

Strategies to Implement Culturally and Linguistically Competent Services

Additional support on how to implement CLAS standards are available here:

https://www.minorityhealth.hhs.gov/assets/pdf/checked/CLAS_a2z.pdf

Principal Standard

- I. 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.

Articulate cultural competence into your agency's mission statement, principles, and key initiatives. Include community members and peers in the process.

Establish or join a committee of treatment and prevention service providers, peers, and community members to create and/or review your agency's cultural competence plan. Key areas to consider: community engagement, policies, media and outreach, interpreter/translation services, workforce hiring/development.

Track staffing and client demographics and language capacity.

Governance, Leadership and Workforce

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

Develop policies and procedures that ensure cultural and linguistic capacity is being addressed, this may include addressing CLAS standards in a policy on policy creation and implementation within your organization.

Conduct an agency wide assessment of diversity in decision making groups.

Perform an annual organizational assessment to ensure that diversity is a part of all levels of your organization, from management to service delivery.

Review key policies to ensure they address the needs of diverse community members and backgrounds. (i.e., use of interpreter services, prohibit the use of minors as interpreters)

3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.



Establish partnerships with local institutions to offer scholarships and/or internships within your agency.

Create a mentorship program to support the development of staff into leadership roles

Ensure all hiring panels are made up of diverse members and that at least one question involves diversity.

Invite local community/spiritual leaders to inform on areas of improvement and community needs

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

Establish a policy requiring annual cultural competence training at all levels of the organization, decision makers, administrators, and service providers.

Create a committee led by a diverse group of peers to review agency policies and procedures for cultural competence and fit with your community.

Participate and engage in local community events, both related and unrelated to behavioral health and recovery services. Foster a spirit of community.

Communication and Language Assistance

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

Provide economic incentives (i.e., differential pay) to bicultural/bilingual staff to assist in recruiting and retaining staff.

Establish an organizational message/mission that promotes and values trust, inclusivity, and diversity.

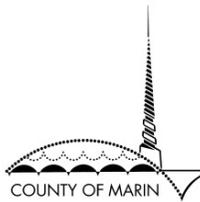
Survey client opinion on the quality of current language assistance services provided

When contracting for language line services, ensure the contractor hires translators who can offer translators with knowledge of medical terminology.

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

Create a quarterly or semi-annual reminders staff when/how they should utilize language services

Track the utilization of language line services.



Offer training on the use of interpreter services

7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

Due to the sensitive nature of behavioral health and recovery services treatment and prevention work, ensure the prohibition of the use of minors as translators.

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

Track when multimedia/bilingual documents were last updated in all threshold languages and significant populations.

Engagement, Continuous Improvement, and Accountability

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

Identify and/or adopt equity toolkits to provide guidance on how to measure goals, policies, and services in relation to cultural competency. Consider differences between line staff, administrators, and management.

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

Create a cultural competence plan that identifies key areas of improvement, areas of focus, and timeliness to measure outcomes and reassess goals.

Perform an annual organizational assessment regarding cultural competence.

Conduct an annual survey around staff satisfaction addressing key areas such as workplace climate, inclusivity, ability to navigate conversations around race/ethnicity.

11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

Get feedback from community members to ensure that forms are culturally and linguistically appropriate and accessible.

Work with a work group to ensure questions being asked in surveys/forms are respectful and culturally sensitive.



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12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

Participate in planning meetings to support ongoing community health needs assessments.

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

Identify any ongoing committees working on these projects and seek participation.

Develop a mechanism and culture of iterative improvement, working to get feedback from alums, family members, and peers. For example, utilize feedback from the Treatment Perception Survey (TPS) and other surveys geared towards both prevention and early intervention as well as treatment services.

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

Ensure that conflict and grievance resolution forms are accessible to all

Foster a culture of cultural humility and forgiveness.

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

Communicate to stakeholders via a monthly or quarterly newsletter.

Join an existing newsletter to highlight services and cultural/linguistic capacity