



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Using the CLAS Standards to Enhance Cultural Competence in Integrated Care Disparity

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Learning Objectives

At the completion of this session each participant will be able to:

- Relay the purpose and rationale for the National Standards for Culturally and Linguistically Appropriate Services
- Describe the CLAS Standards
- Identify at least one strategy for implementing each of the CLAS standards in an integrated care setting

What are the CLAS Standards?

In 2001, the U.S. Department of Health and Human Services, Office of Minority Health, issued a national set of standards designed to:

- Advance health equity
- Improve the quality of health services
- Help eliminate health care disparities

HHS/OMH conducted an enhancement initiative from 2010-2013 to update the CLAS standards

Differences between 2000 and 2013 Standards

Expanded Standards	National CLAS Standards 2000	National CLAS Standards 2013
Culture	Defined in terms of racial, ethnic, and linguistic groups	Add geographical, religious and spiritual, biological and sociological characteristics
Audience	Health core organizations	Health and health care organizations
Health	Definition of health was implicit	Explicit definition of health to include physical, mental , social, and spiritual well-being
Recipients	Patients and consumers	Individuals and groups

CLAS Standards Organization

- Principal Standard (Standard 1): Provide effective, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices
- Governance, Leadership, and Workforce (Standards 2-4)
- Communication and Language Assistance (Standards 5-8)
- Engagement, Continuous Improvement, and Accountability Standards (Standards 9-15)

https://www.thinkculturalhealth.hhs.gov/CLAS/Clas_Overview.asp

Key Values for Cultural Competence

Cultural competence:

- Embraces the principles of equal access and non-discriminatory practices in service delivery.
- Is achieved by identifying and understanding the needs and help-seeking behaviors of individuals and families.
- Involves working in conjunction with natural, informal support and helping networks within culturally diverse communities.

Source: National Center for Cultural Competence, Foundations/Guiding Values and Principles
<http://nccc.georgetown.edu/foundations/frameworks.html>

Key Values for Linguistic Competence

Linguistic competence requires:

- Services and supports delivered in the preferred language and/or mode of delivery of the population served.
- Written materials translated, adapted, and/or provided in alternative formats based on the needs and preferences of the populations served.
- Interpretation and translation services that comply with all relevant mandates governing language access.
- Consumers are engaged in evaluation of language access and other communication services to ensure for quality and satisfaction.

Source: National Center for Cultural Competence, Foundations/Guiding Values and Principles <http://nccc.georgetown.edu/foundations/frameworks.html>

Barriers to Culturally and Linguistically Competent Care

- Systems of care poorly designed for diverse populations
- Poor cross-cultural communication between providers and patients
- Patient/client fears and distrust
- Cultural stigma
- Lack of diversity in health care leadership and workforce



Why should your organization implement the CLAS Standards?



**EVIDENCE
INDICATES
IMPROVEMENT**

Care

Services

Supports

Outcomes



Access

Effectiveness

Acceptability

Satisfaction

Slide Source:© 2011 - National Center for Cultural Competence

Implementing CLAS will enable your staff to:

- Gain knowledge about cultural values and beliefs of the patient and apply that knowledge in a health care context.
- Interact effectively with people whose cultures and belief systems are different than your own.
- Provide quality care that is respectful and nonjudgmental.
- Deliver health care, services, and supports in the primary languages spoken by patients/clients and their families
- Identify and respond effectively to the preferences and needs of populations served.

CLAS Standard 1

- Provide effective, 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.



CLAS Standard 1: Implementation Strategies

- Acquire knowledge about the cultures and languages spoken by your patients/clients.
- Collect data on cultural beliefs and practices and the language of choice of your patients/clients.
- Collect data periodically on patient/client experience of care and the extent to which it addresses culture and language. Consider focus groups, short surveys, web-based applications, and feedback from patient navigators.

CLAS Standard 1: Implementation Strategies

Collaborate with patients/clients and their advocates to develop or update:

- Glossary of terms that providers are likely to encounter
- Directory of services offered by the agency/organization
- Directory of community-based services that patients/clients can access.

