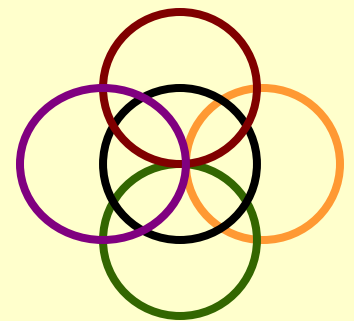


# **Arizona Department of Health Services DBHS**

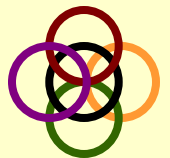
## **National Standards on Culturally and Linguistically Appropriate Services (CLAS)**

**Norma Garcia-Torres  
Gustavo McGrew  
Victor Flores**



# 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**



# 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

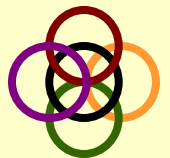
- ❖ **Executive Order 13166 issued in 2000**

- ❖ 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**

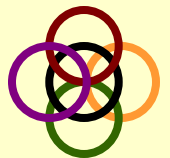
- ❖ Culturally and Linguistically Appropriate Services (CLAS Standards)



# 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**





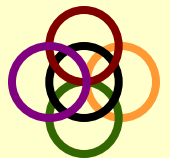
# **Cultural Competency As Defined by DBHS**

**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.**



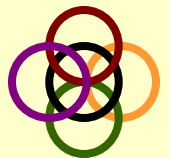
# Self Assessments

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



# 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.**



# **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)**



# Standard 1

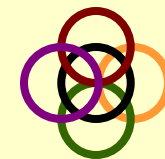
**Health care organizations (HCO) should ensure that patients/consumers receive from all staff member's effective, understandable, and respectful care that is provides in a manner compatible with their cultural health beliefs and practices and preferred language.**



# Standard 1

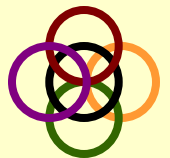


*DBHS – CLAS Standards*



# Standard 2

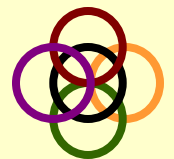
**HCO should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area**



# Standard 2

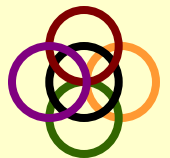


*DBHS – CLAS Standards*



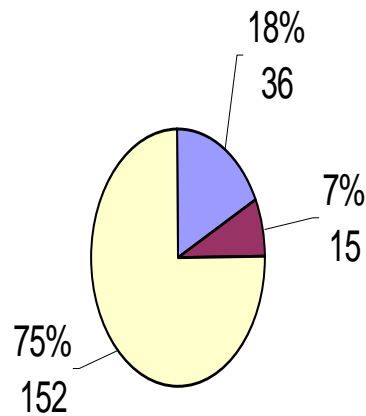
# DBHS Requirement

- ❖ 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



# Standard 2

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



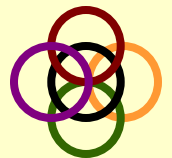
### Languages Spoken by Direct Service Staff

