



**CHAMPAIGN COUNTY
DEVELOPMENTAL
DISABILITIES BOARD**
**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD**

PLEASE REMEMBER this meeting is being audio and video recorded.

**Joint Study Session of the
Champaign County Mental Health Board (CCMHB) and the
Champaign County Developmental Disabilities Board (CCDDDB)**

Wednesday, December 16, 2020 at 5:45 PM

Brookens Administrative Center, Lyle Shields Room
1776 E. Washington St. Urbana, IL

Join Zoom Meeting - Meeting ID: 813 9367 5682

<https://us02web.zoom.us/j/81393675682>

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-
1. Call to Order
 2. Roll Call
 3. Approval of Agenda
 4. Public Participation/Citizen Input
 5. Presidents' Comments
 6. Shandra Summerville, Cultural & Linguistic Coordinator
As the conversation about Racism as a public health issue continues, we review the foundational work of the CCMHB and CCDDDB to advance Cultural and Linguistic Competence in funded agencies.
 7. Board Announcements
 8. Adjournment

**Instructions for participating in Zoom Conference Bridge for
Joint Study Session of the CCDDB and CCMHB
December 16, 2020 at 5:45 p.m.**

You will need a computer with a microphone and speakers to join the Zoom Conference Bridge; if you want your face broadcast you will need a webcam.

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Dial by your location

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Find your local number: <https://us02web.zoom.us/u/kcqoTUHyJs>

When the meeting opens, choose to join with or without video. (Joining without video doesn't impact your participation in the meeting, it just turns off YOUR video camera so your face is not seen. Joining without video will also use less bandwidth and will make the meeting experience smoother).

Join with computer audio.

Once you are in the meeting, click on "participants" at the bottom of the screen.

Once you've clicked on participants you should see a list of participants with an option to "Raise Hand" at the bottom of the participants screen. **If you wish to speak, click "raise hand" and the Chair will call on you to speak.**

If you are not a member of the CCMHB or a staff person, **please sign in by writing your name and any agency affiliation in the Chat area.** This, like the recording of the meeting itself, is a public document. There are agenda items for Public Participation and for Agency Input, and we will monitor the 'raised hands' during those times.

If you have called in, please speak up during these portions of the meeting if you would like to make a contribution. If you have called in and therefore do not have access to the chat, there will be an opportunity for you to share your 'sign-in' information. If your name is not displayed in the participant list, we might ask that you change it, especially if many people join the call.

Members of the public should not write questions or comments in the Chat area, unless otherwise prompted by the Board, who may choose to record questions and answers there.

Self-Assessment Checklist for Cultural Competency

Please select A, B, or C for each item listed below

A: These are things I do frequently or the statement applies to me to a great degree

B: These are things I do occasionally or the statement applies to me to a moderate degree

C: These are things I do rarely or never or the statement applies to me to a minimal degree or not at all

When thinking about each of the following questions, please consider how clients in your program or agency may be diverse in terms of: race, ethnicity, religion, disability, age, economic or financial status, education, family structure, gender identity, sexual orientation, etc.

___ 1. Printed materials, films, or any other media resources in my organization reflect the diversity of clients within my program or agency. These materials provide welcoming or inclusive messages to clients from a variety of cultural groups and backgrounds.

___ 2. I try to learn the meanings of informal words or phrases (colloquialisms) used by clients to improve my understanding during assessment, treatment, or other interactions with the client

___ 3. The agency has a definition and common understanding of culture

___ 4. I can articulate reasons to move toward cultural competence and inspire others to move in the same direction

___ 5. I believe that persons who have a disability that affects communication (e.g. visual, hearing) I should be accommodated with adequate language and communication assistance. (using large-print documents, sign language interpreters, documents in Braille)

___ 6. I am aware of how my values and attitudes may differ from the values and attitudes of board members and families. I try not to impose values that may conflict with the values of the families and other board members.

___ 7. Even though my professional or moral viewpoints may differ, I accept that clients are the decision makers about services and supports in their lives

___ 8. I screen books, movies, educational handouts, and other resources for negative cultural, ethnic, racial, gender, or other stereotypes before sharing them with clients served by my program or agency.

___ 9. I intervene when I observe other staff engaging in behaviors that show cultural insensitivity, bias or prejudice.

___ 10. I recognize the meaning and importance of treatment, service provision, mental health, well-being, and education may vary greatly among clients of different backgrounds and cultures.

___ 11. I suggest improvements to make my agency's mission statement, goals, policies, and procedures more sensitive to diversity issues.

___ 12. When I find an opportunity to learn more about diversity or cultural competence, I take advantage of the event

What are some ways you could improve cultural sensitivity as a board member?

[Type the document title]

Adapted from "The Self-Assessment Checklist for Personnel Providing Services and Supports to Children with Disabilities & Special Health Needs and their Families" by Elaine Shpungin, University of Illinois Psychological Services Center, 505 E Green St., Champaign, IL 61820. Updated by Shandra Summerville, Champaign County Mental Health Board and Developmental Disability Board, Urbana, IL 61802 <http://gucchd.georgetown.edu/nccc/documents/Checklist.CSHN.doc.pdf>

Healing America: A Funder's Commitment to Racial Equity

By Dr. Gail C. Christopher, DN

The W.K. Kellogg Foundation launched an aggressive initiative in the late 80s through the early 90s to increase adoption rates and help communities find permanent homes for vulnerable children in the child welfare system. The program was a success. Thousands of children found permanent, loving families. The work may have helped to shape related national and state policies and practices, but when re-examined through a racial lens, it is clear that the program failed children of color. Despite their overrepresentation in the foster care system, embarrassingly few children of color were adopted. The lesson here is now clear: without a clear intention, coupled with creative strategies to influence perceptions as well as unconscious racial biases and structures of opportunity, disparities and achievement gaps will not be closed. Celebrating diversity and managing with an inclusive or multicultural lens are not enough. Racial privilege and opportunity structures invade every policy and social system in this nation, including health care, corporations, education, justice, food systems, media and child welfare.

The vision that guides the work of the W.K. Kellogg Foundation is clear: we envision a nation that marshals its resources to assure that all children thrive. What may be less self-evident to some is the pernicious and self-perpetuating way in which racism impedes many children's opportunities to do so.

Today, a number of factors — mass incarceration rates among young males



W.K. Kellogg Foundation Vice President of Programs, Gail Christopher

of color, persistent residential racial segregation, concentrated poverty, school failure and extreme unemployment within a disproportionate number of communities of color — are combining to create a blatant racial/social caste system in the United States. Left uncorrected, future generations of children will face insurmountable barriers to equal opportunity. Instead of *E pluribus unum* (out of many, one), current social and economic data forecast that we will become a nation in which the many are increasingly separated from the few by a chasm of inequality.

The divide is based largely on superficial physical characteristics that have been and continue to be used in a misguided effort to categorize individuals according to race. But while scientific evidence clearly establishes that racial categories are an artificial construct, the social consequences of racism are real, profound and profoundly far-reaching. In a nation in which many profess to be color-blind, more than half of all black, brown, African American, Latino (Hispanic), and Native American children live in low income families today. Worse, far too

many of these families face the double jeopardy of being trapped within low income neighborhoods. Comparing demographic patterns in the nation's 100 largest metropolitan areas, Harvard scholars Delores Acevedo Garcia and David Williams found that more than one in five Latino children (20.5 percent) live in both poor families and poor neighborhoods. About one in six (16.8 percent) African American children face the same dilemma. For white children, the number is just over one in a hundred (1.2 percent).

In declaring his mandate for the Kellogg Foundation — “Do what you will with the money, so long as it helps children” — Will Keith Kellogg was color-blind. Indeed, he recognized that poverty itself makes children vulnerable. That is why, as a largely white nation, based on sheer numbers, most poor children in the United States are white. And that is why the W.K. Kellogg Foundation funds and supports groups that help all children.

But when it looked beyond headcount, to the stark contrast in the opportunities for success faced by the various racial groups in this country, the foundation's board of directors found it impossible to ignore the consequences of entrenched racial bias and structural racism. Thanks to the unprecedented combination of higher birth rates and immigration patterns of the last several decades, demographic trends show that by the year 2013, most of the children in this country will be children of color. The board recog-

nized that under such conditions, racially-based and perpetuated poverty and obstacles to success are not merely social ills but measurable threats to our nation's economic viability and security. Succeeding as a nation in an increasingly competitive world requires that we leverage and maximize *all* of our resources effectively. We cannot do that, nor can we expect our military or our social security system to function properly, if most of our children and youth are undereducated or unemployed. That makes identifying and removing racial barriers to equal opportunities the single most significant human challenge facing our nation in this century.

Addressing that challenge, and doing so effectively, requires that, collectively, we heal the nation's legacy of racism.

While the human genome project has heralded the new era of genomic science and medicine, it also has dispelled the myth of biological racial difference. The scientific evidence is unambiguous: all of humanity is descended from a common set of ancestors, making all of us members of a single, global family. Superficial physical characteristics of pigmentation, facial structure and/or hair texture all are adaptations to the environments and climates in which our ancestors evolved. At the most basic level, the level of the genome — the information that drives cellular reproduction and life processes — we all are 99.9 percent the same.

Yet, while science has utterly discredited the myth of biological racial difference, the centuries-old opportunity structure that doles out privilege based on that mythology is solidly embedded in our culture. So solidly, in fact, that its roots and branches touch our institutions and modes of thinking in ways of which we may not even be conscious. As Peggy McIntosh demon-

strated in her now-classic article, "White Privilege: Unpacking the Invisible Knapsack," the field of philanthropy itself, for example, is largely the result of that system of racial mythology. Access to privilege and its attendant systems of opportunity helped to create the white-owned fortunes that generated our nation's largest philanthropies. Today, shame over past wrongs and Herculean efforts to undo the consequences of our collective ignorance about race (including the Civil War and the civil rights movement) move us to call for a color-blind society. It just feels better to turn away from history and assert that the past is over. There is an understandable and very human need to "declare victory" and put issues of race behind us. After all, we have our first African American president. Isn't that the clearest evidence imaginable that we now are living in a post-racial America?

