

## **CLC Assessment Tool: Based on the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards)**

A key component of System of Care values is Cultural and Linguistic Competence, also known as CLC. Cultural and Linguistic Competence is defined as a set of behaviors, attitudes, and policies that come together in a System of Care and enable that system to work effectively in cross-cultural situations (Cross, et al, 1989). Put another way, cultural competence refers to a program's ability to honor and respect the beliefs, interpersonal styles, attitudes and behaviors of children, youth and families who are receiving services and supports and the multicultural staff who are providing services (Roberts et al., 1990). Therefore, cultural competence involves applying a multidimensional model that includes cultural awareness, cultural knowledge, and cultural skill development in developing and providing services for culturally diverse groups (Sue, 2001).

In order to help Systems of Care and other health organizations operationalize the value of cultural competence, the U.S. Department of Health and Human Services created the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards). According to the Office of Minority Health, the CLAS Standards “are intended to **advance health equity, improve quality, and help eliminate care disparities by providing a blueprint for individuals and health care organizations to implement culturally and linguistically appropriate services**” (emphasis added) (U.S. Department of Health and Human Services- OMH, 2015).

The National CLAS Standards utilize an expanded, broader definition of culture. Specifically, in the enhanced National CLAS Standards, culture refers to “the integrated pattern of thoughts, communications, actions, customs, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups, as well as with religious, spiritual, biological, geographical, or sociological characteristics” (U.S. Department of Health and Human Services- OMH, 2013).

The attached Assessment Tool utilizes the National CLAS Standards and their expanded definition of culture to assess the cultural and linguistic competence of organizations and service providers in the behavioral health field. It is designed for use as a quality assurance tool while reviewing an organization's CLC Plan (or other strategic planning document addressing CLC). Furthermore, it is a tool to measure operationalization or implementation of cultural competence. It evaluates and assesses an organization's progress along the four main themes included in the National CLAS Standards:

1. Principal Standard (General CLC);
2. Governance, Leadership and Workforce;
3. Communication and Language Assistance; and
4. Engagement, Continuous Improvement, and Accountability.

The CLC Assessment Tool also evaluates an organization’s progress in two additional domains that are important to cultural and linguistic competence: Family Acknowledgement and Spiritual and Cultural Beliefs in Treatment and Discharge.

The tool is adaptable. It can be used by single organizations wishing to understand areas of strength and areas of opportunity for growth in the value of cultural and linguistic competence. It can also be used by managing entities or other large organizations collaborating with or overseeing a variety of service providers to assess the progress of their partners in designing and implementing CLC plans.

## CLAS Standards CLC Assessment Tool

### Guide to the Tool

Column 1 presents each CLAS Standard.

Column 2 presents statements that describe what the Standard may look like when operationalized.

Column 3 provides the reviewer with a choice of “yes” this action is in the plan or “no” this action is not in the plan.

Column 4 provides the reviewer with a choice of “yes” this action is being implemented, or no this action is not being implemented.

Column 5 documents the date of implementation of the action and the source of the data, that is how specifically is this action being operationalized, or what is the evidence or example that implementation has occurred.

Column 6 documents who is responsible for oversight and implementation.

### Theme 1: Introduction: Principal Standard (Goal of the CLC Plan)

	Statements	Plan Y/N	Implement Y/N	Date, Source, Example	Responsible Party
CLAS Standard 1: Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.	States that the organization offers <u>effective</u> quality care responsive to diverse cultural and health beliefs and practices.				
	States that the organization offers <u>understandable</u> quality care responsive to diverse cultural and health beliefs and practices.				
	States that the organization offers <u>respectful</u> quality care responsive to diverse cultural and health beliefs and practices.				
	States how the organization collects and recognizes cultural health beliefs.				
	States that the care provided will be provided in the <u>client's preferred language</u> , recognizing their <u>health literacy</u> and other <u>communication needs</u> .				
	Acknowledges health literacy and other communication needs and defines what those are or may be for the organization.				