32 - Spanish

4 - American Sign

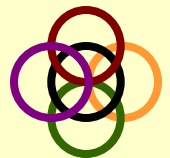
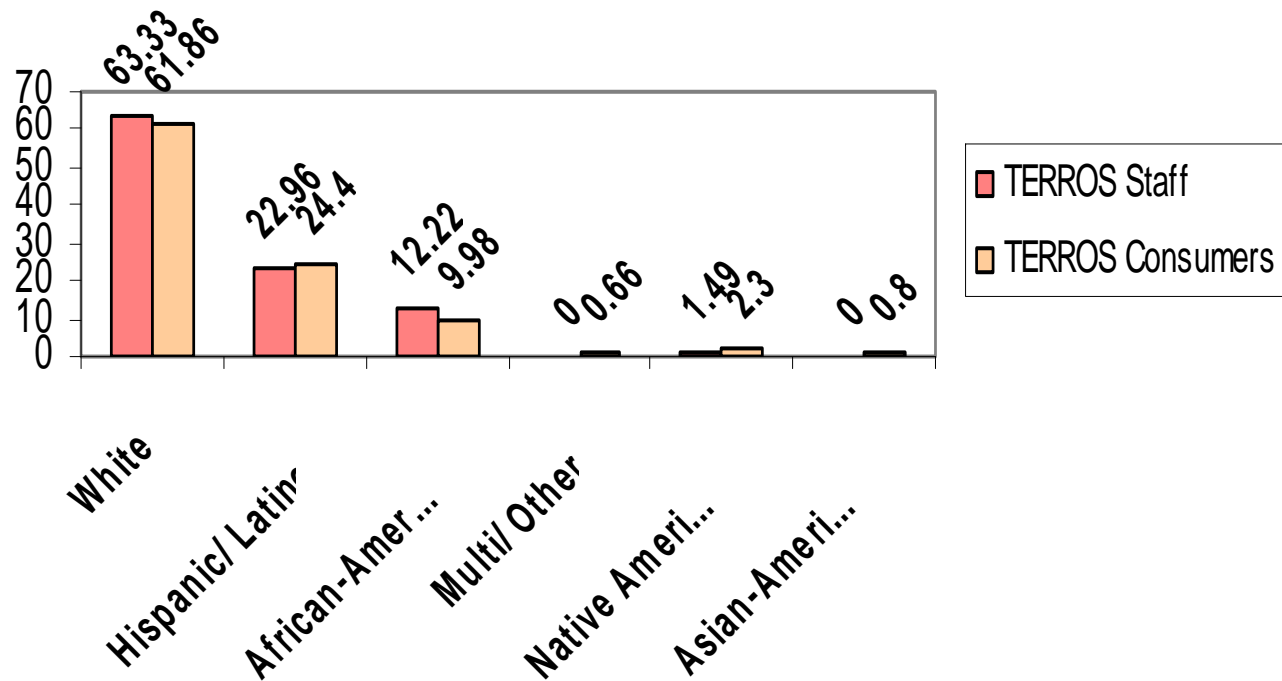
15 - Other Languages

- Spanish & American Sign Direct Service Staff
- Other Bilingual/Multilingual Direct Service Staff
- English Direct Service Staff



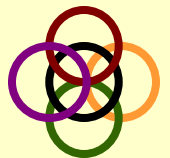
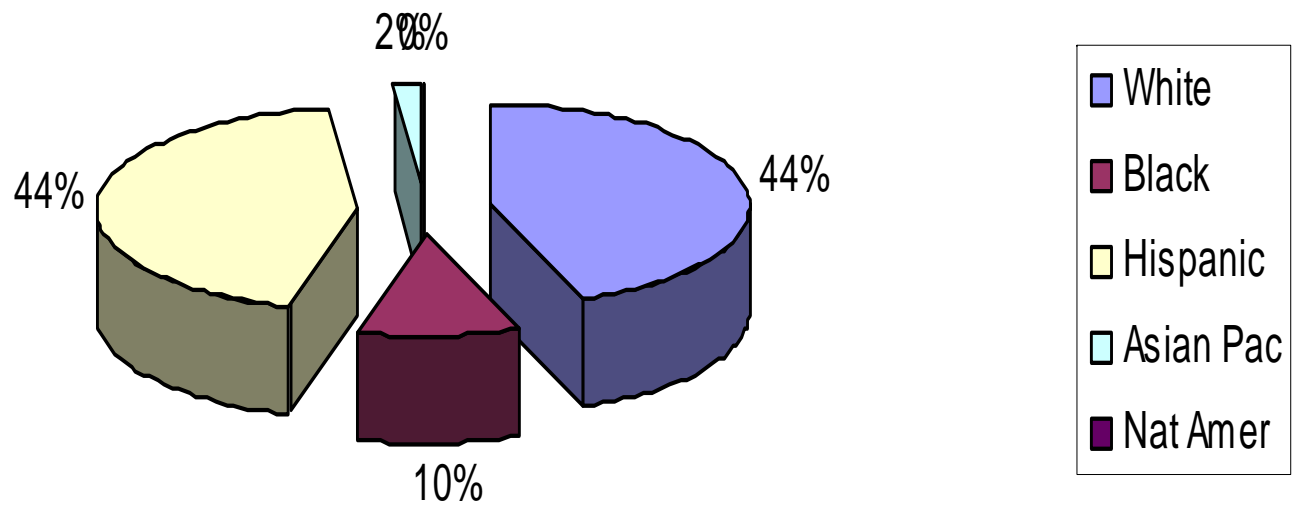
# Standard 2

