

Arizona Department of Health Services DBHS

National Standards on Culturally and Linguistically Appropriate Services (CLAS)

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Why is it important?

- ❖ Changing demographics
- ❖ Increasing number of governmental and regulatory compliance policies require to communicate effectively with any person needing services
- ❖ Need for effective treatment and effective communication within our organization
- ❖ Leadership

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What are the laws?

Federal laws particularly applicable to language access include:

- ❖ **Title VI of the Civil Rights Act of 1964 & Title VI regulations**
 - ❖ Prohibits discrimination based on national origin
- ❖ **Executive Order 13166 issued in 2000**
 - ❖ LEP should have meaningful access to federally conducted and federally funded programs and activities.
 - ❖ Requires that federal agencies create plans for ensuring that their own activities also provide meaningful access for persons who are LEP
- ❖ **Department of Human and Health Services, Office of Minority Health**
 - ❖ Culturally and Linguistically Appropriate Services (CLAS Standards)

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Goal

To increase awareness and knowledge of :

- ❖ CLAS standards – what they are
- ❖ How they should be integrated into an organization
- ❖ Improve services and outcomes for individuals, children and their families


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Cultural Competency As Defined by DBHS

Cultural Competence is the awareness and capability of an organization at all levels to value diversity in the delivery of care to all populations served. It is the willingness to integrate cultural attitudes, beliefs, and practices into administrative policies as well as diagnostic and treatment methods. Cultural Competence is also the continued promotion of staff diversity as well as skills and training to ensure that services are culturally appropriate.


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Self Assessments

- ❖ *Purpose*
- ❖ *Why an individual assessment?*
- ❖ *How can this be useful?*
- ❖ *Exercise*

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14 Standards Organized by Themes

- ❖ Culturally Competent Care (Standards 1-3)
- ❖ Language Access Services (Standards 4-7)
- ❖ Organizational Supports for Cultural Competence (Standards 8-14)
- ❖ CLAS defines three types of standards of varying stringency: mandates, guidelines and recommendations.

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Mandates, Guidelines and Recommendations

- ❖ Mandated: 4-7
- ❖ Guidelines: activities recommended by OMH for adoption as mandates by Federal, state, and national accrediting agencies (Standards 1,2,3,8,9,10,11,12 and 13)
- ❖ Recommendations: are suggested by OMH for voluntary adoption by health care organizations (Standard 14)

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Standard 1

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

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Standard 1




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Standard 2

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

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Standard 2



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DBHS Requirement

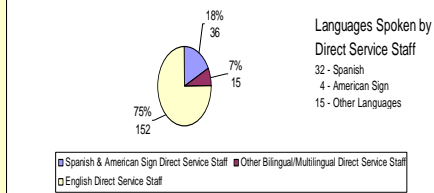
- ❖ Annual analysis of the population they serve
- ❖ Maintaining data to assist in that analysis
- ❖ Network reporting – number of bilingual staff by category and comparison to the number of members that speak that language

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Standard 2

TERROS Staff Demographic Report
Spanish, American Sign, & Other Languages
Direct Service Staff Only (203)



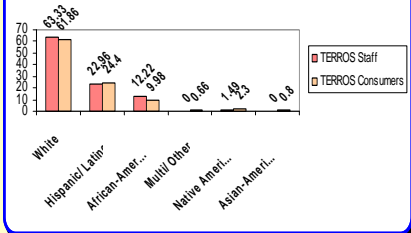
Languages Spoken by Direct Service Staff
32 - Spanish
4 - American Sign
15 - Other Languages

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Standard 2

STAFF AND CONSUMER RACE PERCENTAGES
(EEOC Required Categories)

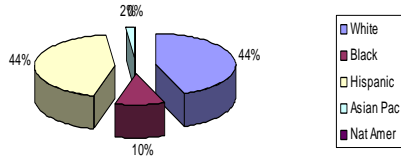


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Standard 2

Job Category by Ethnicity Office Clerical

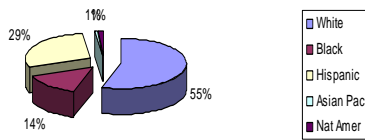


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Standard 2

Job Category by Ethnicity Technicians

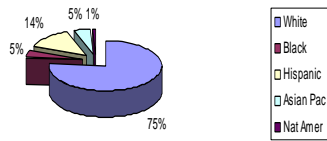


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Standard 2

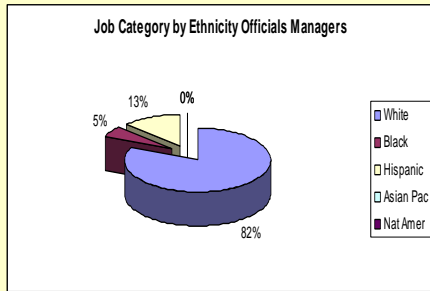
Job Category by Ethnicity Professionals



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Standard 2



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Standard 3

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

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Standard 3

- ❖ Cultural Training
- ❖ Training in the past and current efforts
- ❖ DBHS efforts
 - ❖ Need
 - ❖ Refinements

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DBHS requirement

- ❖ DBHS cultural competency training – for clinical supervisors and quality management supervisors
- ❖ Orientation and ongoing training