## Theme 2: Governance, Leadership, and Workforce

	Statements	Plan	Implement	Date, Source, Example	Responsible Party
CLAS Standard 2: Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.	States that the organization annually allocates resources to meeting the diverse cultural and linguistic needs of its clients.				
	Revisits policies and management strategies on an annual basis to determine needs that may need to be addressed or added.				
	States how often the CEO and Board meet to set goals to improve diversity and offer continual cultural competence services and training <u>as a part of the strategic plan</u> .				
	Details how and when staff members can provide feedback on interactions with LEP and minority populations, to improve interactions and services.				
	Have protocols in place for recruiting diverse staff members including leadership and governance positions.				
	Specifies how the organization places priority on hiring members of staff with added bilingual or multilingual qualifications.				
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.	Specifies how the organization recruits staff that represents the service population, which includes advertising job opportunities in foreign languages in various outlets (social media networks, publications, professional organizations' email listservs, job boards, local schools, faith organizations, training programs, minority health fairs).				
	States that the organization recognizes staff who continues to meet the diverse needs of clients by offering the individuals internal promotions and other opportunities for upward mobility before seeking external candidates.				
	States that the organization recognizes the diverse cultural beliefs of its employees.				
CLAS Standard 4: Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.	Discusses how staff (workforce, leadership, governance) are trained on cultural norms and how they vary by family (i.e., youth alcohol consumption or physical punishment).				
	States that the organization supports the staff development of its employees and how it places value on continued education and training in diversity and leadership.				
	States how often staff and leaders receive training.				
	States that staff are trained on recognizing and responding to cultural health beliefs.				
	States how internal and external resources are used to educate governance, leadership, and workforce on cultural beliefs that they may encounter.				
	States that cultural competence is incorporated into staff evaluations and performance reviews.				
	States what is included in the staff training, and how the training is evaluated.				

## Theme 3: Communication and Language Assistance

	Statements	Plan	Implement	Date, Source, Example	Responsible Party
CLAS Standard 5: Offer language assistance to individuals who have limited English proficiency and/or other communication	States that the organization offers language assistance to LEP individuals and/or other communication needs <u>at no cost to the client</u> .				
	Details the way clients are made aware of free language assistance.				
	States how the organization offers language assistance to LEP individuals and/or other communication needs for access to services <u>in a timely manner</u> .				

needs, at no cost to them, to facilitate timely access to all health care and services.	States how program directors, point-of-contact staff or agency-appointed "gatekeepers" are made aware of and trained in language assistance services, policies, and procedures.				
	Identifies how language needs are noted in records for individuals seeking care (which may include language needs, "I speak" cards, etc.).				
	States the maximum time it will take to provide an interpreter and the maximum time for service delivery using a certified interpreter.				
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 7: Ensure competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors should be avoided.	States the organization must clearly display that they have the availability to provide language assistance services.				
	States that language assistance services are available at all times.				
	States how the organization translates appropriate material.				
	States that there is a protocol for verbally informing clients of the availability of services in their preferred language.				
	States the protocol for ensuring language assistance providers are certified.				
	States how the organization ensures interpreter competence, including the interpreter's active listening skills, message conversion skills, and clear and understandable speech delivery.				
	States whether community brokers are used within the organization.				
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.	States that untrained individuals and minors should NOT be used as interpreters.				
	States that the organization has clear, easy to understand multimedia materials and signage in the languages used within the service community.				
	States the multimedia materials that are available and in what language(s).				
	States and details the formalized process for translating materials when they are not readily available.				
	Notes that materials have been tested with members of the target audience (i.e., via focus groups, where members may identify content that may be embarrassing or offensive, suggest cultural practices that may be more appropriate examples, and assess whether the graphics are appropriate and reflect the diversity of the community).				
	States that easily understandable signage is posted throughout the service area (including, but not limited to, diverse languages, minority representation, and responsive to LGBTQ+ [safe space sign], and youth populations).				

**Theme 4: Engagement, Continuous Improvement, and Accountability**

	Statements	Plan	Implement	Date, Source, Example	Responsible Party
CLAS Standard 9: Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.	States that the organization will regularly review organizational planning and operations with the purpose of identifying cultural and linguistic needs not being met.				
	States how the annual organizational diversity goals will be created and discussed in meetings throughout the year.				
	States that cultural and linguistic goals created by the organization will be included in the strategic plan, and will regularly be included as agenda items in staff meetings.				