STAFF AND CONSUMER RACE PERCENTAGES  
(EEOC Required Categories)



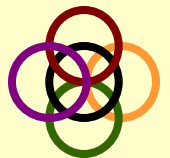
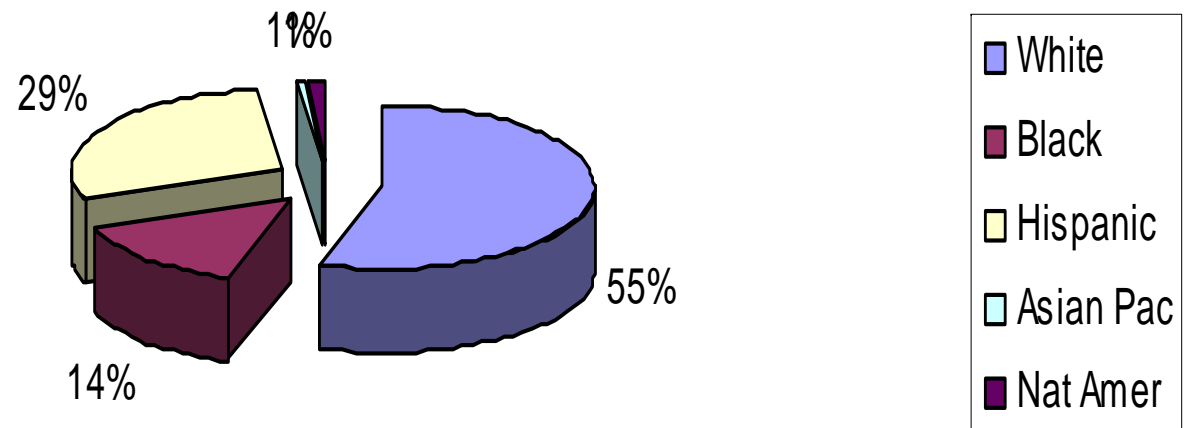
# Standard 2

Job Category by Ethnicity Office Clerical



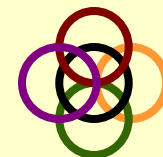
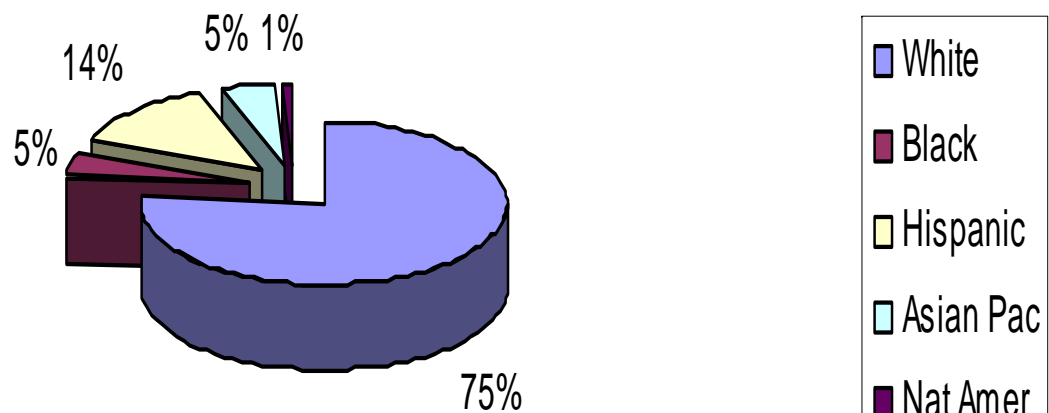
# Standard 2