The reality is that we are not. It is undeniably true that much progress has been made, and that we are not as racially divided as we once were. But it is equally and demonstrably true that

enormous and disproportionate obstacles face an overwhelming number of families and children of color. Consider:

- Among developed nations, the USA has one of the greatest income disparities and highest levels of racial and economic neighborhood segregation. Among OECD member nations, only Turkey and Mexico have higher levels of income disparity.
- Although the majority of illegal drug users and dealers nationwide are white, three-fourths of all people imprisoned for drug offenses have been black or Latino. The United States imprisons a larger percentage of its black population than South Africa did at the height of apartheid. In Washington D.C., our nation's capital, it is estimated that three out of four young black men (and nearly all those in poor neighborhoods) can expect to serve time in prison. Similar rates of incarceration can be found in black communities across the nation.
- More than 50 years after *Brown vs. Board of Education*, America's public schools are more segregated now

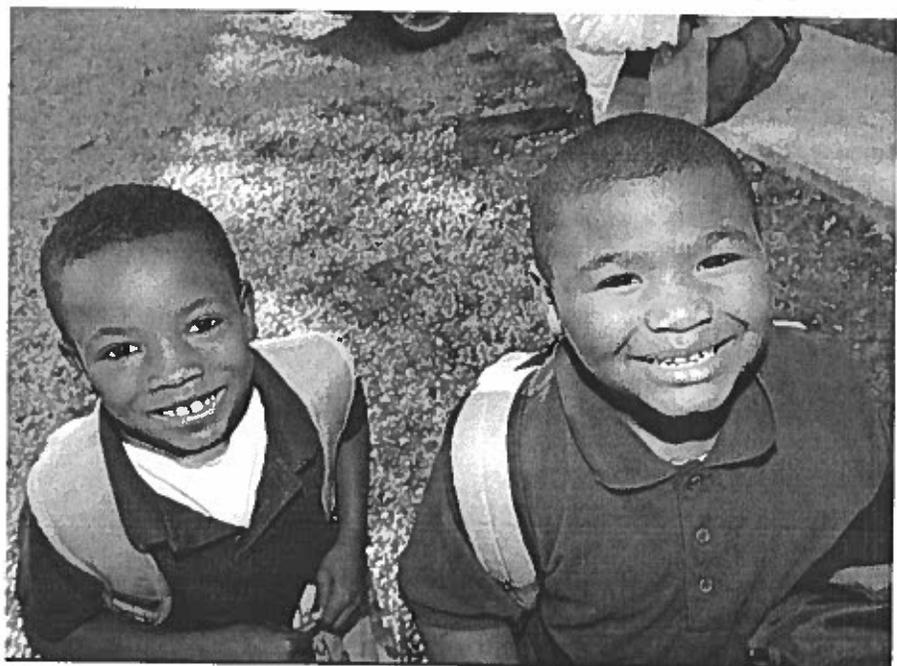


PHOTO COURTESY OF THE W.K. KELLOGG FOUNDATION

than they were in the 1960s.

- People of color and poor people live with more pollution than the rest of this nation. For example, African Americans are 79 percent more likely than whites to live in neighborhoods where industrial pollution is suspected of posing the greatest health danger.
- Communities of color continue to carry a disproportionate burden of racial disparities in infant mortality, childhood obesity, diabetes and adolescent deaths due to gun violence and homicide.

Clearly, we are not living in a post-racial America, nor can we afford the ignorance (and arrogance) of behaving as if we are color-blind. Our racialized social and opportunity structures have generated and continue to generate two consistent outcomes: privilege for some, and obstacles, pain and suffering for others. Where there is suffering, emotional and physical healing is required.

And that healing demands that we see — more clearly than ever before — that the racial social structure so engrained in our national ethos is no longer feasible. We must move beyond denial to face the consequences, implications and feelings — including, for many, extreme discomfort — that accompany the hard work of acknowledging the painful experiences and the destructive impact associated with our national, individual and group racial wounds.

This is the beginning of the healing process, and it reflects the thinking behind the W.K. Kellogg Foundation's request for proposals for community-based racial healing efforts. We received almost 1,000 proposals from every state in America — except Wyoming — with healing strategies as diverse as rewriting local school history curricula, including the positive contribution of Native Americans, to training district attorneys in the central role of racism in historic and contemporary legal practices. Community-based

racial healing efforts can include:

- Community-based efforts to mitigate the effects of discrimination and structural racism through sustained coalitions and/or multi-sector partnerships with clearly stated goals and projected outcomes that affect the lives of marginalized children.
- Working to eliminate institutional and structural racism through awareness, education, information dissemination and creative approaches to media.
- Community asset/opportunity assessment or mapping strategies.
- Dialogues, training and learning experiences for healing across racial groups and within racial/ethnic groups.
- Local history narratives and/or exhibits related to racial history.
- Race-relations and human rights education and assistance projects.
- Outreach, media and communication efforts on racial issues.
- School and organizational curricular projects.
- Local regulatory or policy initiatives such as school reform health, disparities or citizen engagement efforts.

The \$75 million, five-year "America Healing" initiative complements larger bodies of work within the foundation, focusing on education; food, health and well-being; and family economic security. The foundation distributes approximately \$300 million each year on behalf of vulnerable children and families. Experience has taught us that unless we are explicit about healing (within communities and individuals) the scars of centuries of racialized privilege and opportunity, our broader funding strategies will fail to close achievement gaps or eliminate racial disparities. The sustained motivation and commitment necessary to change social and opportunity systems and the dynamics of power in the United States require deep understanding, compas-



PHOTO COURTESY OF THE W.K. KELLOGG FOUNDATION

sion and will to change. This happens only when the vision and intention are clear. Then, perceptions, hearts and minds can and often do change. In mandating that the W.K. Kellogg Foundation become an effective antiracist organization, the foundation's board of trustees acknowledged both the implicit benefits of white privilege and the foundation's obligation to be responsive to the needs produced by centuries of structural racism.

This is why we are making the largest single initiative investment in the foundation's history in supporting what we hope will be a catalytic effort. America needs to heal. Healing may be described operationally as the personal experience of the transcendence of suffering. Structural privilege and attendant social injustice has produced immeasurable pain and suffering, which remain both silent and invisible. We must have the courage to see this and to address it. Healing also has been defined as "the process of bringing together aspects of one's self, body,

Structural privilege
and attendant social
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We must have
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mind-spirit at deeper levels of inner knowing, leading toward integration and balance with each aspect having equal importance and value" (Dossey

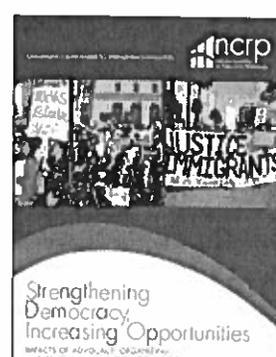
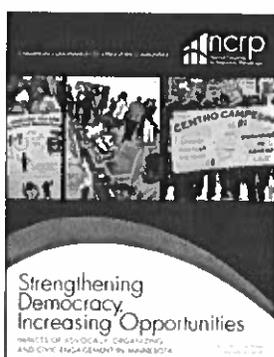
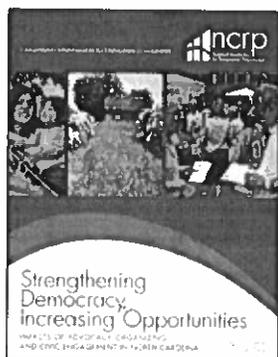
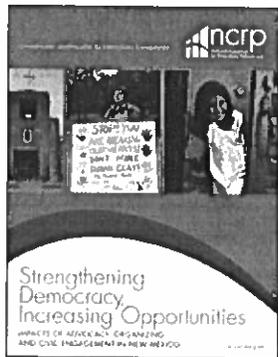
et al., 2005). While this definition refers to the individual or personal level of experience, when it comes to issues of racial reconciliation and healing, it can be expanded to the community and, we hope, ultimately to the national level.

Our mission statement calls for us to support "children, families, and communities as they strengthen and create conditions that propel vulnerable children to achieve success as individuals and as contributors to the larger community and society." We believe that healed communities in which individuals see one another as connected, as part of a whole — working on behalf of all children — will be strong catalysts for doing exactly that. ■

Dr. Gail C. Christopher, DN is vice president for programs at the W.K. Kellogg Foundation. To read more about W.K. Kellogg Foundation's America Healing initiative, please visit www.america-healing.org.

The Strengthening Democracy, Increasing Opportunities Reports

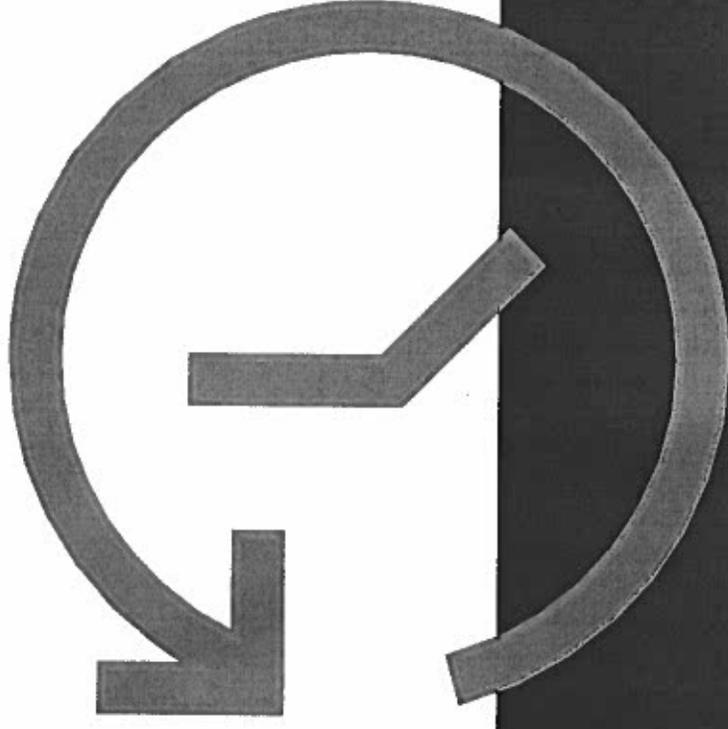
Big returns ... tremendous impact on our communities ... learn about these and other benefits from nonprofit advocacy, community organizing and civic engagement in New Mexico, North Carolina, Minnesota and Los Angeles County.