<p><b>CLAS Standard 10:</b> Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and CQI activities.</p>	Ensures there is an ongoing evaluation of CLAS standards and how they are implemented within the organization.				
	States that all staff are provided with CLAS-oriented feedback in performance reviews.				
	States how often CLAS standards are evaluated and revisited for quality improvement.				
<p><b>CLAS Standard 11:</b> 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.</p>	Details how and when demographic data will be obtained from the target community, and where the information will be updated and posted within the organization.				
	Discusses how community demographic data will be used in program planning and service delivery.				
	Discusses how community demographic data will be used to guide translated material and signage in the organization.				
	Discusses how the community demographic data will highlight any apparent disparities that may exist.				
	States that community demographic data and disparities will be presented to governance and leadership annually.				
	Details how and when community health assets and needs are assessed.				
<p><b>CLAS Standard 12:</b> 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.</p>	Discusses when and if qualitative data will be collected and used (i.e., focus groups or interviews) to enhance community health assets and needs.				
	Discusses how findings from community health needs assessments are utilized within the organization.				
	Offers opportunities for collaboration with other community based partners and stakeholders in discussing community assets and challenges and sharing best practices related to: 1) meeting needs; 2) capturing community demographics; and 3) strategies on the dissemination of findings.				
	Discusses how findings from community health needs assessments are used in program development.				
<p><b>CLAS Standard 13:</b> Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.</p>	Details the method of targeting and communicating with community-based organizations that offer services clients may benefit from.				
	Recognizes the success of cross-system collaborative efforts and the use of multidisciplinary teams in working with children and families.				
	States organizational policies on ensuring collaborating agencies practice culturally and linguistically appropriate services and adhere to the CLAS standards.				
<p><b>CLAS Standard 14:</b> Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.</p>	States organizational strategies to enable LEP and other individuals with communication needs to file complaints and/or grievances with the organization.				
	Offers conflict and grievance forms in various languages, including all languages represented within the target community.				
	Details the grievance resolution process and the maximum length of time that for grievances to be addressed.				
<p><b>CLAS Standard 15:</b> Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.</p>	Details where organizational diversity and linguistic policies are posted for the public.				
	Specifies that information collected from stakeholders is used in training, meetings, and for quality improvement.				
	States organizational policies on open communication to raise concerns about cultural and linguistic needs.				
	States the protocol for a clear communication plan that is discussed with the individual seeking behavioral health care services and her/his family during discharge.				

### Suggested Themes 5 and 6

	Statements	Plan	Implement	Date, Source, Example	Responsible Party
Family Acknowledgement	States the organizational policy for including family in service delivery, including the treatment and discharge of the client.				
	Details organizational efforts and strategies towards coordinated, individualized, family-driven and youth guided services.				
	Details how the organization identifies familial preferences for and availability of traditional healers, religious and spiritual resources, alternative or complementary healing practices, natural supports, bilingual services, self-help groups, and consultation from culturally and linguistically competent independent providers, except when clinically or culturally contraindicated.				
	Acknowledges that treatment plans do not always match family values, and that improved listening to family and youth is suggested.				
Spiritual and Cultural Beliefs in Treatment & Discharge	States that cultural and spiritual beliefs are recognized during the intake assessment.				
	States that cultural and spiritual beliefs are recognized during the service treatment.				
	States that cultural and spiritual beliefs are recognized during discharge of the individual.				
	Recognizes that traditional and natural supports may be necessary for treatment and interactions with individuals seeking behavioral health care.				

## Sources

- Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989). *Towards A Culturally Competent System of Care, Volume I*. Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.
- Roberts, R., et al. (1990). *Developing Culturally Competent Programs for Families of Children with Special Needs* (monograph and workbook); Georgetown University Child Development Center.
- Sue, D.W. (2001). Multidimensional facets of cultural competence. *The Counseling Psychologist* 29(6):790-821.
- U.S. Department of Health and Human Service, Office of Minority Health (OMH). (2013). Think Cultural Health. National Standards for CLAS in Health and Health Care: *A Blueprint for Advancing and Sustaining CLAS Policy and Practice*. Retrieved from <https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedCLASStandardsBlueprint.pdf>
- U.S. Department of Health and Human Service, Office of Minority Health (OMH). (2015). Think Cultural Health. Retrieved from <https://www.thinkculturalhealth.hhs.gov/content/clas.asp>

## Additional Resources

There are additional resources to assist system of care partners in implementing and evaluating cultural and linguistic competence. We have created a five part webinar series designed to assist behavioral health organizations implement the Enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards). This webinar series was developed in conjunction with the Technical Assistance Network and Covian Consulting. It is designed to give behavioral health organizations that serve family, youth and children practical tools to operationalize the CLAS Standards.