Job Category by Ethnicity  
Technicians



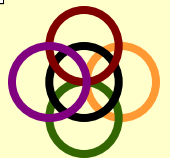
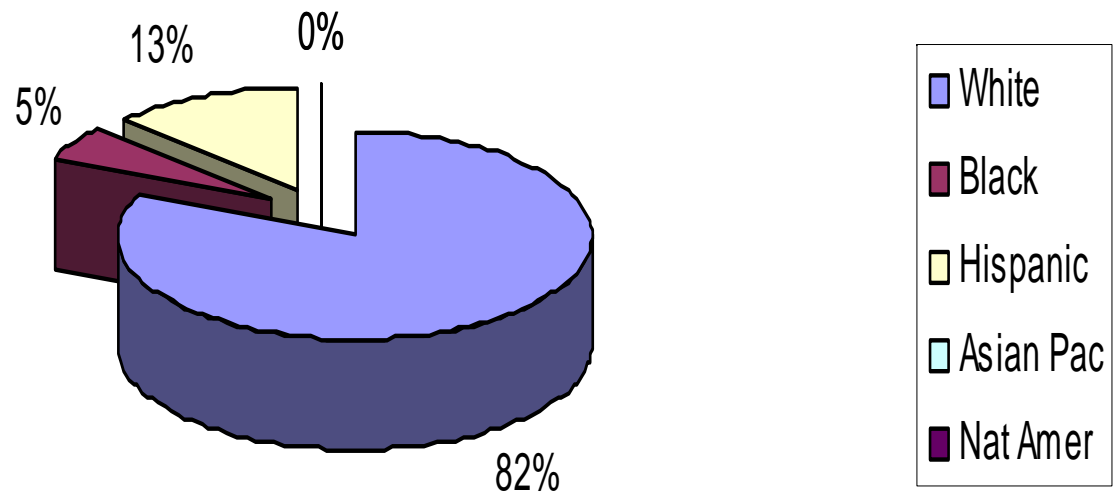
# Standard 2