CLAS Standard 2: Implementation Strategies

- Identify and develop informed committed champions of cultural and linguistic competency throughout the organization
- Ensure that commitment to culturally competent care is reflected in the vision/goals/mission of the organization.
- Recruit, retain, and promote at all levels of the organization leadership that reflects the target population
- Develop and actively promote a Culture and Linguistic Competence (CLC) plan

CLAS 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.



CLAS Standard 3: Implementation Strategies

- Post notices of job announcements in varied forums, venues, and languages to increase the likelihood of attracting diverse applicants.
- Recruit and hire qualified individuals (including past and current patients/clients) of the populations and communities impacted by substance abuse and HIV.
- Collaborate with other stakeholders to build potential workforce capacities and recruit diverse staff (e.g., academic institutions).
- Promote continuing education opportunities (i.e., HIV certification) for individuals from diverse groups.

CLAS Standard 3: Implementation Strategies

- Include benchmarks for diverse representation on organizational boards of directors.
- Use nonclinical support staff in cultural broker positions ONLY after providing sufficient training and recognition.
- Promote diverse staff members into administrative and managerial positions where their cultural and linguistic capabilities can make unique contributions to planning, policy, and decision-making

CLAS Standard 4

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



CLAS Standard 4: Implementation Strategies

- Periodically query staff about their perceived learning needs in the area of cultural and linguistic competence.
- Designate interested and knowledgeable staff the responsibility of coordinating in-service training/professional development.
- Provide cross- and discipline-specific training in cultural and linguistic competency.
- Utilize internal and external (e.g., CIHS/MayaTech) resources to educate governance, leadership, and workforce on cultural beliefs of clients in target population
- Incorporate cultural competency and CLAS into staff evaluations.
- Address cultural and linguistic competency as a routine component of staff meetings and retreats.

CLAS 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 services.

CLAS Standard 5: Implementation Strategies

- Conduct an annual assessment of languages spoken within the target community, include data on people who are deaf/hard of hearing.
- Update the organization's language access plan on an annual basis, ensuring adequate resources for the provision of professional language access services.
- Ensure that language access services include sign language interpretation.
- Use language identification cards or "I speak" cards to identify language spoken by client/patient – include information in health record
- Ensure that medical orders, patient education, and health/mental health promotion resources are translated into the languages spoken by the patient/client population, including Braille.

CLAS Standard 6

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



CLAS Standard 6: Implementation Strategies

- Post signage in prominent locations stating patients'/clients' rights to receive language access services (at no cost) in the behavioral health/primary care facility.
- Ensure that staff provide both verbal and written notification of patients'/clients' rights to receive language access services at no cost, including the types of services available.
- Develop a health promotion program (i.e., community health workers, promotores) that includes bilingual staff to train community members to share resources

CLAS 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.



CLAS Standard 7: Implementation Strategies

- Use professional medical interpreters or trained and qualified bilingual/multilingual staff or volunteers.
- Use telephone or video interpreting technology as an alternative to on-site interpretation, especially for low incidence languages.
- Develop relationships with local universities to engage language students as potential interpreters/translators.

CLAS Standard 7: Implementation Strategies

Establish policy and specific procedures to assess the competency of staff/ consultants/ volunteers/ partners providing language access services.

- English and foreign language proficiency.
- Knowledge of behavioral health and health terminology and key terms to HIV/AIDS (e.g. terms for sexual practices and behaviors, substance abuse, medical procedures, medications).
- Awareness of colloquialisms used by cultural groups (e.g. slang, street terms).

CLAS Standard 7: Implementation Strategies

Establish policy and specific procedures to assess the quality of language access services:

- Assess patient/client and provider satisfaction with the accuracy and quality of interpretation services received.
- Analyze patient/client and provider satisfaction data to inform quality improvement efforts.
- Inform patients/clients and staff how data will be used to improve services and supports.
- Ensure that the organization's contracts for interpreters and translators have quality provisions.