The first webinar is titled “Implementing CLAS: Meeting the Behavioral Health Needs of Diverse Populations.” While this webinar was developed for the Miami Dade County Child Mental Health Initiative - FACES, the webinar sets the context of the CLAS Standards in a System of Care and it can be adapted for any state or community To view this webinar, click here: <https://theinstitute.adobeconnect.com/p8h8tbarxfv/>

The second webinar is titled, “Overview of the Health Beliefs Toolkit.” It focuses on the CLAS guiding principle that states that the purpose of the CLAS Standards is to “provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, health literacy, and other communication needs.” The webinar introduces a broad based definition of culture that goes beyond race and ethnicity to include socio-cultural, educational, geographic, religious and gender identity factors. It then explains the importance of identifying and validating individuals’ health beliefs. Finally, it provides practical tools for assessing individual health beliefs and provides resources for implementing policies and procedures to help behavioral health organizations assess and incorporate those identified health beliefs. To view this webinar, click here: <https://theinstitute.adobeconnect.com/p8n9ostw7te/>

The health beliefs webinar includes a toolkit that guides practitioners through a series of exercises to help them understand their own health beliefs as well as those of their consumers. It also provides practical checklists and resources to assist in implementing an action plan to properly address health beliefs at the individual and organizational level. To access the toolkit, click here: [http://cfs.cbcs.usf.edu/projects-research/\\_docs/2015-01HealthBeliefToolkit.pdf](http://cfs.cbcs.usf.edu/projects-research/_docs/2015-01HealthBeliefToolkit.pdf)

The third webinar in the series is titled “Language Assistance Toolkit.” This webinar focuses on CLAS Standards 5-8. It gives practitioners and overview of language needs and multilingualism

in behavioral health care. It then addresses language assistance policy implementation as it discusses language tools, proficiency assessments, and language identification strategies. To view this webinar, click here: <https://theinstitute.adobeconnect.com/p25o8mpd82t/>

This webinar also includes a toolkit that practitioners can use to implement or improve language assistance services in their organization. It walks practitioners through the four phases of implementing language assistance: understanding language proficiency and multilingualism; conducting individual and organization language assessments; adapting and implementing language assistance tools and services; and conducting ongoing evaluation of language assistance polices. To access the toolkit, click here: [http://cfs.cbcs.usf.edu/projects-research/\\_docs/2015-01LanguageToolkit.pdf](http://cfs.cbcs.usf.edu/projects-research/_docs/2015-01LanguageToolkit.pdf)

The fourth webinar is titled “CLAS Theme 1- Governance, Leadership, and Workforce.” It focuses on CLAS Standards 2-4. This webinar is designed to help behavioral health organizations (particularly those serving families, youth and children) implement the CLAS Standards by: making change happen through leadership; recruiting, promoting, and supporting a diverse governance, leadership, and workforce; and promoting ongoing training. It discusses the importance of organizational culture and the importance of diversity in governance, leadership and workforce. It provides participants with an understanding of different leadership styles and how good leadership can lead to more culturally competent services. The webinar then gives participants practical steps to becoming an inclusive leader and practical steps to recruiting, promoting and supporting a diverse governance, leadership, and workforce in behavioral health care settings. To view this webinar, click here: <https://www.youtube.com/watch?v=2r-ds0YgGbM&feature=youtu.be>

The final webinar is titled “CLAS Standard 12- Engagement, Continuous, Improvement and Accountability- Conducting a Needs Assessment and Organizational Self-Assessment.” It provides an overview of the CLAS standards and then discusses the importance of needs assessments. The webinar then explains how assessments work to improve engagement, continuous improvement and accountability. Finally, the webinar provides strategies for conducting culturally informed needs assessments. To view this webinar, click here: <https://www.youtube.com/watch?v=2r-ds0YgGbM&feature=youtu.be>

## ABOUT THE NATIONAL TECHNICAL ASSISTANCE NETWORK FOR CHILDREN’S BEHAVIORAL HEALTH

The National Technical Assistance Network for Children’s Behavioral Health (TA Network) operates the National Training and Technical Assistance Center for Child, Youth, and Family Mental Health (NTTAC), funded by the Substance Abuse and Mental Health Services Administration, Child, Adolescent and Family Branch. The TA Network partners with states, tribes, territories, and communities to develop the most effective and sustainable systems of care possible with and for the benefit of children and youth with behavioral health needs and their families. The TA Network provides technical assistance and support across the country to state and local agencies, including youth and family leadership organizations.