Job Category by Ethnicity  
Professionals



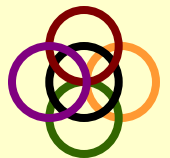
# Standard 2

Job Category by Ethnicity Officials Managers



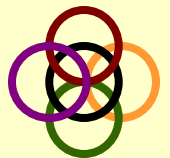
# Standard 3

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



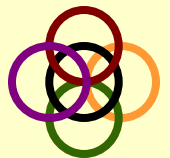
# Standard 3

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



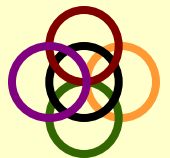
# DBHS requirement

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



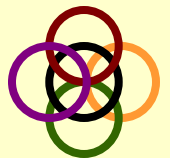
# Standard 4

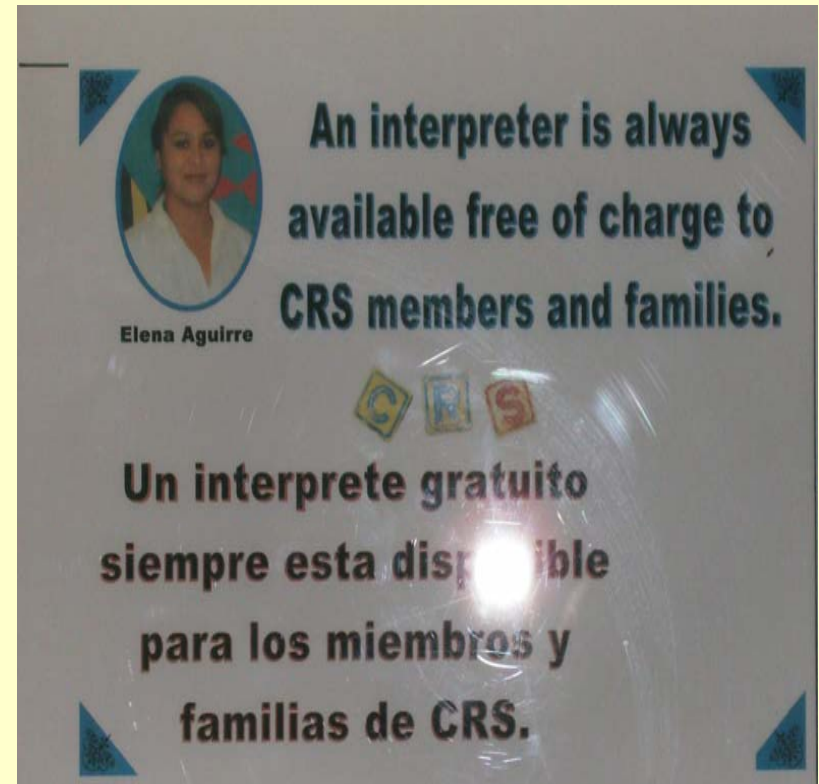
**HCO must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with LEP at all points of contact, in a timely manner during all hours of operation.**



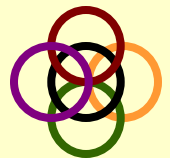
# **DBHS/CRS Requirement**

- ❖ **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**



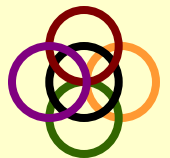


*DBHS – CLAS Standards*



# Standard 5

**HCO must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services**



# Standard 5

## What are my rights concerning Sign Language interpreters and auxiliary aids if I am deaf or hard of hearing?

If you are deaf or hard of hearing, you may ask that your provider provide auxiliary aids or schedule a Sign Language interpreter to meet your needs. Your provider has to provide these services but your request must be made in a timely manner to allow arrangements to be made.

Auxiliary aids include computer-aided transcriptions, written materials, assistive listening devices or systems, closed and open captioning and other effective methods of making aurally delivered materials available to individuals with hearing loss.

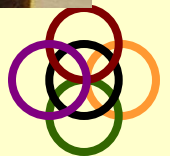
Sign Language interpreters are skilled professionals certified to provide interpretation, usually in American Sign Language for individuals who are deaf or hard of hearing. To find a listing of sign language interpreters and for the laws regarding the profession of interpreters in the State of Arizona, please visit the Arizona Commission for the Deaf and the Hard of Hearing at [www.acdhh.org](http://www.acdhh.org) or call 602-542-3323 (V/TTY).

## ¿Cuáles son mis derechos en relación con los Interpretes de Lenguaje a Señas y objetos auxiliares si soy sordo o tengo problemas de audición?

Si usted es sordo o tiene problemas para oír, puede pedir que su proveedor le proporcione aparatos auxiliares o le asigne un intérprete de lenguaje a señas para cumplir con sus necesidades. Su proveedor tiene que ofrecer estos servicios pero la solicitud se debe hacer oportunamente para dar tiempo para que se hagan los arreglos.

Los aparatos auditivos incluyen transcripciones computarizadas, materiales por escrito, aparatos o sistemas que le ayuden a escuchar, subtítulos y otros métodos efectivos para tener los materiales auditivos disponibles para personas sordas.