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Standard 4

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


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DBHS/CRS Requirement

- ❖ RBHAs offer and provide language assistance services, including bilingual staff and interpreter services, at no cost
- ❖ Review of language contracts and their monitoring tools, and case reviews

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Standard 5



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Standard 5



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Standard 6

- ❖ HCO must assure the competence of language assistance provided to LEP patients/consumers by interpreters and bilingual staff.
- ❖ Family and friends should not be used to provide interpretation services


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DBHS/CRS

- ❖ Testing of bilingual DBHS staff - ALTA
- ❖ Review of language contracts and contractor monitoring tools for quality of translation and interpretation
- ❖ Policy created to guide the testing and determine requirement based on work responsibilities and language skill
- ❖ Contractor reviewed for the same elements – monitoring tools and case reviews


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Standard 7

HCO must take available easily understood patient-related materials and post signage in the language of the commonly encountered groups and/or groups represented in the service area.


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DBHS/CRS

- ❖ Translation and updating of signage
- ❖ Policy created to guide the translation of documents and signage within the division
- ❖ Monitoring of contractor for above elements

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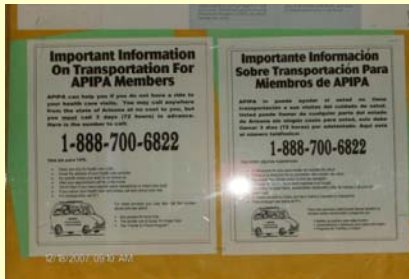
Standard 7



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Standard 7



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Standard 7



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Standard 8

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

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Standard 9

HCO should:

- ❖ Initial and ongoing organizational self-assessments of CLAS-related activities.
- ❖ Integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

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Standard 9

Each T/RBHA and subcontracted provider shall annually assess its performance in developing, implementing, and maintaining cultural competency throughout the provider network, utilizing the standardized ADHS/DBHS Cultural Competence Organizational Assessment Protocol

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Standard 10

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

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Standard 10

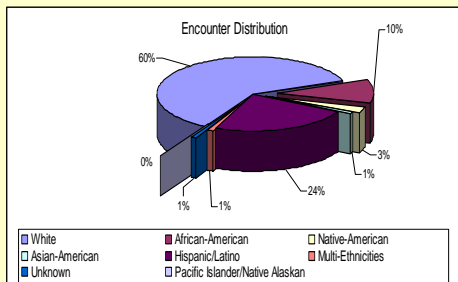
DBHS Contractor required to collect:

- ❖ Data on the individual patient's/consumer's race, ethnicity, and spoken and written language
- ❖ Collected in health records,
- ❖ Integrated into the organization's management information systems, and periodically updated
- ❖ Use of encounter code to bill for interpretation services
- ❖ CFR

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Standard 10



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Year 04-05

Races/Ethnicity		
White	11037	60.0%
Hispanic/Latino	4027	21.9%
Other	1107	6.0%
Black	1645	8.9%
American Indian	442	2.4%
Asian	96	0.5%
Native Hawaii/Pacific Islander	51	0.3%
Grand Total	18405	100%

Year 03-04

Races/Ethnicity		
White	7803	56.45%
Hispanic/Latinos	2479	17.94%
Unknown	1623	11.74%
Black	1172	8.48%
Other	461	3.34%
American Indian	235	1.70%
Asian	44	0.32%
Native Hawaii/Pacific Islander	5	0.04%
Grand total	13,822	100.00%


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Standard 11

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

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Standard 11

DBHS contractor required to develop Cultural Competency Plan that includes:

- ❖ A review of the community demographics and needs
- ❖ Plan on how it will address needs


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Standards 12

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


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Standard 12

- ❖ DBHS developed participatory, collaborative partnerships with communities organizations
- ❖ Have a variety of ways to involve member involvement in providing input
 - ❖ DBHS Advisory Committee
 - ❖ Contractor Cultural and Diversity Specialist
 - ❖ Consumer


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Standard 13

HCO should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complains by patients/consumers

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Standard 13

- ❖ Required by Code of Federal Regulations (CFR)
- ❖ Establishing grievance and compliant processes that will assist a person with language or visual impairments
- ❖ Office of Grievance and Appeals, Human Rights, Customer Service

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Standard 14

HCO are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

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Standard 14

Contractors required to provide public notice in their communities about the availability of language access services, member information

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Definitions

Limited-English Proficiency (LEP)
 Members who have difficulty speaking, reading, writing, or understanding the English language

Language Access Services
 Services available to overcome barriers for members who don't speak English very well or at all

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Definitions

Translation
Written conversion of written materials from one language to another and conveys the intended meaning of the original material

Interpretation
 Receiving a spoken message in one language and delivering it in another language

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Definitions

National Standards on Culturally and Linguistically Appropriate Services (CLAS)

The CLAS standards are primarily directed at health care organizations; however, individual providers are also encouraged to use the standards to make their practice more culturally and linguistically accessible.

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Premise

The principles and activities of culturally and linguistically appropriate services should be integrated throughout an organization and undertaken in partnership with the communities being served.



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Questions?

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