

TOOL TO ASSESS CLAS STANDARD COMPLIANCE (First Year of Implementation)

December 1, 2018

Scoring Scale: 0 = no compliance 1= some compliance 2= full compliance (gold standard)

CLAS STANDARD	IMPLEMENTATION ASSESSMENT QUESTIONS	0, 1, 2	COMMENTS
<p>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.</p>	<ul style="list-style-type: none"> • Has the provider created and implemented a cultural and linguistic competency plan? • Has the provider assessed cultural and health beliefs of each participant and incorporated into the care/service plan? • Has the provider created a cultural and linguistic competence committee that includes participants and other community members? 		
<p>2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.</p>	<ul style="list-style-type: none"> • Has the provider included CLAS implementation and compliance steps into its strategic plan? • Does the strategic plan mention the CLAS Standards? • Does the strategic plan include CLAS Standard implementation in its goals, objectives or action steps? 		
<p>3. Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the populations and service area.</p>	<ul style="list-style-type: none"> • Does the provider recruit at minority health fairs or other events or locations with diverse applicants? 		

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<p>4. Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.</p>	<ul style="list-style-type: none"> • Does the provider use one or more of the following cultural and health beliefs assessment tools? <ul style="list-style-type: none"> ✓ TA Network Health Beliefs Toolkit (developed by Covian Consulting) ✓ DSM V Cultural Formulation Interview ✓ Other checklist or tool to assess participant’s cultural and health beliefs • Does the provider have mandatory training for all staff, management and leadership that includes cultural and linguistic competence? • Is the cultural and linguistic competence training provided on an ongoing basis (rather than a one-time event)? • Do service plans include discussions of health beliefs and other cultural factors that can affect service access and effectiveness? 		
<p>5. Offer language assistance to individuals who have limited English proficiency and/or other communications needs at no cost to them, to facilitate timely access to all health care and services.</p>	<ul style="list-style-type: none"> • Does the provider make available language assistance services at no cost to the participant? • Does the provider have voice mail or automated phone messages in multiple languages? • Does the provider have signs at reception, intake and meeting areas that simply state the availability of language assistance? Are those signs in the languages most commonly used in the community being served? 		

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<p>6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.</p>	<ul style="list-style-type: none"> • Does the provider have signs for use at reception, intake or meeting areas that inform participants of available language assistance? Are those signs simply stated in the languages most commonly used in the community being served? • Does the provider have those signs in the languages most commonly used by the populations served? • When appointments are made or participants are invited to meetings or events, are providers reminding them of the availability of language assistance services? 		
<p>7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.</p>	<ul style="list-style-type: none"> • Does the provider give interpretation services when requested? • If the provider uses bilingual staff to provide services in other languages or to interpret, does the provider first assess the staff member’s language abilities? 		
<p>8. Provide easy-to-understand print and multi media materials and signage in the languages commonly used by the populations in the service area.</p>	<ul style="list-style-type: none"> • Does the provider have the following key documents available in the languages most commonly spoken by the populations served? <ul style="list-style-type: none"> ▪ consent forms ▪ complaint forms ▪ language assistance notice ▪ intake forms ▪ written notices of eligibility criteria, rights, denial, loss, or decreases in benefits or services 		

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<p>9. Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organization's planning and operations.</p>	<ul style="list-style-type: none"> • Does the provider involve the CLC Committee in the goal and policy setting? • Does the provider include CLC plans, activities and resources in the organization's budget? • Does the budget include funding for interpretation and translation needs? 		
<p>10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities.</p>	<ul style="list-style-type: none"> • Are CLAS Standards integrated into the Quality/Assurance and monitoring processes? • Does the provider assess implementation of CLC goals and CLAS Standards into agency policies and service delivery? 		
<p>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.</p>	<ul style="list-style-type: none"> • Does the provider collect data beyond race, ethnicity and language? Include disability status, mobility needs, gender/sexual orientation, educational level, and religion or spirituality? 		
<p>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.</p>	<ul style="list-style-type: none"> • Has the provider conducted a survey or conducted a focus group of community assets using community members as information sources? 		

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<p>13. Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.</p>	<ul style="list-style-type: none"> • Does the provider include community stakeholders in its quality assurance committee and cultural and linguistic competence committees? • Does the provider utilize community health workers, cultural brokers, mediators or interpreters? <ul style="list-style-type: none"> • Does the provider collaborate with a diverse group of local agencies, including faith-based organizations? 		
<p>14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.</p>	<ul style="list-style-type: none"> • Does the provider have a grievance policy? • Does the provider notify people-served of grievance policy/process? 		
<p>15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.</p>	<ul style="list-style-type: none"> • Does the provider give information and updates to diverse media sources, including that media from the populations of focus? • Does the provider have social marketing resources designed to reach diverse populations? 		