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CCMHB/DDB Cultural
and Linguistic
Competence Study
Session

8



Shandra A. Summerville
Cultural and Linguistic Competence
Coordinator

Snapshot of CLC Journey

<p>1999</p> <p>Mental Health: A Report of the Surgeon General was released that talked about the stigma of receiving mental health treatment</p>	<p>2001</p> <p>Mental Health: Culture Race and Ethnicity: A Supplement to the Report of the Surgeon General. To give a deeper understanding to show there is a clear history and context of Minority Mental Health.</p>	<p>2002-2003</p> <p>CCMHB hired Dr. Carl Bell and local experts Multicultural Professional Consultants to assess cultural competence of Human Services in Champaign County.</p>	<p>2003-2004</p> <p>The First CLC Plans were submitted with funding applications</p>	<p>2005</p> <p>CCMHB Monitored CLC Plans for feedback to ensure that culture was represented in the services that were provided.</p>
<p>2006</p> <p>CCMHB begin to promote community-based services to provide mental health services to underserved youth that were targeted to address the mental health to include culture, race, and ethnicity</p>	<p>2006-2009</p> <p>Effective Black Parenting was offered by the U of I Psychology Department Community Outreach Department funded by CCMHB</p>	<p>2005-2009</p> <p>System of Care Values Family Driven Youth Guided Cultural and Linguistic Competence introduced to provide support to youth that were overrepresented in child-serving systems</p>	<p>2009</p> <p>CLC Coordinator position was created in community-based organization to provide technical assistance and training to funded organizations.</p>	<p>2010-2012</p> <p>System of Care Funded by SAMHSA, CLC Coordinator Position was part of the CCMHB SOC administrative team.</p>

Source: A Blueprint for Advancing and Sustaining CLAS Policy and Practice

2011	2012	2012	2013-Present	2014-Present
CCDDB required funded agencies to submit CLC Plans	DDB/CCMHB co-funded position of the CLC Coordinator	Standardized CLC Template was required for organizations to show accountability and involvement of the individuals served,	Enhanced National CLAS Standards were used to guide CLC work in CCHMB/DDB Funded Agencies.	CCMHB/DDB Hired CLC Coordinator to monitor, provide training, and leadership for Cultural Competence and Cultural Diversity

Source: A Blueprint for Advancing and Sustaining CLAS Policy and Practice

Required
Benchmarks
by
CCMHB/DDB

<i>Annual Cultural Competence Training</i>
<i>Recruitment of Diverse backgrounds and skills for Board of Director and Workforce</i>
<i>Cultural Competence Organizational or Individual Assessment/Evaluation</i>
<i>Implementation of Cultural Competence Values in Policy and Procedure</i>
<i>Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria</i>
<i>Inter-Agency Collaboration</i>
<i>Language and Communication Assistance</i>
<i>Matched Actions with National Culturally and Linguistic Appropriate Services (CLAS) Standards in Health and Health</i>

Source: *CA Blueprint for Advancing and Sustaining CLAS Policy and Practice*

2nd Quarterly Reporting Form

Sections of National Standards for Culturally and Linguistically Appropriate Services	Summarize 2 nd Quarterly Progress for sections outlined in your CLC Plan
<i>Annual Cultural Competence Training</i>	
<i>Governance, Workforce and Leadership</i>	
<i>Cultural Competence Organizational or Individual Assessment/Evaluation:</i>	
<i>Communication and Language Assistance</i>	
<i>Engagement Continuous Improvement and Accountability</i>	
<i>Principal Standard</i>	

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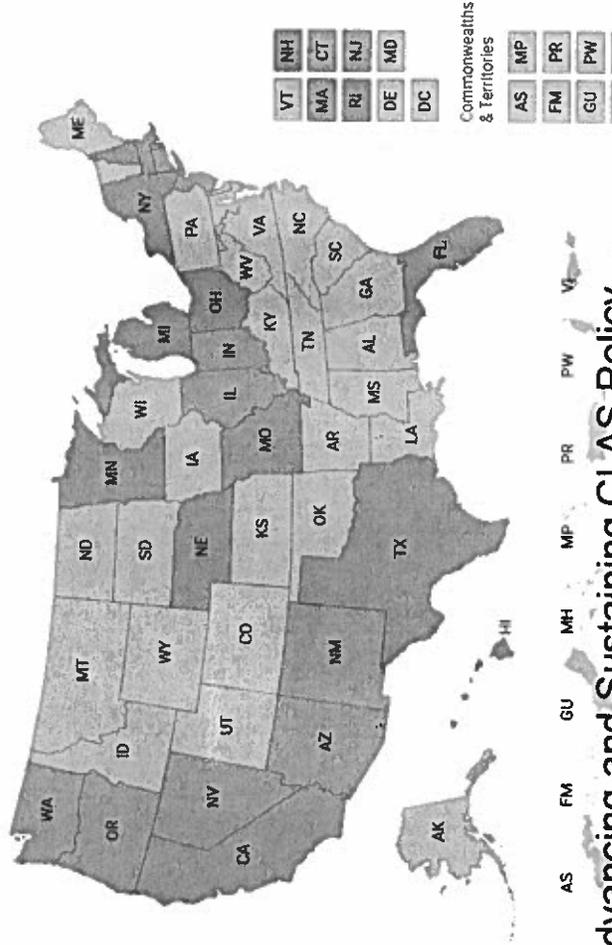
CLAS Tracking CLAS

TRACKING CLAS

This map tracks the progress of state- and territory-led initiatives for mandatory cultural competency training across the United States and territories.

Click on the states or territories in this map for more specific information.

- Requires mandatory cultural competency training
- Proposed, but does not have, mandatory cultural competency training
- Does not require cultural competency training



Source: A Blueprint for Advancing and Sustaining CLAS Policy and Practice

13

National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care

Reference Slides for Training and Implementation

History of the National CLAS Standards

Source: A Blueprint for Advancing and Sustaining CLAS Policy and Practice

The History of the National CLAS Standards

National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care
U.S. Department of Health and Human Services
Office of Minority Health



1997-1999
Review of the Literature and Drafting of the Standards



December 2000
Standards Published in the Federal Register



1999-2000
Public Comment, Advisory Committee Input and Revisions



2010
Regional Meetings and Public Comment



2010
Enhancement Initiative Begins



March 2001
Release of the National CLAS Standards and the Final Report for National CLAS Standards for Health Care



2010-2011
Review of the Literature



April 24, 2013
Publication of the enhanced National CLAS Standards for Health and Health Care and The Blueprint



2011-2013
Advisory Committee Input

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care

Who can use the National CLAS Standards?



advance health equity, improve quality, and help eliminate health care disparities.

The National CLAS Standards help organizations provide **effective, equitable, understandable, & respectful quality services to everyone.**

regardless of cultural background, including...



For more information, visit: www.ThinkCulturalHealth.hhs.gov

Source: A Blueprint for Advancing and Sustaining CLAS Policy and Practice

Standard 1: Provide Effective, Equitable, Understandable, and Respectful Quality Care and Services

- Purpose:
 - Safe and welcoming environment for patients
 - Everyone experiences culturally and linguistically appropriate encounters in the healthcare system
 - Good communication
 - Eliminate discrimination and disparities

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

Standard 1: Provide Effective, Equitable, Understandable, and Respectful Quality Care and Services

- Components:
 - Effective care and services
 - Ensuring that services are culturally and linguistically appropriate to restore and protect an individual's health.
 - Equitable care and services
 - All citizens have the right to be free of discrimination while accessing care/services.
 - Understandable Care and Services
 - Individuals can fully comprehend all of their health care needs
 - Respectful Care and Services
 - Individuals should feel comfortable discussing all health care needs

Blueprint for Advancing
Improving CLAS Policy and
Practice

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**Standard 1:
Provide Effective,
Equitable,
Understandable,
and Respectful
Quality Care and
Services**

- Components:
 - Cultural Health Beliefs and Practices
 - Health professionals should be aware of how these play a role in the care they give and the way patients take care of themselves
 - Preferred Languages
 - Health professionals should determine any communication barriers and the ways to break such barriers
 - Health Literacy
 - How individuals are able to obtain, process, and understand provided health information and make health-related decisions
 - Communication Needs
 - Resources should be provided to assist those unable to understand the information given by their health care providers

• Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

20

**Standard 1:
Provide Effective,
Equitable,
Understandable,
and Respectful
Quality Care and
Services**

- Strategies for Implementation
 - Enforce Standards 2-15

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

Standard 2: Advance and Sustain Governance and Leadership that Promotes CLAS and Health Equity

- Purpose:
 - Guarantee necessary appropriate resources and accountability in order to support and sustain initiatives
 - Be a model of appreciation and respect for diversity, inclusiveness, and all beliefs and practices
 - Support a model of transparency and communication between the service and the population it serves

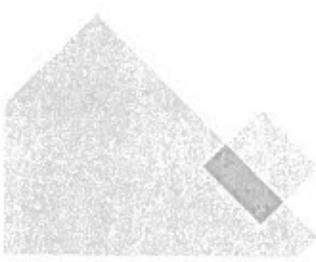
Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

Standard 2: Advance and Sustain Governance and Leadership that Promotes CLAS and Health Equity