CLAS Standard 8



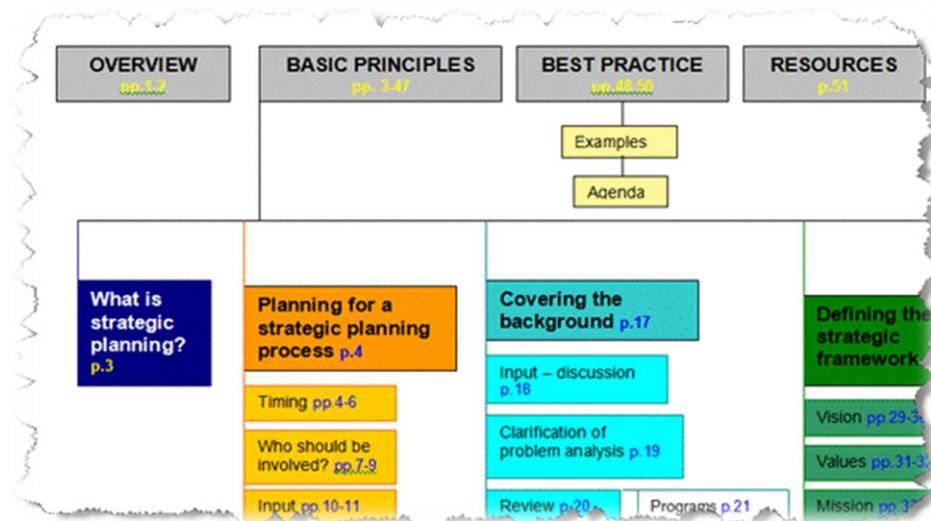
- Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

CLAS Standard 8: Implementation Strategies

- Develop and/or adapt patient/client materials and resources that address the literacy and health literacy of the populations served, and test with clients.
- Design alternative approaches to provide information to those patients/clients who may neither be literate in English nor their language of origin.
- Provide training to staff in the use of literacy and health literacy tools and strategies (e.g. REALM-SF, SAHLISA-50, “Teach Back,” “Ask Me 3,” & “Plain Language”) to assess and respond to patient needs.

CLAS Standard 9

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



CLAS Standard 9: Implementation Strategies

- Integrate implementation of the CLAS standards for behavioral health and HIV/AIDS care, treatment, and related services into the organization's strategic plan.
- Involve consumers across demographic groups, their families, and advocates in the development of the strategic plan.
- Ensure that the plan includes establishment of a work group or team responsible for the provision of culturally and linguistically competent, care, treatment, and related services to all patients/clients, including those with HIV/AIDS and their families.

CLAS Standard 10

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



CLAS Standard 10: Implementation Strategies

- Establish a structure and dedicate resources (personnel and fiscal) to plan and conduct CLAS-related self-assessment activities.
- Identify and select instruments, tools, data sources, and processes for self-assessment of CLAS-related activities. Embed measures for cultural and linguistic competence in the organizations internal auditing, evaluation, and quality improvement processes.

CLAS Standard 10: Implementation Strategies

- Collect and analyze data from multiple sources, including partners.
- Assess the standard of care provided across multiple departments to determine whether services are uniformly appropriate
- Share findings with staff, patients/clients, board members, and partners; and discuss their implications for policy, practice, and community engagement.
- Monitor data that demonstrate progression toward the goals and objectives of the CLC plan.

CLAS 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.



CLAS Standard 11: Implementation Strategies

Include fields in client records (electronic or paper) to collect data on race, ethnicity, and language, including the following:

- Clients' primary language (written, spoken, & sign), and preferred language for service delivery.
- Need for an interpreter.
- English language ability (i.e. ability to speak, read, and understand English).
- Literacy and health literacy levels.

CLAS Standard 11: Implementation Strategies

- Communicate (in writing and verbally) the organization's policy and practices for confidentiality to all patients.
- Inform patients/clients that they have the option to share or not share racial, ethnic, and language data, and that their choice will not in any way affect their ability to receive services.
- Advise patients/clients that data collected will be used to improve services and reduce disparities in health and health care based on race, ethnicity, and language.

CLAS 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.

CLAS Standard 12: Implementation Strategies

- Ensure that policies, procedures, and practices are in place to monitor:
 - current and emerging demographic trends in the geographic area served (e.g. race, ethnicity, languages spoken, age, immigrant and refugee data).
 - incidence, prevalence, and future projections for HIV/AIDS in the service area. (e.g. age, gender, gender identify, sexual orientation, race, ethnicity, country of origin).
- Analyze these data to determine their implications for planning, delivering, and evaluating culturally and linguistically competent services and supports. Update periodically.