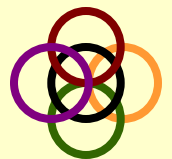
Los Interpretes de lenguaje a señas son profesionales capacitados y certificados para ofrecer interpretación, normalmente en el Idioma a Señas Americanas para personas que son sordas o tienen dificultades auditivas. Para encontrar una lista de intérpretes de lenguaje a señas y de leyes relacionadas con al profesión de intérpretes en el Estado de Arizona, por favor visite la Comisión de Arizona para Sordos y personas con problemas de audición al [www.acdhh.org](http://www.acdhh.org) o llame al 602-542-3323 (V/TTY).



# Standard 5



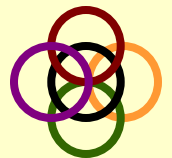
*DBHS – CLAS Standards*



# Standard 5

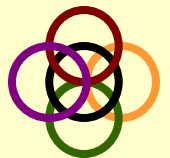


*DBHS – CLAS Standards*



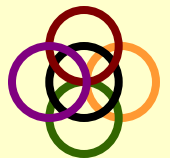
# Standard 6

- ❖ 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



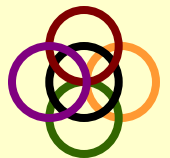
# DBHS/CRS

- ❖ **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**



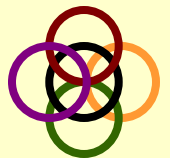
# Standard 7

**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.**



# DBHS/CRS

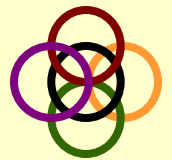
- ❖ Translation and updating of signage
- ❖ Policy created to guide the translation of documents and signage within the division
- ❖ Monitoring of contractor for above elements



# Standard 7



*DBHS – CLAS Standards*



# Standard 7

tested and does not have lead in it. Call your local Childhood Lead Poisoning Prevention Program to find out about testing your paint.

your work clothes and shoes, and wash or shower before you come home.

### Important Information On Transportation For APIPA Members

APIPA can help you if you do not have a ride to your health care visits. You may call anywhere from the state of Arizona at no cost to you, but you **must** call 3 days (72 hours) in advance. Here is the number to call:


## 1-888-700-6822

Here are some TIPS:

- > Rides are only for health care visits.
- > Know the address of your health care provider.
- > Be specific where you want to be picked up.
- > After your appointment call for a ride home.
- > Inform them if you have special needs (wheelchair or infant care seat).
- > If you cancel your health care visit please call and cancel your ride.
- > For emergencies call 911.

For more services you may also call the number above and ask about:

- Bus passes for local trips
- The shuttle van & buses for longer trips
- The "Family & Friend Program"



### Importante Información Sobre Transportación Para Miembros de APIPA

APIPA lo puede ayudar si usted no tiene transportación a sus visitas del cuidado de salud. Usted puede llamar de cualquier parte del estado de Arizona sin ningún costo para usted, solo debe llamar 3 días (72 horas) por adelantado. Aquí está el número telefónico:


## 1-888-700-6822

Aquí están algunas sugerencias:

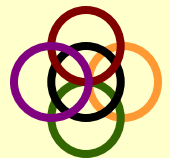
- > El transporte es solo para visitas de cuidado de salud.
- > Conozca la dirección de su proveedor del cuidado de salud. Sea específico de donde usted quiere ser recogido.
- > Después de su cita llame para regresar a su hogar.
- > Informe si usted tiene necesidades especiales (silla de ruedas o asiento de bebé).
- > Si usted cancela su visita, por favor llame y cancele su transporte.
- > Para emergencias llame al 911.

Para más servicios usted puede llamar también al número antes mencionado y preguntar por:

- Boletos de autobús para viajes locales.
- Camioneta/van y autobuses para viajes más largos.
- Programa de "Familias y Amigos."