22

- Components:
 - Leadership
 - It is the organization’s duty to establish its culture through priorities, expectations, and modeled behavior
 - Policies, Practices, and Resource Allocation
 - Making cultural competency part of an organization’s mission
 - Collecting race, ethnicity, and primary language data
 - Increasing overall diversity of workforce in organization, especially leadership positions

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice



Standard 2: Advance and Sustain Governance and Leadership that Promotes CLAS and Health Equity

- Strategies for Implementation:
 - Environment of cultural competency through establishing new or existing leadership structures
 - Individuals committed to cultural competency within an organization
 - Culturally competent care as part of the vision, goals, and mission of the organization in addition to an actionable plan
 - Diverse leadership at all levels of organization
 - Necessary fiscal and human resources to support and improve culturally competent policies/practices

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice



Standard 2: Advance and Sustain Governance and Leadership that Promotes CLAS and Health Equity

- Strategies for Implementation Cont.
 - Cultural competency articulated through written policies, practices, procedures, and programs
- Constantly improving knowledge and skills necessary to address cultural competency in the organization
- Internal multidisciplinary dialogues about language/culture
- Financial incentives to promote, develop, and maintain accessibility to qualified health care interpreters

Source: A Blueprint for Advancing and Sustaining CLAS Policy and Practice

Standard 3: Recruit, Promote, and Support a Diverse Governance, Leadership, and Workforce

- Purpose:
 - Environment where culturally diverse individuals feel welcomed and valued
 - Promote trust and engagement with those served
 - Infuse multicultural perspectives into planning, design, and implementation of CLAS
 - Ensure diverse viewpoints are represented in governance decisions
 - Increased knowledge and experience related to culture and language among staff

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

24

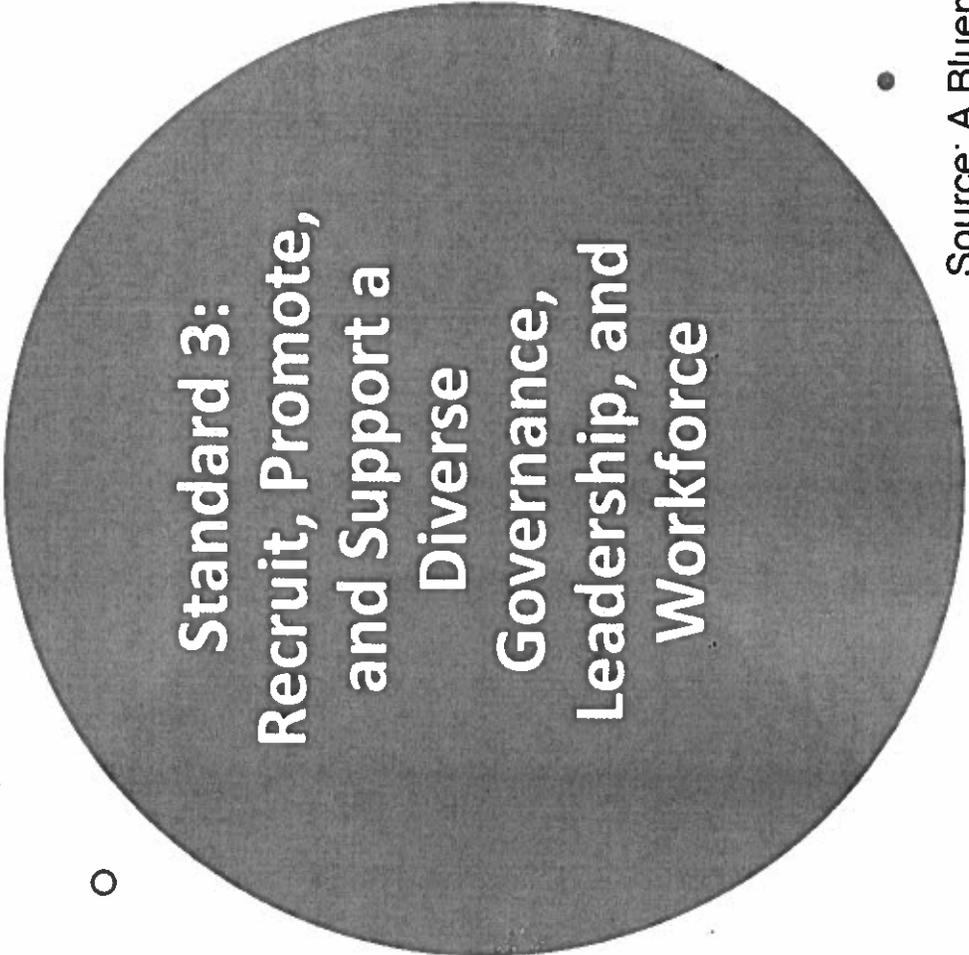
Standard 3: Recruit, and Promote, and Support a Diverse Governance, and Leadership, and Workforce

- Components:
 - Diversity in the organization
 - Individuals in any position in the organization should possess the necessary skills and qualifications to perform required duties
 - Responsive to Service Population
 - Workforce should be representative of those served in order to make the best decisions for that population

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

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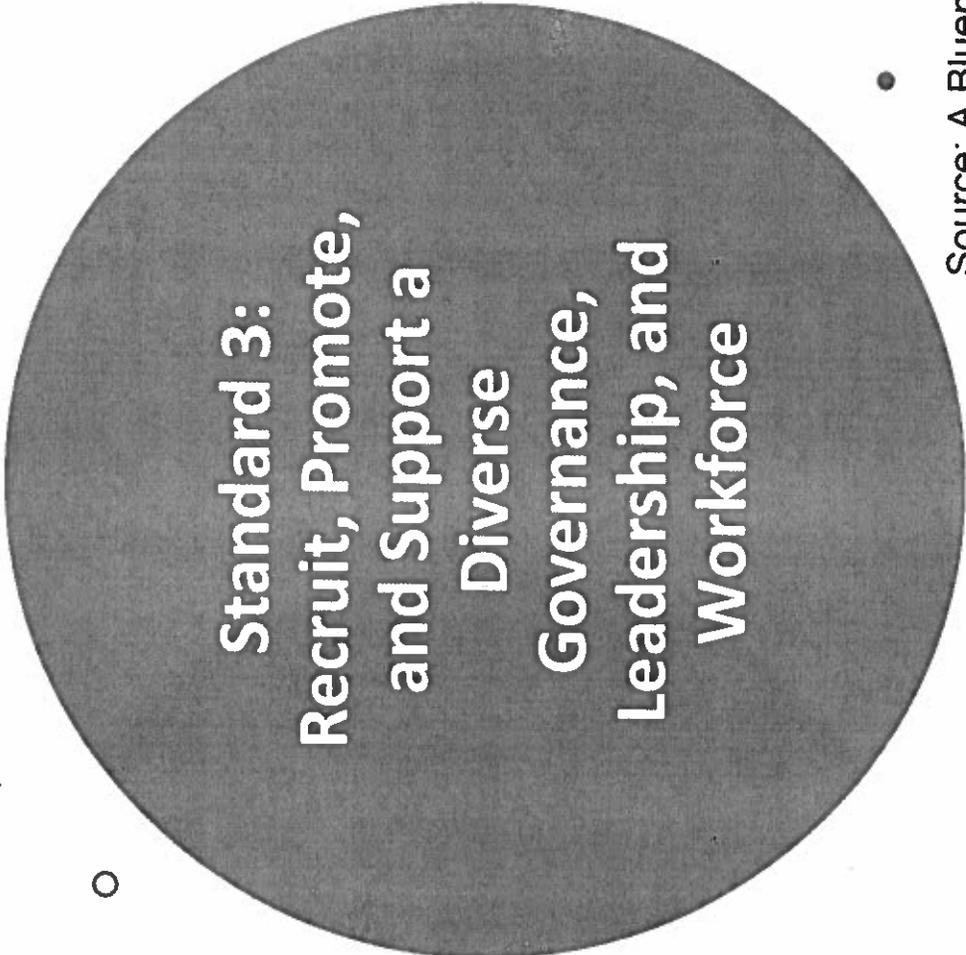
**Standard 3:
Recruit, Promote,
and Support a
Diverse
Governance,
Leadership, and
Workforce**

- Strategies for Implementation:
 - Advertise job opportunities in multiple languages and in foreign language and/or minority health media
 - Develop relationships with schools, training programs, and faith-based organizations
 - Recruit at minority health fairs
 - Collaborate with businesses, public school systems, and other stakeholders to build potential workforce capacities and recruit diverse staff
 - Assess language and communication proficiency of staff to determine fluency and possibility of serving as interpreter

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

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Standard 3: Recruit, Promote, and Support a Diverse Governance, Leadership, and Workforce

- Strategies for Implementation Cont.
 - Create a work environment that respects and accommodates the cultural diversity of the local workforce
 - Continuing education and career development opportunities to ensure staff progress within the organization
 - Cultivate relationships with organizations and institutions that offer health and human service career training to establish volunteer, work-study, and internship programs
 - Assess demographics of workforce regularly
 - Everyone be appropriately culturally trained
 - Work environment in which differences are respected

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

29

Standard 4: Educate and Train Governance, Leadership, and Workforce in CLAS

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

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

30

Standard 4: Educate and Train Governance, Leadership, and Workforce in CLAS

- Components:
 - Ongoing education and training in cultural and linguistic competency must be ongoing
 - This ensures that workers in the organization are prepared to appropriately manage cross-cultural encounters with individuals
 - Materials taught should be general and specific to cultures
 - Materials should be based on sound educational principles
 - Training should emphasize sensitivity and avoid generalizations

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

Standard 4: Educate and Train Governance, Leadership, and Workforce in CLAS

- Strategies for Implementation
 - Engage staff in dialogues about meeting the needs of diverse populations
 - Ongoing in-service training on how to meet needs of the population
 - How and when to access language services for individuals with limited English proficiency
 - Take advantage of internal and external resources available to educate workforce on cultural beliefs they may encounter
 - Allocate resources to train staff in cultural competency or as medical interpreters if possible

