE HOW PEOPLE SEEK OR ACCEPT CARE

- Communication styles can differ across cultures
  - Age
  - Gender
  - Ethnicity
  - Race
  - Sexual Orientation/Gender Identity

CLAS IN THE BEHAVIORAL HEALTH CONTEXT

CLAS AND BEHAVIORAL HEALTH SERVICES: BASIC ALIGNMENT

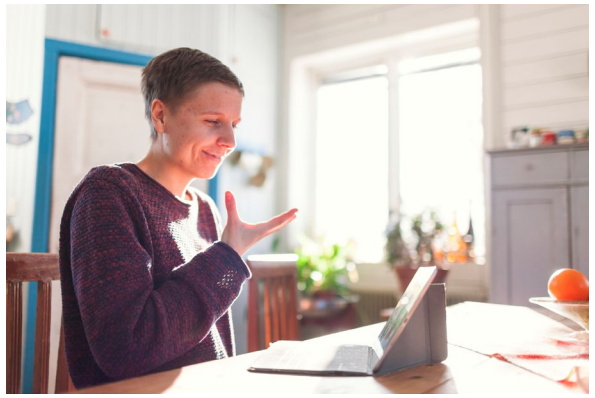
- Meaningful Access
  - Linguistic Competency and Capability
    - Information and services available in language and formats that are understandable to the population to be served
- Cultural Competency and Responsiveness
  - Care provision is aware of and responsive to differences in culture that may impact services and care plan
- Community Informed
  - Community needs assessments provide context and information that help shape the delivery of services in culturally and linguistically accessible ways

CLAS STANDARDS AND CCBHC CRITERIA

Staffing, Training, Community Assessment, Required Services

Culturally Responsive

Linguistically Accessible



Person and Family- Centered

CCBHC - WHERE DOES CLAS SHOW UP?

- 1.A General Staffing Requirements
- 1.C Cultural Competence and Other Training
- 1.D Linguistic Competence
- 2.C Access to Crisis Management Services
- 3.D Treatment Team, Treatment Planning, and Care Coordination Activities
- 4.B Person-Centered and Family-Centered Care
- 4.D Behavioral Health Screening, Assessment, and Diagnosis
- 4.K Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans

CLAS AND CCBHC – BASIC ALIGNMENT

- 1.A General Staffing Requirements
  - 1.a.1 Community Needs Assessment
    - Collects information re cultures and languages of the populations residing in the service area;
    - Elicits input with regard to
      - cultural, linguistic, physical health, and behavioral health treatment needs;
      - potential barriers to care such as…lack of culturally responsive services
- 1.C Cultural Competence and Other Training
  - 1.c.1 Training Plans
    - At staff orientation and at reasonable intervals, the CCBHC provides training on… cultural competency
    - Trainings are aligned with CLAS standards
    - Trainings include information related to military culture

CLAS AND CCBHC – BASIC ALIGNMENT

- 1.D Linguistic Competence
  - 1.d.1-4 Meaningful Access
    - reasonable steps to provide meaningful access to their services for people with LEP or with language-based disabilities
    - interpretation/translation services are provided that are appropriate and timely…Interpreters are trained for work in BH setting
    - Auxiliary aids are available and responsive to the needs of people with physical, cognitive, and developmental disabilities
    - Vital documents and messages are online and on paper in languages commonly spoken in the community served, account for literacy, etc. provided timely (registration forms, sliding fee schedule, after hours coverage, signag)
    - The community assessment informs which languages require language assistance
- 2.C Access to Crisis Management Services
  - Provides instructions on how to access crisis services in the appropriate methods, languages, and literacy levels re req. 1.d.

CLAS AND CCBHC – BASIC ALIGNMENT

- 3.D Treatment Team, Treatment Planning, and Care Coordination Activities
  - [Coordinate the needs] of people receiving services with traditional approaches to care, e.g. American Indian/Alaska Native, other cultural and ethnic groups
- 4.B Person-Centered and Family-Centered Care
  - Services are responsive to race, ethnicity, sexual orientation and gender identity and are culturally and ethnically appropriate, including services for people who are AI/AN

CLAS AND CCBHC – BASIC ALIGNMENT

- 4.D Behavioral Health Screening, Assessment, and Diagnosis
  - The comprehensive eval includes a description of cultural and environmental factors that may affect treatment plan, including the need for linguistic or LEP supports
  - Use culturally and linguistically appropriate screening tools and approaches that accommodate literacy and disability as appropriate
- 4.K Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans
  - Staff are trained in military and veteran cultural competence, specifically military culture