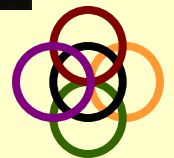
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# Standard 7

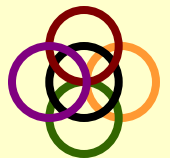


*DBHS – CLAS Standards*



# Standard 8

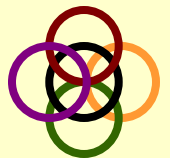
**HCO should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.**



# Standard 9

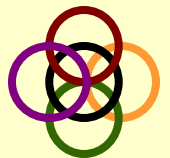
HCO should:

- ❖ 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.



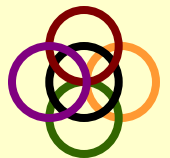
# Standard 9

**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**



# Standard 10

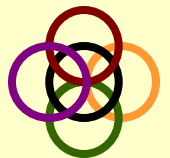
**HCO should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.**



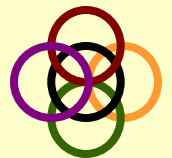
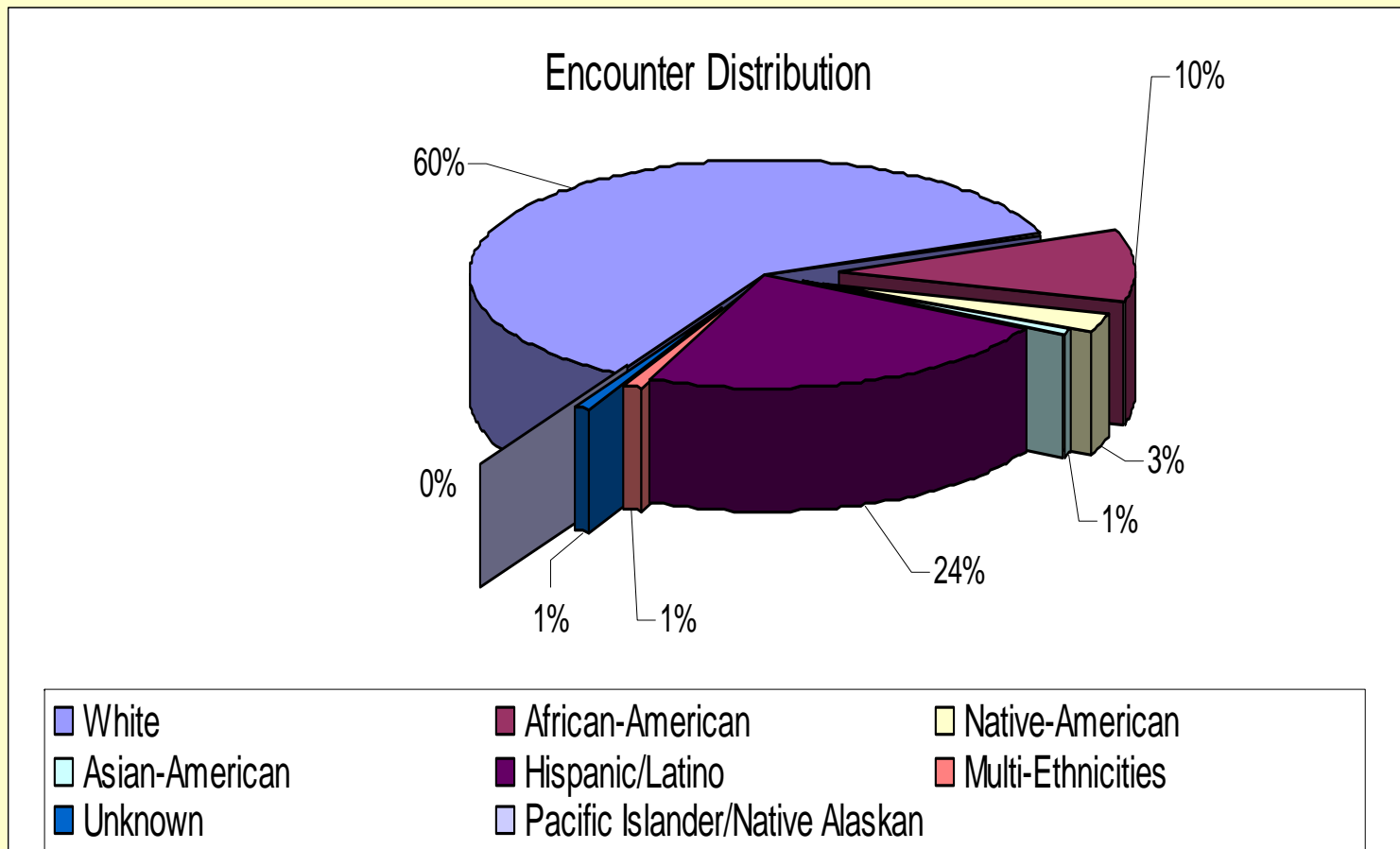
# Standard 10