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

Standard 4: Educate and Train Governance, Leadership, and Workforce in CLAS

- Strategies for Implementation Cont.
 - Incorporate cultural competency and CLAS into staff evaluations
 - Provide opportunities for CLAS training
 - regular in-services, brown-bag lunch series, orientation materials for new staff, and annual update meetings
 - Encourage staff to volunteer in the community and interact with community members
 - evaluate education and training
 - Take advantage of live and Web-based health disparities and cultural competency continuing education programs for clinicians and practitioners

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

Standard 5: Offer Communication and Language Assistance

- Purpose:
 - Ensure individuals with limited English proficiency and/or other communication needs have equitable access to health services
 - Help individuals understand their care and service options and participate in decisions about their health
 - Increase individuals' satisfaction and adherence to care and services
 - Improve patient safety and reduce medical error related to miscommunication
 - Help organizations comply with federal, state, and local requirements

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

Standard 5: Offer Communication and Language Assistance

- Components:
 - Language Assistance
 - In-person interpreters, bilingual staff, remote interpreting systems (telephone or video), translation of written materials or signage, sign language, or braille materials
 - Timely Access to Health Care and Services
 - Provide guidance and assistance to those seeking to understand timelines in access to services

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

Standard 5: Offer Communication and Language Assistance

- Strategies for Implementation
 - Ensure that staff is aware of and trained in the use of language assistance services, policies, and procedures
 - Develop processes for identifying the language an individual speaks
 - Use qualified and trained interpreters to facilitate communication
 - Establish contracts with interpreter services for in-person, over-the-phone, and video remote interpreting
 - Use cultural brokers when an individual's cultural beliefs impact care communication
 - Onsite resources to facilitate communication for individuals who experience impairment due to a medical condition

235

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

Standard 6: Inform Individuals of the Availability of Language Assistance

- Purpose:
 - Inform individuals with limited English proficiency, in their preferred language, that language services are readily available at no cost to them
 - To facilitate access to language services
 - Help organizations comply with relevant federal, state, and local requirements to which they may need to adhere

36

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

Standard 6: Inform Individuals of the Availability of Language Assistance

- Components:
 - The services won't be used if individuals are unaware of their existence/availability
 - Notifications of the language assistance services should be easy to understand and translated into the languages commonly used by the populations being served
 - All members of an organization should be trained in how to access the services
 - Organization should monitor, evaluate, and update the notifications on an ongoing basis

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

Standard 6: Inform Individuals of the Availability of Language Assistance

- Strategies for Implementation
 - Determine the content and language of notices
 - Decide how to communicate or provide notice to individuals
 - Decide where to provide notice to individuals about the availability of assistance
 - Notices should be clear to individuals that language assistance is provided free of charge
 - Notices should be understood at a low literacy level
 - Organizations should reflect the languages represented in the service area in their signs, materials, and multimedia resources

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

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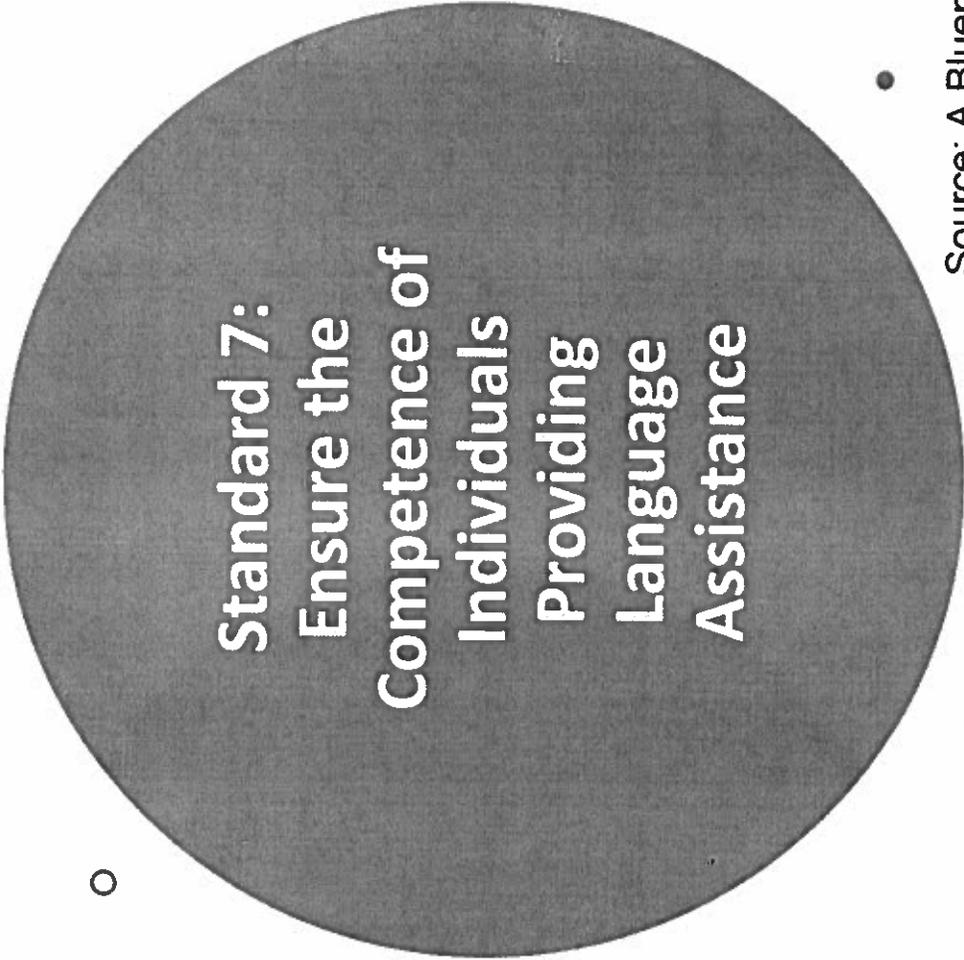
**Standard 6:
Inform
the Availability
of Language
Assistance**

- Strategies for Implementation Cont.
 - Development of a cultural mediation program and/or health promotion program
 - Provide notification throughout the community through any stakeholders who would benefit from having health services information
 - Standardize procedures for staff members who serve as initial point of contact for individuals
 - Organizations should publicize availability of language assistance services in foreign language media

• Source: A Blueprint for Advancing and Sustaining CLAS Policy and Practice

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Standard 7: Ensure the Competence of Individuals Providing Language Assistance

- Purpose:
 - Provide accurate and effective communication between individuals and providers
 - Reduce misunderstanding, dissatisfaction, and any patient safety issues due to reliance on staff or individuals that lack interpreter training
 - To empower individuals to negotiate and advocate for important services via effective and accurate communication with health and health care staff
 - Help organization comply with any federal, state, and local requirements

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

Standard 7: Ensure the Competence of Individuals Providing Language Assistance

- Components:
 - Avoid using untrained individuals and minors
 - Individual's language competency
 - Active listening skills
 - Message conversion skills
 - clear and understandable speech delivery
 - Familiarity with regionalisms and slang in both languages
 - Ability to identify differences in meaning due to dialects or regionalisms
 - Ability to communicate in all registers and at varying levels of formality
 - Understanding of colloquialisms and idiomatic expressions in all working languages
 - Working knowledge of anatomy and physiology
 - Extensive knowledge of necessary health vocabulary and terminology
 - Understanding of key concepts in health care

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

**Standard 7:
Ensure the
Competence of
Individuals
Providing Language
Assistance**

- Strategies of Implementation
 - Assess the individual’s language ability
 - Assess the individual’s ability to provide language assistance
 - “Multifaceted model” of language assistance
 - organizations may provide language assistance according to a variety of models, including bilingual staff or dedicated language assistance

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

Standard 8: Provide Easy- to-Understand Materials and Signage

- Purpose:
 - 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 info and facilitate comprehension of and adherence to instructions and health plan requirements
 - Enable all individuals to make informed decisions regarding health and care and services options
 - Offer an effective way to communicate with large numbers of people and supplement info provided orally by staff
 - Help organizations comply with any federal, state, and local requirements to which they may need to adhere

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

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Standard 8: Provide Easy- to-Understand Materials and Signage

- Components:
 - Individuals should be able to read, comprehend, and act upon written materials
 - Can do this with appropriate graphics, user-friendly design, focus on actionable information, and refrain from using jargon
 - Easy-to-understand Materials and signage should be provided in the languages commonly used by populations served by the organization

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

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Standard 8: Provide Easy-to- Understand Materials and Signage

45

- Strategies for Implementation
 - Issue plain language guidance and create documents that demonstrate best practices in clear communication and information design
 - Create forms that are easy to fill out and offer assistance in completing forms
 - Consult local librarians to help build an appropriate collection of health materials
 - Train staff to develop and identify easy-to-understand materials, and establish processes for periodically re-evaluating and updating materials

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

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**Standard 8:
Provide Easy-
to-Understand
Materials and
Signage**

- Strategies for Implementation Cont.
 - Formalize processes for translating materials into languages other than English and for evaluating the quality of these translations
 - Develop materials in alternative formats for individuals with any communication needs
 - Test materials with target audiences

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

Standard 9: Infuse
CLAS Goals, Policies,
and Management
Accountability
Throughout the
Organization's
Planning and
Operations

- Purpose:
 - Make CLAS central to the organization's service, administrative, and supportive functions
 - Integrate CLAS throughout the 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

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

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**Standard 9: Infuse
CLAS Goals, Policies,
and Management
Accountability
Throughout the
Organization's
Planning and
Operations**

- Components:
 - Ensure that an organization be culturally and linguistically competent at every point of contact
 - Tie CLAS to organizational priorities
 - Embed CLAS as a core element of the organization's identity, mission, operating principles, service focus budget, and quality improvement activities
 - Organizations should establish a method of accountability for CLAS activities throughout the organization's hierarchy

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

Standard 9: Infuse
CLAS Goals, Policies,
and Management
Accountability
Throughout the
Organization's
Planning and
Operations