CLAS Standard 12: Implementation Strategies

- Ensure data sharing agreements with partner agencies include cultural and linguistic data
- Conduct focus groups with individuals in the community
- Conduct surveys/focus groups with partner organizations on community assets/needs
- Consult the National Minority Quality Forum (www.nmqf.org) website for current epidemiological data based on zip code.

CLAS Standard 13

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

CLAS Standard 13: Implementation Strategies

- Incorporate community and consumer participation in planning, implementing, and evaluating services and supports for people impacted by substance abuse, mental health disorders, and HIV/AIDS.
- Develop/revise policy, procedures, and practices that support community engagement in languages other than English.

Data Source: Goode, T. (2001). Policy Brief 4 – Engaging Diverse Communities: Culturally Competent Approaches. National Center for Cultural Competence. Retrieved from <http://nccc.georgetown.edu/documents/ncccpolicy4.pdf>

CLAS Standard 13: Implementation Strategies

- Determine areas of mutual interest, benefit, and collaboration for partner organizations and agencies.
- Establish a structure for collaborative activities and resource sharing with partners and other agencies (e.g. referral network, exchange of best practices and lessons learned, joint grant proposals, shared patient education and related materials, joint training/professional development).
- Issue joint reports on the outcomes of collaboration to partnering organizations, their boards, staff and patients/clients, and to the community at large.
- Assess satisfaction with partnerships and revise partnering agreements as appropriate.

CLAS Standard 13: Implementation Strategies

- Identify and collaborate with informal networks within culturally diverse communities to enhance services and supports to people impacted by substance abuse, mental health disorders, and HIV/AIDS.
- Ensure patient/client voice and choice to plan, implement, and evaluate collaborative efforts (e.g. community engagement, public education, health fairs, representation on boards, media campaigns, training/professional development, HIV clinical trials and participation in research).
- Partner with local culturally diverse media to promote better understanding of available care and routes for accessing services

CLAS Standard 14

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

CLAS Standard 14: Implementation Strategies

- Provide cross-cultural communication training, including how to work with an interpreter, and conflict resolution training to all staff
- Obtain patient/client and staff input to craft the grievance policy and process
- Create a policy and process that is responsive, inclusive, and equitable and that leads to prompt resolution of grievances in a culturally and linguistically responsive manner.
- Ensure that the organization's data system has the capacity to document and track complaints, their status, and resolution for both patients/clients and staff.

CLAS Standard 14: Implementation Strategies

- Consider using an ombudsperson who is knowledgeable of the cultural and linguistic contexts in which services are delivered and the population served in the resolution of grievances where appropriate.
- Provide notice to patients/clients in a prominent location on how to file a grievance; include assurances that patients/clients have the right to file grievances without fear of recriminations.
- Obtain feedback/input via focus groups, meetings with community leaders, and/or listening sessions.

CLAS Standard 15

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

CLAS Standard 15: Implementation Strategies

- Disseminate progress toward implementing CLAS to diverse constituents on at least an annual basis. Dissemination may include a variety of formats and audiences including:
 - reports tailored for staff, patients/clients, board members, or community partners
 - presentations for community meetings/forums;
 - multimedia displays in waiting areas;
 - website/social media postings, and
 - use of ethnic media such as radio and newspapers.

CLAS Standard 15: Implementation Strategies

- Conduct joint community forums/town hall meetings with partner agencies to discuss services provided and progress made
- Engage CHWs and promotores to help craft and deliver messages and implications of data.
- Deliver presentations at local/national meetings on CLAS-related activities and progress made

Resources

- Think Cultural Health (OMH)
- AETC National Multicultural Center at Howard University
- Office of Minority Health
- National Center for Cultural Competence
- Center for Multicultural Mental Health
- National Minority Quality Forum

www.thinkculturalhealth.hhs.gov

www.aetcnmc.org

www.omhrc.gov

<http://nccc.georgetown.edu/>

www.cmmh-cmtp.org

www.nmqf.org/

Additional Questions

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Additional Comments?

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For More Information & Resources

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Thank You