**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**



# Standard 10



**Year 04-05**

Races/Ethnicity

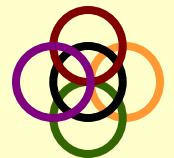
White	11037	60.0%
Hispanic/Latino	4027	21.9%
Other	1107	6.0%
Black	1645	8.9%
American Indian	442	2.4%
Asian	96	0.5%
Native Hawaii/Pacific Islander	51	0.3%
<b>Grand Total</b>	<b>18405</b>	<b>100%</b>

**Year 03-04**

Races/Ethnicity

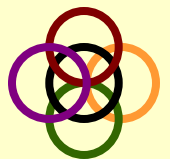
White	7803	56.45%
Hispanic/Latinos	2479	17.94%
Unknown	1623	11.74%
Black	1172	8.48%
Other	461	3.34%
American Indian	235	1.70%
Asian	44	0.32%
Native Hawaii/Pacific Islander	5	0.04%
<b>Grand total</b>	<b>13,822</b>	<b>100.00%</b>

*DBHS – CLAS Standards*



# Standard 11

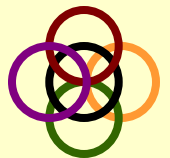
**HCO should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.**



# Standard 11

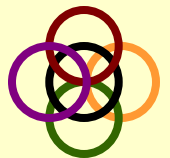
**DBHS contractor required to develop Cultural Competency Plan that includes:**

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



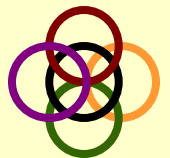
# Standards 12

**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.**



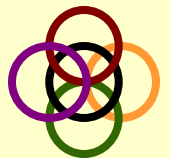
# Standard 12

- ❖ **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**



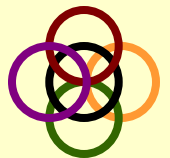
# Standard 13

**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**



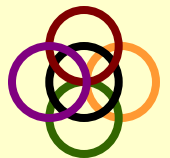
# Standard 13

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



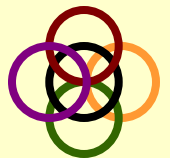
# Standard 14

**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.**



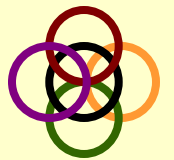
# Standard 14

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





*DBHS – CLAS Standards*



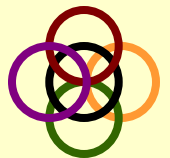
# Definitions

## 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



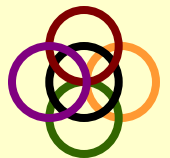
# Definitions

## Translation

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

## Interpretation

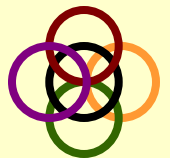
Receiving a spoken message in one language and delivering it in another language



# Definitions

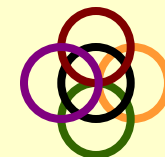
## National Standards on Culturally and Linguistically Appropriate Services (CLAS)

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.



# 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.**



# Questions?

Contact

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*DBHS – CLAS Standards*