- Strategies for Implementation
 - Engage the support of governance and leadership, and encourage the allocation of resources to support the development, implementation, and maintenance of culturally and linguistically appropriate services
 - Encourage governance and leadership to establish education and training requirements relating to culturally and linguistically appropriate services for all individuals in the organization
 - Identify champions within and outside the organization to advocate for CLAS, to emphasize the business case and rationale for CLAS, and encourage full-scale implementation

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

50

Standard 9: Infuse CLAS Goals, Policies, and Management Accountability Throughout the Organization's Planning and Operations

- Strategies for Implementation Cont.
 - Hold organizational retreats to identify goals, objectives, and timelines to provide culturally and linguistically appropriate services
 - Establish accountability mechanisms throughout the organization, including staff evaluations, individuals' satisfaction measures, and quality improvement measures
 - Involve the populations in the service area in the implementation of CLAS through the strategic plan

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

Standard 10: Conduct Organizational Assessments

- Purpose:
 - Assess performance and monitor progress in implementing the National CLAS Standards
 - Obtain information about the organization and the people it serves, which can be used to tailor and improve services
 - Assess the value of CLAS-related activities relative to the fulfillment of governance, leadership, and workforce responsibilities

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

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Standard 10: Conduct Organizational Assessments

- Components:
 - Organizational self-assessment is often used to examine factors that might enable or impede a service delivery system's effectiveness and performance
 - Assessments produce outputs ranging from general and broad guidance to benchmarked and validated scores across multiple domains of performance
 - Cultural audits can be used in addition to self-assessments
 - Integrate CLAS-related measures into measurement and continuous quality improvement activities

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

Standard 10: Conduct Organizational Assessments

- Strategies for Implementation
 - Conduct organizational assessment/cultural audit using existing cultural and linguistic competency assessment tools to inventory structural policies, procedures, and practices
 - Use results from assessments to identify assets, weaknesses, and opportunities for improvement
 - After assessment, prepare adequate plans for developing CLAS

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

Standard 10: Conduct Organizational Assessments

- Strategies for Implementation Cont.
 - Implement ongoing organization assessment of CLAS-related activities
 - Provide individuals with CLAS-oriented feedback forms (including self-addressed, stamped envelopes)
 - Conduct focus groups with individuals to monitor progress and identify barriers to full-scale CLAS implementation
 - Assess the standard of care provided for various chronic conditions to determine whether services are uniformly provided across cultural groups
 - Add CLAS-related questions to staff orientation materials and yearly reviews
 - Develop a system of reviewing and incorporating feedback and suggestions received and for monitoring their effect on CLAS implementation and outcomes
 - Identify outcome goals regarding cultural and linguistic competency and assess at regular intervals

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

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Standard 11: Collect and Maintain Demographic Data

- Purpose:
 - Accurately identify population groups within a service area
 - Monitor individual needs, access, utilization, quality of care, and outcome patterns
 - Ensure equal allocation of organization resources
 - Improve service planning to enhance access and coordination of care
 - Assess and improve to what extent health care services are provided equitably

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

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Standard 11: Collect and Maintain Demographic Data

- Components:
 - Data collected should include demographic information such as:
 - Race, ethnicity, sex, language, and disability status
 - Having this data allows organizations to demonstrate the effectiveness of CLAS in the delivery of quality, equitable care, and ultimately, in reducing disparities
 - Monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery
 - Organization must inform individuals of the purpose of the information and ensure it's confidentiality

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

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Standard 11: Collect and Maintain Demographic Data

- Strategies for Implementation
 - Properly trained staff collect data
 - Make clear to individuals that data is important and kept confidential
 - Ask for data during admission/early on
 - Data includes:
 - Race, ethnicity, nationality, nativity, languages spoken, age, gender, sexual orientation, gender identity, income, education, informed of right to interpreter services, request for interpreter services, treatment/medical history, outcome data, client satisfaction

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

Standard 11: Collect and Maintain Demographic Data

- Strategies for Implementation Cont.
 - Collect staff data on:
 - Race, ethnicity, nationality, nativity, primary/preferred language, gender, records of cultural and linguistic competency training participation and evaluation
 - Use standard collection instruments
 - Provide ongoing data training and evaluation to staff

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

Standard 12: Conduct Assessments of Community Health Assets and Needs

- Purpose:
 - Determine the service assets and needs of the populations in the service areas
 - Identify all of the services available and not available to the populations in their services areas
 - Determine what services to provide and how to implement them, based on the results of the community assessment
 - Ensure that health and health care organizations obtain demographic, cultural, linguistic, and epidemiological baseline data and update the data regularly

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice



Standard 12: Conduct Assessments of Community Health Assets and Needs

- Components:
 - Community services assessment is comprised of:
 - Needs Assessment
 - Resource Inventory
 - Gaps Analysis
 - This helps organizations better utilize community assets and develop/adapt existing services to better meet community needs
 - Plan and implement services that respond to the cultural and linguistic diversity of populations in the service area
 - Engage local communities in organizational planning and operations

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

60



Standard 12: Conduct Assessments of Community Health Assets and Needs

- Strategies of Implementation
 - Partner with other organizations to negotiate a data sharing agreement, which could facilitate the linking of different types of data
 - Collaborate with other organizations and stakeholders in data collection, analysis, and reporting efforts to increase data reliability and validity
 - Conduct focus groups with individuals in the community
 - Review demographic data collected with local health and health care organizations
 - Use multiple sources in the community to collect data
 - HHS Administration for Children and Families' Head Start Initiative Outline for Assessing Community Needs and Resources

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

Standard 13: Partner with the Community

- Purpose:
 - 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 in becoming active participants in the health and health care process

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

62

Standard 13: Partner with the Community

- Components:
 - This allows organizations to understand the individual needs of the population it serves, appropriately allocate resources, and develop an accountable system
 - Community input is critical to planning, implementing, and improving services

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

Standard 13: Partner with the Community

- Strategies for Implementation
 - Partner with local culturally diverse media to promote better understanding of available care/services and of appropriate routes for accessing services among all community members
 - Build coalitions with community partners to increase reach and impact in identifying and creating solutions
 - Convene town hall meetings, hold community forums, and/or conduct focus groups
 - Develop opportunities for capacity building initiatives, action research, involvement in service development, and other activities to empower the community
 - Collaborate to reach more people, share information and learn, and to improve services
 - Professionals and volunteers may facilitate communication between an organization and the community it serves

64

Standard 14: Create Conflict and Grievance Resolution Processes

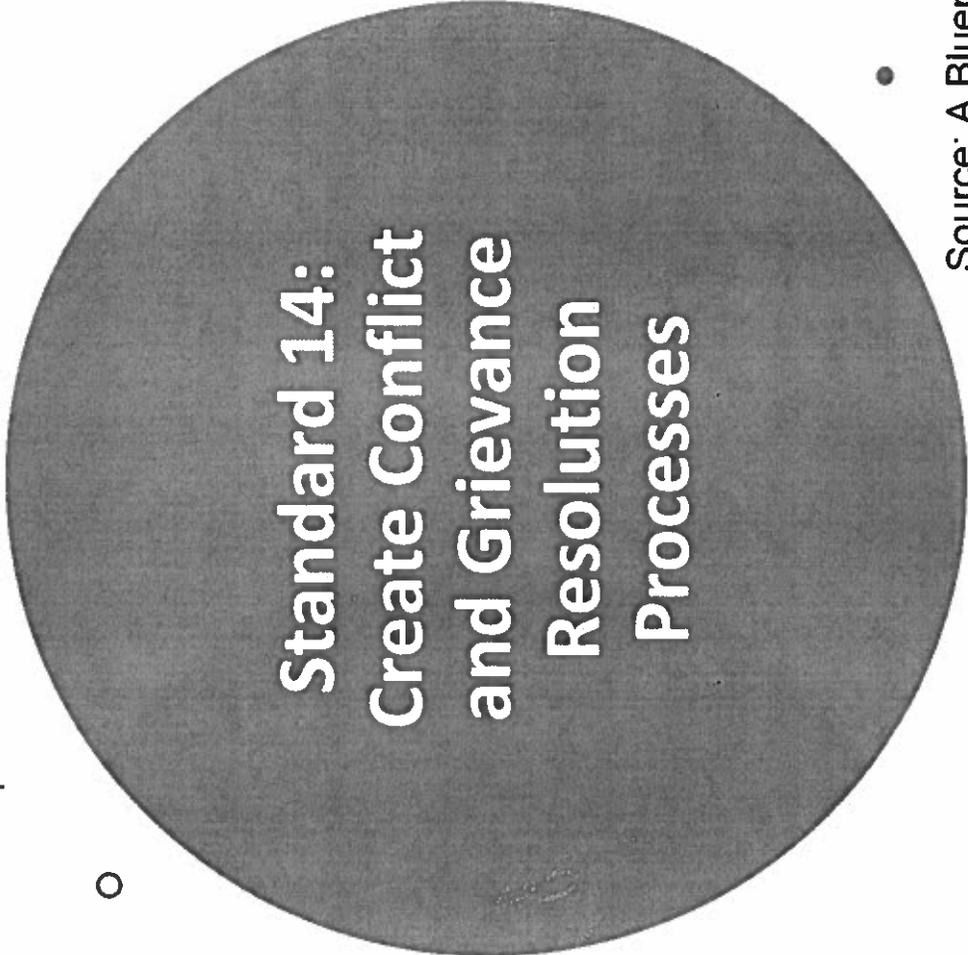
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- Purpose:
 - Facilitate open and transparent two-way communication and feedback mechanisms between individuals and organizations
 - Anticipate, identify, and respond to cross-cultural needs
 - Meet federal and/or state level regulations that address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

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

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Standard 14: Create Conflict and Grievance Resolution Processes

- Components:
 - This addresses the discrimination and unfair treatment of diverse populations
 - All individuals must be aware of and have access to these processes available to them
 - Organizations should proactively address individuals' rights and protections
 - Staff should be trained in cultural and linguistic competency in order to be prepared to respond appropriately to feedback