CLAS AND CCBHC – GOING DEEPER

- 2.A General Requirements and Access and Availability
  - 2.a.6 Outreach to community is informed by Community Needs Assessment to support inclusion of underserved individuals/populations
- 3.B Care Coordination and Other Health Information Systems
  - 3.b.3: capture RELD and SOGI information in EHR
- 4.B Person-Centered and Family-Centered Care
  - Responsive to RELD/SOGI status and recognizing cultural needs, including services to AI/AN and others for whom access to traditional approaches may be part of CCBHC services
- 4.E Person-Centered and Family-Centered Treatment Planning
  - 4.e.7: advance directives related to treatment and crisis planning

CLAS AND CCBHC IN EVERYDAY PRACTICE

- Services should be language accessible – preferably with bilingual providers; on-site interpreters; language line
- Materials should be readily available in the top languages of the catchment
- Culturally responsive care means recognizing and understanding how people's intersectionality influences their care and recovery
- Assess your organization's CLAS readiness alongside your community's needs to understand and prioritize addressing any gaps

CLAS AND CCBHC IN EVERYDAY PRACTICE

- Use both process and outcome tracking to evaluate your effectiveness implementing CLAS
  - Process: # of staff, # of hours used, expenditures, pay differentials, # languages spoken; # clients served; #hours interpreted
  - Outcomes: # LEP clients using services; increased access/utilization; LEP client satisfaction; LEP clients outcome improvements
- Identifying an organizational CLAS champion helps make each step more manageable, accountable, and sustainable

MORE RESOURCES TO HELP WITH CLAS

- Improving Cultural Competency for Behavioral Health Professionals
- Cultural and Linguistic Responsiveness in Telehealth | Mental Health Technology Transfer Center (MHTTC) Network (mhttcnetwork.org)
- The Experience of Being a Non-latino Mental Health Professional Who Works with Latinx Clients: Providing Appropriate Transcultural Care | Mental Health Technology Transfer Center (MHTTC) Network (mhttcnetwork.org)
- Providing Culturally Responsive Care and Addressing Cross-Cultural Barriers in Early Psychosis.pdf (mhttcnetwork.org)
- Trauma-Informed Strategies To Engage With Youth Seeking Asylum | Mental Health Technology Transfer Center (MHTTC) Network (mhttcnetwork.org)
- Practitioner's Corner: How to Assess the Effectiveness of Language Access Programs (Migration Policy Institute)
- Understanding and Addressing Mental Health Stigma Across Cultures for Improving Psychiatric Care: A Narrative Review (PubMed: Cureus)

QUESTIONS?

APPENDIX

PRINCIPAL STANADARD

- Standard 1: Provide effective, equitable, understandable, and respectful quality care and services
- Purpose
  1. To create a safe and welcoming environment at every point of contact that both fosters appreciation of the diversity of individuals and provides patient- and family-centered care
  2. To ensure that all individuals who receive health care and services have culturally and linguistically appropriate encounters
  3. To meet communication needs so that individuals can understand the health care and services they are receiving, participate effectively in their own care, and make informed decision

GOVERNANCE, LEADERSHIP, AND WORKFORCE (STANDARDS 2-4)

Standard #2.

Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

- Ensure the provision of appropriate resources and accountability needed to support and sustain initiatives
- Model an appreciation and respect for diversity, inclusiveness, and all beliefs and practices
- Support a model of transparency and communication between your organization and the populations you serve
- Engage state- and local-level leadership to promote and support the National CLAS Standards at an institutional and community level.
- Develop and implement a sustainability plan that includes annual evaluation of CLAS competencies and related policies and practices.
- Establish regularly scheduled CLC trainings, and identify and leverage funding opportunities for CLC professional development.
- Post the National CLAS Standards in public areas to inform clients of their rights and the center's intent to provide culturally and linguistically competent services.

GOVERNANCE, LEADERSHIP, AND WORKFORCE (STANDARDS 2-4)

Standard #3.

Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.

- Create an environment in which culturally diverse individuals feel welcomed and valued
- Promote trust and engagement with the communities and populations you serve
- Infuse multicultural perspectives into planning, design, and implementation of CLAS
- Ensure diverse viewpoints are represented in governance decisions
- Increase knowledge and experience related to culture and language among staff

GOVERNANCE, LEADERSHIP, AND WORKFORCE (STANDARDS 2-4)

Standard #4.

Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

- Prepare and support a workforce that demonstrates the attitudes, knowledge, and skills necessary to work effectively with diverse populations
- Increase the capacity of staff to provide services that are culturally and linguistically appropriate
- Assess the progress of staff in developing cultural, linguistic, and health literacy competency
- Foster an individual's right to respect and nondiscrimination by developing and implementing education and training programs that address the impact of culture on health and health care

COMMUNICATION AND LANGUAGE ASSISTANCE (STANDARDS 5-8)

Standard #5.

Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

- Ensure that consumers with LEP or other communication needs receive equitable access to services
- Help individuals understand their health care and service options and participate in decisions regarding their health and health care
- Increase satisfaction and adherence to care and services
- Improve patient safety and reduce medical error related miscommunication
- Help organizations comply with requirements of Civil Rights Act, Americans with Disabilities Act, and other relevant requirements

COMMUNICATION AND LANGUAGE ASSISTANCE (STANDARDS 5-8)

Standard #6

Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

- Inform individuals with LEP in their preferred language that language services are readily available at no cost to them.
- Facilitate access to language services.
- Help organizations comply with requirements of Civil Rights Act, Americans with Disabilities Act, and other relevant requirements

COMMUNICATION AND LANGUAGE ASSISTANCE (STANDARDS 5-8)

Standard #7.

Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

- Provide accurate and effective communication between individuals and providers
- Reduce misunderstanding, dissatisfaction, omission of vital information, misdiagnoses, inappropriate treatment, and patient safety issues because of reliance on staff or individuals that lack interpreter training
- Empower individuals to negotiate and advocate on their own behalf for important services via effective and accurate communication with health and health care staff

COMMUNICATION AND LANGUAGE ASSISTANCE (STANDARDS 5-8)

Standard #8.

Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

- Ensure that readers of other languages and individuals with various health literacy levels are able to access care and services
- Provide access to health-related information and facilitate comprehension of and adherence to instructions and health plan requirements
- Enable all individuals to make informed decisions regarding their health, health care, and service options
- Offer an effective way to communicate with large numbers of people and supplement information provided orally by staff members.

ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY (STANDARDS 9-15)

Standard #9.

Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.

- Make CLAS central to your organization's service, administrative, and supportive functions
- Integrate CLAS throughout your organization (including the mission) and highlight its importance through specific goals
- Link CLAS to other organizational activities, including policy, procedures, and decision-making related to outcomes accountability.

ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY (STANDARDS 9-15)

Standard #10.

Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

- Assess and improve the extent to which health care services are provided equitably
- Assess the value of CLAS-related activities relative to the fulfillment of governance, leadership, and workforce responsibilities
- Ensure equal allocation of organizational resources
- Improve service planning to enhance access and coordination of care.

ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY (STANDARDS 9-15)

Standard #11.

Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

- Assess performance and monitor progress in implementing the Standards
- Accurately identify population groups within a service area
- Tailor and improve services based on the people you serve
- Monitor individual needs, access, use, quality of care, and outcome patterns.

ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY (STANDARDS 9-15)

Standard #12.

Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

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- Integrate CLAS throughout your organization (including the mission) and highlight its importance through specific goals
- Link CLAS to other organizational activities, including policy, procedures, and
- Decision-making related to outcomes accountability.

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ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY (STANDARDS 9-15)

Standard #13.

Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

- Provide responsive and appropriate service delivery to a community
- Ensure that services are informed and guided by community interests, expertise, and needs
- Increase use of services by engaging individuals and groups in the community in the design and improvement of services to meet their needs and desires
- Create an organizational culture that leads to more-responsive, efficient, and effective services and accountability to the community
- Empower members of the community to become active participants in the health and health care process.

ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY (STANDARDS 9-15)

Standard #14.

Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

- Facilitate open and transparent two-way communication and feedback mechanisms between individuals and organizations
- Anticipate, identify, and respond to cross-cultural needs
- Meet federal and/or state level regulations that address topics such as grievance procedures, the use of ombudspersons, and discrimination policies and procedures.

ENGAGEMENT, CONTINUOUS IMPROVEMENT, AND ACCOUNTABILITY (STANDARDS 9-15)

Standard #15.

Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

- Convey information to intended audiences about efforts and accomplishments in meeting the National CLAS Standards
- Learn from other organizations about new ideas and successful approaches to implementing the National CLAS Standards
- Build and sustain communication on CLAS priorities and foster trust between the community and your organization
- Meet community benefits and other reporting requirements, including accountability for meeting health care objectives in addressing the needs of diverse individuals or groups.