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Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

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Standard 14: Create Conflict and Grievance Resolution Processes

- Strategies for Implementation
 - Provide cross cultural communication training and conflict resolution training to staff who handle conflicts, complaints, and feedback
 - Provide notice in signage, translated materials, and other media about the right of each individual to provide feedback
 - Develop a clear process to address instances of conflict and grievance
 - Obtain feedback via focus groups, community council meetings, meetings with community leaders, suggestion systems, open houses, and/or listening sessions
 - Hire patient advocates or ombudspersons
 - Include oversight of conflict and grievance resolution processes to ensure their cultural and linguistic appropriateness as part of the organization's overall quality assurance program

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

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**Standard 15:
Communicate the
Organization's
Progress in
Implementing and
Sustaining CLAS**

- Purpose:
 - 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 the service setting
 - Meet community benefits and other reporting requirements

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

69

Standard 15: Communicate the Organization's Progress in Implementing and Sustaining CLAS

- Components:
 - Communication allows an organization to share its accomplishments
 - Communication can help institutionalize the National CLAS Standards by prompting the organization to regularly focus on the extent to which it has implemented each Standard
 - Organization accountability is important because it supports the continuous quality improvement process

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

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Standard 15: Communicate the Organization's Progress in Implementing and Sustaining CLAS

- Strategies for Implementation
 - Organization can report:
 - Demographic data about the population
 - Utilization and availability statistics related to interpreters and translated materials
 - Level of staff training in cultural and linguistic competency
 - CLAS-related expenditures and cost-benefit data
 - Assessment results based on activities suggested from Standard 10, data collected in accordance with Standard 12, and the number of complaints and their resolution (Standard 14)
 - Results from performance measures, satisfaction ratings, quality improvement and clinical outcome data analyses, and cost-effectiveness analyses

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

Standard 15: Communicate the Organization's Progress in Implementing and Sustaining CLAS

- Strategies for Implementation Cont.
 - Strategies for presenting CLAS-related progress:
 - Draft/distribute materials that demonstrate efforts to be culturally and linguistically responsive
 - Partner with community organizations to lead discussions about the services provided and progress made
 - Create advisory boards to consult with community partners on issues affecting diverse populations and how best to serve and reach them
 - Engage community-based workers to help craft and deliver messages and implications of data
 - Convene educational forums

Source: A Blueprint for Advancing and Sustaining CLAS Policy and Practice



7

Resources

National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice

- <https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedCLASStandardsBlueprint.pdf>

Health Equity Timeline

- <https://thinkculturalhealth.hhs.gov/clas/health-equity-timeline>
- <https://www.apa.org/news/press/oped/end-pandemic-racism>

Source: A Blueprint for Advancing
and Sustaining CLAS Policy and
Practice

An Implementation Checklist for the National CLAS Standards

with a CLAS Action Worksheet and CLAS Testimonials

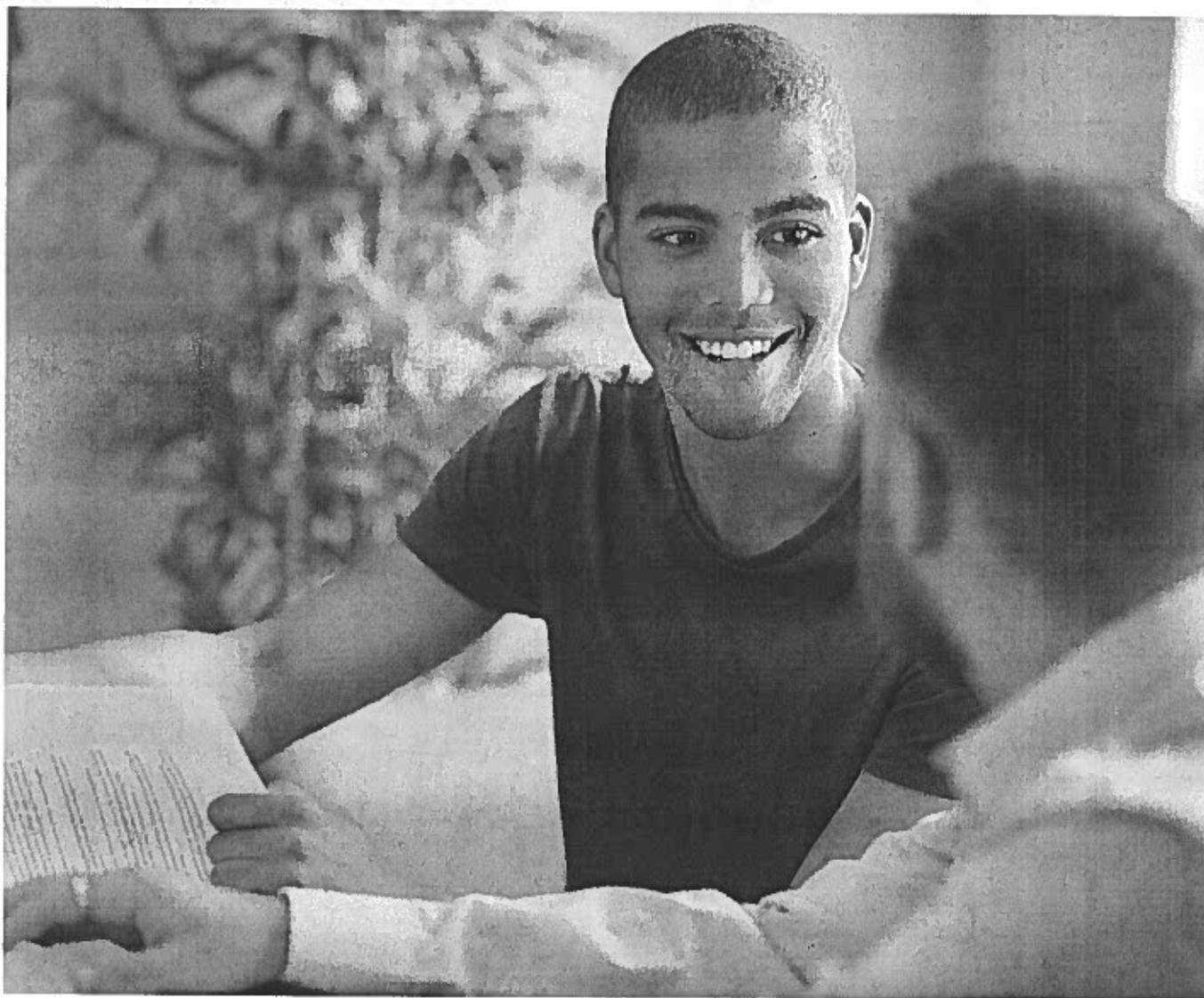


Table of Contents

Introduction	2
Background	3
Getting Started	4
Implementation Checklist for the National CLAS Standards	5-7
Your Organization's CLAS Action Worksheet	8
CLAS Testimonials from Organizational Leaders	9-11

Introduction

Culturally and linguistically appropriate services (CLAS) are increasingly recognized as effective in improving quality of care because they help organizations address the cultural and communication barriers that many individuals face when seeking services. In 2015, the Office of Minority Health at the U.S. Department of Health and Human Services (HHS) conducted a study to better understand how organizations use the National Standards for Culturally and Linguistically Services in Health and Health Care (the National CLAS Standards).

In this document, you will learn what we learned. The checklist of implementation practices lists successful CLAS-related organizational activities we observed across the organizations we studied. We provide a CLAS action worksheet for you to plan CLAS activities at your office or organization or other type of health care services. At the end of this document, testimonials from those who participated in our 2015 study are included, to give you a snapshot at how and why to implement the National CLAS Standards.

Background

What is CLAS?

CLAS stands for culturally and linguistically appropriate services. CLAS is services that are respectful of and responsive to each person's culture and communication needs.

CLAS helps your organization take into account cultural health beliefs, preferred languages, health literacy levels, and communication needs.

What are the National CLAS Standards?

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (the National CLAS Standards) gives health organizations **15 action steps for providing CLAS**. The National CLAS Standards and information to help you put them into practice may be found at www.ThinkCulturalHealth.hhs.gov.

The Principal Standard (No. 1) calls on organizations to "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."

The remaining standards are divided into three themes:

1. Governance, Leadership, and Workforce (Standards 2-4);
2. Communication and Language Assistance (Standards 5-8); and
3. Engagement, Continuous Improvement, and Accountability (Standards 9-15).

The National CLAS Standards can be applied to a wide array of professions and sectors, including medical care, behavioral health, public health, social work, community health, emergency health, and more.

The HHS Office of Minority Health developed the Standards to advance health equity, improve quality of services, and help eliminate disparities. The Standards were first published in 2000 and updated in 2013.

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice, commonly referred to as The Blueprint, provides an in-depth explanation of, and implementation strategies for, each of the National CLAS Standards. There is no single correct way to implement the National CLAS Standards. Your organization may decide to implement some but not all of them, or your organization may wish to implement some sooner than others. After deciding which standards to implement, you can refer to The Blueprint for ideas to get started.

Getting Started

Who is filling this out?

Name

Role or Title

Department or Division

Organization

How to use the implementation checklist

The checklist is divided into practices that relate to each Theme and Standard of the National CLAS Standards. We suggest that you review the checklist and, for each practice, select whether your organization is currently implementing it, planning to implement it, or not planning to implement it at this time.

Each practice is numbered according to the Theme and Standard it corresponds to. For example, 1.2 corresponds to Theme 1, Standard 2. You may find that some practices are not feasible for or relevant to your organization right now, or you may be unsure whether your organization is implementing a certain practice. That's okay. This checklist is simply meant to guide your and your organization's efforts to better provide CLAS.

As you go through the checklist, you may find it helpful to refer to The Blueprint, although it is not necessary to do so to fill out the checklist.

Select your organization's (C)S of implementation for each practice		Currently implementing	Planning to implement	Not planning to implement at this time
1.2a	Identify and designate a CLAS champion or champions, who are supported by the organization's leadership, and whose specific responsibilities include (at a minimum) continuous learning about, promoting, and identifying and sharing educational resources about CLAS and the National CLAS Standards throughout the organization.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2b	Create and implement a formal CLAS implementation plan that is (at a minimum) endorsed and supported by the organization's leadership, that describes how each Standard is understood, how each Standard will be implemented and assessed, and who in the organization is responsible for overseeing implementation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

76

Checklist of National CLAS Standards Implementation Practices

Theme 1: Governance, Leadership, and Workforce

Select your organization's stage of implementation for each practice	Currently implementing	Planning to implement	Not planning to implement at this time
1.2a Identify and designate a CLAS champion or champions, who are supported by the organization's leadership, and whose specific responsibilities include (at a minimum) continuous learning about, promoting, and identifying and sharing educational resources about CLAS and the National CLAS Standards throughout the organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2b Create and implement a formal CLAS implementation plan that is (at a minimum) endorsed and supported by the organization's leadership, that describes how each Standard is understood, how each Standard will be implemented and assessed, and who in the organization is responsible for overseeing implementation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3a Target recruitment efforts to the populations served to increase the recruitment of culturally and linguistically diverse individuals, through actions such as: posting job descriptions in multiple languages in local community media, holding job fairs in the community(ies) served, and/or working with leaders of local community institutions to create mentorship and training programs targeting populations served.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3b Create internal organizational mentorship programs, specifically targeting culturally and linguistically diverse individuals, that provide information about and support for additional training opportunities, and that links individuals in junior positions with individuals in senior positions to receive career guidance and advice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4a Deliver or make freely available continuous CLAS-related training and technical assistance to leadership and all staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4b Create and disseminate new resources about CLAS within the organization using widely accessible platforms (e.g., employee-dedicated webpages, employee Intranet, employee break room).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4c Incorporate assessment of CLAS competencies (e.g., bilingual communication, cross-cultural communication, cultural and linguistic knowledge) on an ongoing basis into staff performance ratings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Checklist of National CLAS Standards Implementation Practices

Theme 2: Communication and Language Assistance

Select your organization's stage of implementation for each practice	Currently implementing	Planning to implement	Not planning to implement at this time
2.5a Complete an organizational assessment specific to language assistance services to describe existing language assistance services and to determine how they can be more effective and efficient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5b Standardize procedures for staff members and train staff in those procedures. It may be appropriate to provide staff with a script to ensure that they inform individuals of the availability of language assistance and to inquire whether they will need to utilize any of the available services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6 Provide individuals with notification that describes what communication and language assistance is available, in what languages the assistance is available, and to whom they are available. Notification should clearly state that communication and language assistance is provided by the organization free of charge to individuals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7a Require that all individuals serving as interpreters complete certification or other formal assessments of linguistic and health care terminology skills to demonstrate competency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7b Provide financial and/or human resource (e.g., time off) incentives to staff who complete interpreter training and meet assessment criteria, to build organizational capacity to provide competent language assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.8 Formalize processes for translating materials into languages other than English and for evaluating the quality of these translations. This may include testing materials with target audiences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Checklist of National CLAS Standards Implementation Practices

Theme 3: Engagement, Continuous Improvement, and Accountability

Select your organization's stage of implementation for each practice	Currently implementing	Planning to implement	Not planning to implement at this time
3.9 Incorporate CLAS into mission, vision, and/or strategic plans by determining how organization acknowledges and addresses concepts such as diversity, equity, inclusion, and practices such as asking individuals about preferences for care/services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.10a Tailor existing evaluation efforts to include measures of CLAS Implementation (e.g., patient/client satisfaction measures can include questions about CLAS; outcome data can be stratified by REAL data to determine demographic differences).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.10b Complete a CLAS-related organizational assessment of the cultural and linguistic needs of populations served and of organizational resources to address these needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.11a Collect race, ethnicity, and language (REAL) data (at a minimum) from all individuals receiving services, either by tailoring existing data collection approaches or creating a new data collection process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.11b Use REAL data to identify needs, describe current care and service provision trends, and improve care and service provision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.12 Collaborate with stakeholders and community members in community health needs assessment data collection, analysis, and reporting efforts to increase data reliability and validity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.13 Include community members in the process of planning programs and developing policies to ensure cultural and linguistic appropriateness by convening town hall meetings, conducting focus groups, and/or creating community advisory groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.14 Consider using staff as cultural brokers to help improve feedback mechanisms, conflict resolution process, and communication with culturally and linguistically diverse individuals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.15 Partner with community organizations to lead discussions about the services provided and progress made and to create advisory boards on issues affecting diverse populations and how best to serve and reach them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your CLAS Action Worksheet

Review the practices you checked as "planning to implement." We suggest choosing three practices that your organization or department will focus on implementing next. Write these three practices down, along with timeframes for their implementation.

How will you help your organization implement these National CLAS Standards? Write down a few concrete action steps. Consider your objectives, challenges, and staff and resources that can support you.

Congratulations! You now have a CLAS implementation action plan!

CLAS Testimonials

The quotes on this page are from leaders at the health organization named, regarding their experience with the National CLAS Standards. We provide them here to help illustrate how implementing the standards may help your organization.



Connecticut Valley Hospital – Department of Mental Health & Addiction Services

Organization Type

Hospital

Location

Middletown, Connecticut

Number of employees

1,600

Website

www.ct.gov/dmhas/

How did you hear about the *National CLAS Standards*?

"In the course of going through the process of formal evaluation and certification of interpreters, and some of the cultural things that we're doing, that's when we discovered the CLAS Standards... I think the fact that it kind of really set a more clearly defined standard was very helpful for us."

What is one way your hospital implements the *National CLAS Standards*?

"We have a system of advocacy. Every area of the hospital has advocacy staff that they can call, where they get their information on patient rights. We talk about language services there, too. They have access to an advocate, so if they don't feel comfortable saying something to their care provider, they can say something to their advocate, and the advocate would come and help them with any aspect of care."

What changes have you seen as a result of implementation?

"We decided to institute competence assessments for the internal bilingual staff. What I've seen is that the more we use appropriate levels of interpreter services and language services for our clients, the quicker they are able to leave the hospital. We've been able to reduce some interpreter costs over time because we've reduced the length of stay of some clients who were requiring so much time. We definitely incorporate families into all of this; we also provide interpreter services for them."

81

CLAS Testimonials

The quotes on this page are from leaders at the health organization named, regarding their experience with the National CLAS Standards. We provide them here to help illustrate how implementing the standards may help your organization.



New Mexico Department of Health

Why did your organization implement the *National CLAS Standards*?

"This was part of a strategic initiative to help us build trust and respect in the community so that we could address the disparities that we were seeing in our state."

What is the purpose of the *National CLAS Standards* at your organization?

"They are a continuous quality improvement mechanism for our department. It's the process that helps us stay on a track where we're continuously looking at our organization, and to see whether or not we're providing effective service, whether we're providing respectful service, whether we're trying to identify and understand the communities that we serve, those kinds of things. I think to me, it's really about maintaining a continuous quality improvement kind of mentality."

How does your organization implement the *National CLAS Standards*?

"This is supposed to be in all our policies. So whatever we're doing, whatever we're planning, we look at it through a lens of culturally and linguistically appropriate[ness]. As we develop, we're developing with that in mind."

What changes have you seen as a result of implementation?

"It's part of the culture, that we come in and we see signs in multiple languages, that we see clients that speak multiple languages, that we are thinking about making sure that we have staff that can provide services in multiple languages. So to me, it's just been part of our organizational culture."

Organization Type

Public Health Department

Location

Santa Fe, New Mexico

Number of employees

3,000

Website

www.nmhealth.org

82

CLAS Testimonials

The quotes on this page are from leaders at the health organization named, regarding their experience with the National CLAS Standards. We provide them here to help illustrate how implementing the standards may help your organization.



NYC HEALTH+ HOSPITALS

Organization Type

Public Health Care System

Location

New York City, New York

Number of employees

35,000

Website

www.nychealthandhospitals.org

New York City Health + Hospitals

Why did your organization implement the *National CLAS Standards*?

"Adopting the Standards supports patient-centered care and helps address the barriers (systemic/perceived/actual) that might impede an individual from accessing care, or understanding and acting upon what they need to do to live their healthiest life. The underlying tenet of the Standards recognizes that there is no one-size-fits-all approach to meeting the health needs of diverse communities. The implementation of the Standards demonstrates the value the System places on understanding culture in the delivery of services and on considering the economic, demographic and social determinants of health, individual preferences, and other factors to improve the health of patients and build healthier communities."

How did you get started implementing the *National CLAS Standards*?

"The System has a long history of providing culturally responsive, patient-centered care to a diverse population, but we recognized the need to stay ahead of the curve in responding to the unique cultural, linguistic and health literacy needs of our patients. To achieve this aim, we conducted a needs assessment and underwent a strategic planning process that resulted in a comprehensive roadmap to enhance access and the delivery of equitable care across our System."

How do you implement the *National CLAS Standards*?

"Implementation of the Standards is guided by NYC Health + Hospitals Plan to Enhance Equitable Care, a comprehensive and ongoing approach to improve access and the delivery of equitable care through assessing organizational strengths and opportunities, standardizing policies and practices, developing workforce strategies for capacity building, improving stewardship of data, and expansion of staff and community communication and engagement."

Conclusion



The pursuit of health equity must remain at the forefront of our efforts. CLAS is a way to improve the quality of services provided to all individuals, which will ultimately help reduce health disparities and achieve health equity.

The provision of health services that are respectful of and responsive to the health beliefs, practices, and needs of diverse patients can help close the gap in health outcomes.

Visit <https://www.ThinkCulturalHealth.hhs.gov> for CLAS resources, including The Blueprint, e-learning programs, a resource library, and much more.

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